STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS
SELF-INSURANCE PLANS
2265 WATT AVENUE, SUITE 1
SACRAMENTO, CA 95825
PHONE NO. (916) 483-3392
FAX (916) 483-1535

FINANCIAL SUMMARY

GENERAL INFORMATION:

1. NAME OF MASTER CERTIFICATE HOLDER:_____

2. DATE OF LAST FINANCIAL STATEMENT: ___ / ___ / ___
(mm dd yr)

FINANCIAL INFORMATION:

CASH & MARKETABLE SECURITIES . . .$_____

INVENTORY. . . . . .$_____

TOTAL CURRENT ASSETS . . . . . .$_____

TOTAL INTANGIBLE ASSESTS . . . . .$_____

TOTAL ASSETS . . . . . .
$_____

TOTAL SHORT TERM DEBT. . . . . .$_____

TOTAL CURRENT LIABILITIES. . . . .$_____

TOTAL LONG TERM DEBT . . . . . .$_____

LONG-TERM PENSION OBLIGATIONS . . $_____

TOTAL LIABILITIES . . . . . .
$_____

TOTAL SHAREHOLDERS' EQUITY . . . .$_____

TOTAL PREFERRRED STOCK. . . . . ..$_____

RETAINED EARNINGS. . . . . .$_____

NET SALES. . . . . .$_____

COST OF GOODS SOLD . . . . . .$_____

SELLING, GENERAL &
ADMINISTRATIVE EXPENSES. . . . . .$_____

OPERATING PROFIT/(LOSS). . . . . .$_____

EARNINGS BEFORE INTEREST
AND TAXES. . . . . .$_____

TOTAL INTEREST EXPENSES. . . . . .$_____

NET INCOME/(NET LOSS) . . . . . .$_____

RENTAL EXPENSE. . . . . ..$_____

DEPRECIATION AND AMORTIZATION . . $_____

EXTRAORDINARY ITEMS. . . . . .$_____

PREPARED BY:_____ DATE_____
TITLE_____

Form A4-7 (4/03)