

Exhibit “A”

Exhibit “B”

WSHD Financial Reporting Sheet

Winnie Stowell Hospital District

Reporting Date:

Wednesday, April 20, 2016

From	Sales Tax	Property Tax	County	Other	Net
MPAP Funds - Molina	\$668,361.90	\$0.00	\$0.00	\$0.00	\$668,361.90
State Comptroller-Tobacco Settlement				\$8,882.36	\$8,882.36
Texas Comptroller		\$39,811.41	\$0.00	\$0.00	\$39,811.41
Total:	\$668,361.90	\$39,811.41	\$0.00	\$8,882.36	\$717,055.67

Expenses	For	Amount	Notes	Funds Summary	Totals
Benckenstein & Oxford		\$32,225.00			
Hubert Oxford	1/2 retainer	\$500.00		Prosperity Operating	\$1,197,748.90
Josh Heinz	1/2 retainer	\$500.00		Interbank	\$668,461.90
David Sticker-CPA		\$0.00		Prosperity CD	\$10,400.13
American Express	Apr Invoice	\$622.14		TexStar	\$152,638.87
Time Warner	04/05-05/04	\$169.98	PD Ck #1741	Net Cash Position	\$2,029,249.80
Quill		\$154.74	PD Ck #1739	Net Expenses	\$55,104.89
The HomeTown Press		\$14.80		Ending Balance	\$1,974,144.91
Star Graphics - Lease	49536879&49182035	\$318.02	Pd online		
Star Graphics - Contract		\$30.20	PD Ck #1742		
Deputy		\$100.00			
ECISD		\$15,000.00	ACH	Starting Balance	320,000.00
JS Edwards & Sherlock Insurance	WC Policy	\$574.00	PD Ck #1738	ECISD Pay off-Closing 3/23	325,000.00
IHS		\$1,059.00	PD Ck #1740	Ending	0.00
Brookshire Bros Pharmacy		\$2,255.84		Rec'l from Closing 3/23	\$28,156.57
Willcox Pharmacy		\$1,581.17			
		\$55,104.89	40,104.89		

Loan #6 (8/11/15-5/16/16)	\$3,610,000.00
Interest	
Loan #7 Balance (11/5/15-8/4/16)	\$3,610,000.00
Interest	
Loan #8 Balance (2/11/16-11/6/16)	\$3,620,000.00
Interest	

LTC Inv # 1063 - Sep 2015	276,381.60
LTC Inv # 1067 - Oct 2015	285,594.32
LTC Inv # 1071 - Nov 2015	276,381.60
LTC Inv # 1075 - Dec 2015	285,594.32
LTC Inv # 1079 - Jan 2016	285,594.32
LTC Inv # 1081 - Feb 2016	267,168.88
LTC Inv # 1079 - Mar 2016	285,594.32
LTC Inv # 1079 - Apr 2016	276,381.60

Total: \$94,217.76

BENCKENSTEIN & OXFORD, L.L.P.

ATTORNEYS AT LAW
BBVA COMPASS BANK BUILDING
3535 CALDER AVENUE, SUITE 300
BEAUMONT, TEXAS 77706
TELEPHONE: (409) 833-9182
FAX: (409) 833-8819

Hubert Oxford, IV

hoxfordiv@benoxford.com

April 20, 2016

Mr. Elroy Henry, President
Winnie Stowell Hospital District
825 State Hwy 124
Winnie Texas 77665

Re: Winnie Stowell Hospital District; Invoice for March 2016 Retainer; Our File No. 87250.

Dear President Henry,

Please allow this letter to serve as a *partial* invoice for work performed in March 2016. I request that we be allowed to submit the remainder of the invoice for March 2016 for Benckenstein & Oxford at the next regularly scheduled meeting.

In the meantime, would you please pay the March retainer of \$1,000.00 retainer and we will give the District credit for the \$1,000.00 payment when we submit the remainder of the invoice with time entries for March 2016. If so, please draft a check in the amount of \$500.00 checks payable to Josh Heinz and a second check for \$500.00 to Hubert Oxford, IV.

