

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

In re: REO SPECIALISTS, LLC, Debtor	Chapter 11 Case No.: 3:09-bk-10022-JAF
---------------------------------------------------	-----------------------------------------------

DEBTOR'S MONTHLY OPERATING REPORTS FOR
THE PERIOD FROM MARCH 1, 2011 THROUGH MARCH 31, 2011

The Debtor files its Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

/s/ Edward J. Peterson

Edward J. Peterson

Florida Bar No. 0014612

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REO Specialists, LLC
(Debtor In Possession)
Debtor's Monthly Operating Reports (Business)
Table of Contents

I	Schedule of Receipts and Disbursements
II	Schedule of Assets and Liabilities
III	Attachement 1 - Monthly Accounts Receivable Reconciliation and Aging (N/A)
IV	Attachement 2 - Monthly Accounts Payable and Secured Payments Report
V	Attachement 3 - Inventory and Fixed Assets Report (N/A)
VI	Attachement 4A - Monthly Summary of Bank Activity - Operating Accounts 4A-1 Operating Account Bank Statement 4A-2 Operating Bank Reconciliation
VII	Attachement 4B - Monthly Summary of Bank Activity - Payroll Account (N/A)
VIII	Attachement 4C - Monthly Summary of Bank Activity - Tax Account (N/A)
IX	Attachement 4D - Investment Accounts and Petty Cash Report (N/A)
X	Attachement 5A - Check Register - Operating Account (N/A)
XI	Attachement 5B - Check Register - Payroll Account (N/A)
XII	Attachement 5C - Check Register - Tax Account (N/A)
XIII	Attachement 6 - Monthly Tax Report (N/A)
XIV	Attachement 7 - Summary of Officer and Owner Compensation (N/A)
XV	Attachement 8 - Significant Developments During Reporting Period (N/A)

**REO SPECIALISTS, LLC
RECEIPTS AND DISBURSEMENTS - UNAUDITED
AS OF MARCH 31, 2011**

SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING MARCH 1, 2011 AND ENDING MARCH 31, 2011

Name of Debtor: REO Specialists, LLC
Date of Petition: 11/25/2009


Case No.: 3:09-bk-10022-JAF

	<u>CURRENT MONTH</u>	<u>CUMULATIVE PETITION TO DATE</u>
1. FUNDS AT BEGINNING OF PERIOD	\$ 565,156.68 (a)	\$ 566,945.68
2. RECEIPTS:		
A. Cash Sales		
Minus: Cash Refunds		
Net Cash Sales		
B. Accounts Receivable		
C. Other Receipts (see MOR-3)		
(If you receive rental income, you must attach a rent roll)		
3. TOTAL RECEIPTS (lines 2A+2B+2C)	\$ -	\$ -
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (line 1+line 3)	\$ 565,156.68	\$ 566,945.68
5. DISBURSEMENTS		
A. Advertising		
B. Bank Charges		14.00
C. Contract Labor		
D. Fixed Asset Payments (not included in "N")		
E. Insurance		
F. Inventory Payments (see attachment 2)		
G. Leases		
H. Manufacturing Supplies		
I. Office Supplies		
J. Payroll - Net (see attachment 4B)		
K. Professional Fees (accounting & legal)		
L. Rent		
M. Repairs & Maintenance		
N. Secured Creditor Payments (see attachment 2)		
O. Taxes Paid - Payroll (see attachment 4C)		
P. Taxes Paid - Sales & Use		
Q. Taxes Paid - Other (see attachment 4C)		
R. Telephone		
S. Travel & Entertainment		
T. U.S. Trustee Quarterly Fees (1)		1,625.00
U. Utilities		
V. Vehicle Expenses		
W. Other Operating Expenses		150.00
6. TOTAL DISBURSEMENTS (sum of 5A-W)	-	1,789.00
7. ENDING BALANCE (line 4 minus line 6)	\$ 565,156.68 (c)	\$ 565,156.68

Notes:

(1) Represents payment to the U.S. Trustee for the Quarterly Bankruptcy fee.

