

**STATE
COMPENSATION
INSURANCE
FUND**

P. O. BOX 7980
SAN FRANCISCO, CA
94120-7980

10000906149320609000073107050000000000000000000

AMOUNT ENCLOSED

07/31/07 0 B

CAMEO HOMES

**1105 QUAIL ST
NEWPORT BEACH, CA 92660**

GROUP
POLICY/UNIT

614932 - 06

SG R 2 US

CHECK BOX AT LEFT FOR ADDRESS CHANGE

ADDRESS	
CITY, STATE	ZIP

ENCLOSE PAYMENT WITH THIS PORTION OF BILL
RETAIN LOWER PORTION FOR YOUR RECORDS

REPORT/AUDIT PERIOD		CODE	STANDARD CLASSIFICATION	PAYROLL	RATE	PREMIUM
FROM	TO					
4/01/06	4/01/07	8741-1	REAL ESTATE AGENCIES	198372.09	.43	853.00
TOTAL BASE PREMIUM						853.00
RATING PLAN MODIFIER APPLIED				1.00000		853.00
PREMIUM DISCOUNT MODIFIER APPLIED				1.00000		853.00
TOTAL PREMIUM FOR 4/01/06 - 4/01/07						853.00
PAID THIS POLICY TERM						774.00CR

IF YOU HAVE QUESTIONS CONCERNING THIS BILLING, PLEASE CALL OUR
CUSTOMER SERVICE CENTER (877)-405-4545
N/R

79.00

PREVIOUS BILLS NOT PAID

CIGA SURCHARGE 2.000% OF	853.00	LESS	17.06	=	.00
UEBT (.08120%) + SIBT (.03560%) = .11680% OF	853.00	LESS	1.00	=	0.00
WCA (.39350%) + WCFA (.08440%) = .47790% OF	853.00				
LESS PREVIOUSLY PAID WCA/WCFA SURCHARGE	4.08	=			0.00

PLEASE DISREGARD IF PAYMENT HAS BEEN MADE.

0	512	0614932-06	PAY THIS AMOUNT	→	\$79.00
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SAN FRANCISCO, CA 94120-7980

Terms: NET - 10 Days

DATE PAID _____ CHECK NO. _____

Central District Of California Claims Register

8:08-bk-13151-RK Cameo Homes CASE CONVERTED on 07/02/2008

Judge: Robert N. Kwan **Chapter:** 11
Office: Santa Ana **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (20815192) State Comp Ins Fund Attn: Mark Madamba PO Box 9102 Pleasanton, CA 94566-9102	Claim No: 3 <i>Filed:</i> 09/25/2008 <i>Entered:</i> 09/25/2008	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Madamba, Mark <i>Modified:</i>
Unsecured claimed: \$79.00 Total claimed: \$79.00		
<i>History:</i> 3-1 09/25/2008 Claim #3 filed by State Comp Ins Fund , total amount claimed: \$79 (Madamba, Mark)		
<i>Description:</i>		
<i>Remarks:</i>		

Claims Register Summary