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief dated this 20 day of April, 2011.



Signature

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
(c) These two amounts will always be the same if form is completely correctly.

REO SPECIALISTS, LLC
SCHEDULE OF ASSETS & LIABILITIES - UNAUDITED (In \$000s)
AS OF MARCH 31, 2011

CASE #: 3:09-bk-10022-JAF
(DEBTOR IN POSSESSION)

Description	REO Specialists, LLC	
Assets		
Cash and cash equivalents	\$	565
Accounts receivable, net		-
Property and equipment, net		-
Prepaid expenses and security deposits		-
Total Assets	<u>\$</u>	<u>565</u>
Liabilities		
Accounts payable and accrued liabilities	\$	2,602
Subject to Compromise		-
Income taxes payable		-
Total Liabilities		<u>2,602</u>
Stockholders Equity		<u>(2,037)</u>
Total Liabilities and Stockholder's Equity	<u>\$</u>	<u>565</u>

Notes

ATTACHMENT 1

NOT APPLICABLE

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: REO Specialists, LLC
 Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

Case No.: 3:09-bk-10022-JAF

ACCOUNTS RECEIVABLE AT PETITION DATE:

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received:

	(In \$000's)	
Beginning of Month Balance	-	(a)
PLUS: Current Month New Billings	-	
MINUS: Collection During the Month	-	(b)
PLUS/MINUS: Adjustments or Write-offs	-	*
End of Month Balance	-	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

POST PETITION ACCOUNTS RECEIVABLE AGING

(Show the total for each aging category for all accounts receivable)

0-30 days	31-60 days	61-90 days	Over 90 days	Total
-	-	-	-	-

For any receivables in the "Over 90 Days" category, please provide the following:

Customer	Receivable Date	Status (Collection efforts taken, estimate of collectability, disputed accounts, write-off, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(a) This number is carried forward from last months report. For the first report only, this number will be the balance as of the Petition Date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (page MOR-2, line 2B)

(c) These two amounts must equal.

ATTACHMENT 2

MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Debtor: REO Specialists, LLC

Case No.: 3:09-bk-10022-JAF

Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

POST-PETITION ACCOUNTS PAYABLE

Date Incurred	Days Outstanding	Vendor	Description	(In \$000s) Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL AMOUNT				0 (b)

Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)

	Opening Balance	_____ (a)
PLUS:	New Indebtedness Incurred this Month	_____
MINUS:	Amount Paid on Post Petition Accounts Payable this Month	_____
PLUS/MINUS:	Adjustments	_____ *
	Ending	_____ (c)

*For any adjustments provide explanation and supporting documentation, if applicable

SECURED PAYMENTS REPORT

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult your attorney and the United States Trustee Program prior to completing this section.

Secured Creditor/ Lessor	Date Payment Due this Month	Amount Paid this Month	Number of Post Petition Payments Delinquent	Total Amount of Post Petition Payments Delinquent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL		- (d)		

(a)This number is carried forward from last month's report. For the first report only, this number will be zero.
 (b,c)The total of line (b) must equal line c)
 (d)This number is reported in the "Current Month" column of Schedules of Receipts and Disbursements Page, MOR-2, line 5N).

ATTACHMENT 3

NOT APPLICABLE

INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: REO Specialists, LLC
 Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

Case No.: 3:09-bk-10022-JAF

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE:	<u>(in \$000)'s</u>
INVENTORY RECONCILIATION:	
Inventory Balance at Beginning of Month	(a)
PLUS: Inventory Purchased During Month	-
MINUS: Inventory Used or Sold	
PLUS/MINUS: Adjustments or Write-downs	*
Inventory on Hand at End of Month	<u>-</u>

METHOD OF COSTING INVENTORY: LOCOM

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	=	Total Inventory
<u>0.00%</u>	<u>0.00%</u>	<u>0.00%</u>	<u>0.00%</u>		<u>0%</u>

*Aging Percentages must equal 100%
 _____ Check here if inventory contains perishable items

Description of Obsolete Inventory:

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: NBV - (b)
 (includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only):

FIXED ASSETS RECONCILIATION:	
Fixed Asset Book Value at Beginning of Month	<u>\$ -</u> (a)(b)
MINUS: Disposals	
PLUS: New Purchased	-
PLUS/MINUS: Adjustments or Write-downs	- *
Ending Monthly Balance	<u>\$ -</u>

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the Petition Date.
 (b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions, Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A, 4A-1 & 4A-2

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: REO Specialists, LLC
 Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

Case No.: 3:09-bk-10022-JAF

NAME OF BANK: Regions Bank

BRANCH: Ocala

ACCOUNT NAME: REO Specialists, LLC

ACCOUNT NO.: ***187

PURPOSE OF ACCOUNT: OPERATING

Ending Bank Balance per Bank Statement	<u>\$ 565,156.68</u>
Plus Total Amount of Outstanding Deposits	<u>0</u>
Minus Total Amount of Outstanding Checks and Other Debits	<u>0</u>
Minus Service Charges	<u>0</u>
Ending Balance per Check Register	<u>\$ 565,156.68 (a)</u>

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D:
 (check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ _____ Transferred to Payroll Account
 \$ _____ Transferred to Tax Account

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (page MOR-2, line 7)



Regions Bank

Orlando Main Office
111 North Orange Ave
Orlando, FL 32801



00127311 01 AT 0.357 001
REO SPECIALISTS LLC
DEBTOR IN POSSESSION
4901 VINELAND RD STE 120
ORLANDO FL 32811-7187

ACCOUNT # 187
Cycle 092
Enclosures 26
Page 0
1 of 1

COMMERCIAL ANALYZED CHECKING
March 1, 2011 through March 31, 2011

SUMMARY

Beginning Balance	\$565,156.68	Minimum Balance	\$565,156
Deposits & Credits	\$0.00 +		
Withdrawals	\$0.00 -		
Fees	\$0.00 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$565,156.68		

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.

**For all your banking needs, please call 1-800-REGIONS (734-4667).
or visit us on the Internet at www.regions.com.**

Thank You For Banking With Regions!

**REO Specialists LLC
Regions Debtor in Possession Account
Bank Reconciliation
March 31, 2011**

Beginning Bank Balance	\$565,156.68	
Deposits	\$0.00	
Less Checks/Wires	\$0.00	
Ending Bank Balance	<u><u>\$565,156.68</u></u>	G/L

ATTACHMENT 4B
NOT APPLICABLE
MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: REO Specialists, LLC
 Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

Case No.: 3:09-bk-10022-JAF

NAME OF BANK:

BRANCH:

ACCOUNT NAME:

ACCOUNT NO.:

PURPOSE OF ACCOUNT: PAYROLL

Ending Bank Balance per Bank Statement	\$ _____
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and Other Debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ _____ **(a)

*Debit cards are used by:

**If Closing Balance is negative, provide explanation:

NOT APPLICABLE - Payments made through a leasing company

The following disbursements were paid by Cash: (check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (page MOR-2, line 7)

ATTACHMENT 4C

NOT APPLICABLE

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: REO Specialists, LLC
 Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

Case No.: 3:09-bk-10022-JAF

NAME OF BANK:

BRANCH:

ACCOUNT NAME:

ACCOUNT NO.:

PURPOSE OF ACCOUNT: TAX

Ending Bank Balance per Bank Statement	\$ _____
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and Other Debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ _____ **(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation:

The following disbursements were paid by Cash: (____ check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (page MOR-2, line 7)

ATTACHMENT 4D

NOT APPLICABLE

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

Name of Debtor: REO Specialists, LLC

Case No.: 3:09-bk-10022-JAF

Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

INVESTMENTS ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable Instrument	(In \$000's)	(In \$000's)	Date of Purchase	(In \$000's)
	Face Value	Purchase Price		Current Market Value
	_____	_____	_____	_____
TOTAL	<u>0</u>	<u>0</u>		<u>0 (a)</u>

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

Location of Box/ Account	(Column 2) Maximum Amount of Cash in Drawer/ Account	(Column 3) Amount of Petty Cash on Hand at End of Month	(Column 4) Difference Between (Column 2) and (Column 3) \$ -
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			<u>_____ (b)</u>

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH (a+b)	<u>(In \$000s)</u> <u>0 (c)</u>
-------------------------------------------------------	------------------------------------

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (page MOR-2, line 7).

ATTACHMENT 5A

NOT APPLICABLE

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: REO Specialists, LLC
 Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

Case No.: 3:09-bk-10022-JAF

Name of Bank: _____ Branch: _____

Account Name: _____ Account No.: _____

Purpose of Account: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

Date	Check Number	Payee	Purpose	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				\$ _____

ATTACHMENT 5B
NOT APPLICABLE
CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: REO Specialists, LLC
 Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

Case No.: 3:09-bk-10022-JAF

Name of Bank: **N/A**

Branch:

Account Name:

Account No.:

Purpose of Account: PAYROLL

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

Date	Check Number	Payee	Purpose	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				\$ _____

ATTACHMENT 5C
NOT APPLICABLE
CHECK REGISTER - TAX ACCOUNT

Name of Debtor: REO Specialists, LLC
 Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

Case No.: 3:09-bk-10022-JAF

Name of Bank: **N/A**

Branch:

Account Name:

Account No.:

Purpose of Account: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

Date	Check Number	Payee	Purpose	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				\$ _____ (d)

SUMMARY OF TAXES PAID

Payroll Taxed Paid	_____ (a)
Sales & Use Taxes Paid	_____ (b)
Other Taxes Paid	_____ (c)
TOTAL	_____ 0 (d)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (page MOR-2, line 5O).
- (b) This number is reported in the "Current Month" column of Schedule or Receipts and Disbursements (page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (page MOR-2, line 5Q).
- (d) These two lines must be equal.

ATTACHMENT 6
NOT APPLICABLE
MONTHLY TAX REPORT

Name of Debtor: REO Specialists, LLC
 Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

Case No.: 3:09-bk-10022-JAF

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL					\$ _____

ATTACHMENT 7

NOT APPLICABLE

SUMMARY OF OFFICER OR OWNER COMPENSATION

Name of Debtor: REO Specialists, LLC
 Reporting Period Beginning March 1, 2011 and Ending March 31, 2011

Case No.: 3:09-bk-10022-JAF

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowance, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Payment Description</u>	<u>Amount Paid</u>
---------------------------------	--------------	----------------------------	--------------------

PERSONNEL REPORT

	<u>Full Time</u>	<u>Part Time</u>
Number of employees at beginning of period	<u>0</u>	<u>0</u>
Number hired during the period	<u>0</u>	<u>0</u>
Number terminated or resigned during period	<u>0</u>	<u>0</u>
Number of employees on payroll at end of period	<u>0</u>	<u>0</u>

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

<u>Agent and/or Carrier</u>	<u>Phone Number</u>	<u>Policy Number</u>	<u>Coverage Type</u>	<u>Expiration Date</u>	<u>Date Premium Due</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The following lapse in insurance coverage occurred this month:

<u>Policy Type</u>	<u>Date Lapsed</u>	<u>Date Reinstated</u>	<u>Reason for Lapse</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Check here if U.S. Trustee has been listed as Certificate Holder for all insurance policies.

ATTACHMENT 8

NOT APPLICABLE

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transaction that are not reported on this report, such as the sale of real estate (*attach closing statement*); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.