If you have any questions concerning the invoice or the previously prepared minutes, please do not hesitate to contact me.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

By: HOIV
Hubert Oxford, IV

BENCKENSTEIN & OXFORD, L.L.P.

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BBVA COMPASS BANK BUILDING
3535 CALDER AVENUE, SUITE 300

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Hubert Oxford, IV

hoxfordiv@bcnoxford.com

April 20, 2016

Mr. Elroy Henry, President
Winnie Stowell Hospital District
825 State Hwy 124
Winnie Texas 77665

Re: Winnie Stowell Hospital District; Invoice for March 2016 Retainer; Our File No. 87250.

Dear President Henry,

Attached, please find the invoice for Benckenstein & Oxford, LLP for work performed in January 2016. The invoice is for \$33,225.00 but we have reduced this invoice by \$1,000.00 bringing the balance owed to \$32,225.00. We request that this invoice be paid at the April 2016 Regular Meeting.

As you will recall, January and February 2016 were very active months for the District. In January, we worked on a number of large projects, including:

1. Began evaluation of QIPP program and projects in anticipation of February 5, 2016 deadlines;
2. Amended Payment Policies and Procedures to satisfy lenders concerns about HUD loans and receipt of checks to the District so that the District can use Remote Deposit Capture to repay itself for IGTs;
3. Initiated the drafting and adoption of a Personnel Policy;
4. Reviewed and finalized agreements for sale of property and providing healthcare funding with East Chambers Independent School District; and
5. Worked with counsel for Neches Capital on Loan 8 and timing of MPAP funding for July 2015.

Overall, most of the time was spent on amending Payment Policies and Procedures but since this has been done, the time spent on satisfying the District's lenders has diminished greatly. If you have any questions concerning the invoice, please do not hesitate to contact me.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

By:



Hubert Oxford, IV

Enclosure

Benckenstein & Oxford, L.L.P.
 3535 Calder Avenue
 Suite 300
 Beaumont, TX 77706

April 20, 2016

INVOICE #: 48021 HOIV
 Billed through: January 31, 2016
 Client/Matter #: WSHD 87250

Winnie-Stowell Hospital District
 P.O. Box 1997
 Winnie, TX 77665

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

01/04/16	HOIV	Exchanged multiple e-mails with District's CPA regarding the 2016 Budget; reviewed and made suggested changes to the budget; and drafted e-mail back to staff and CPA with suggested changes and comments.	1.80 hrs
01/04/16	HOIV	Conference call with Board to discuss issues with CPA and the need for the CPA to provide information in an open manner.	1.30 hrs
01/04/16	HOIV	Exchanged six (6) e-mails with Gerald Washington who works in the Sales Tax Division for the State Comptroller's office requesting information on sales tax payments in the District for the last five years in order to be able to explain the declines to Board.	0.30 hrs
01/04/16	HOIV	Gathered DBAs and submitted to Interbank so that the District could deposit funds made payable to nursing homes then exchanged five (5) e-mails with staff and Interbank regarding the same.	0.70 hrs
01/04/16	HOIV	E-mail to general public, at the request of Administrator, reminding them of the public forum.	0.20 hrs
01/04/16	HOIV	Exchanged five e-mails with LTC and staff regarding request for AARP portal access for Caring facilities.	0.40 hrs
01/04/16	HOIV	Exchanged six (6) e-mails with District's CPA and Board members regarding request for the 2015 and 2016 budget and the need to post the budget on the internet.	0.60 hrs
01/04/16	HOIV	Received memo from Caring Healthcare reporting on their proposed QIPP program projects and the costs associated with the projects.	0.50 hrs
01/04/16	HOIV	Made revisions and suggestions to 2016 budget and submitted them Mary Ellen Robertson for review.	0.70 hrs
01/04/16	HOIV	Conference call with Genesis to discuss QIPP projects and revenue generated by the projects.	0.70 hrs
01/05/16	HOIV	Read, reviewed, and responded to five e-mails between District's CPA and the Board regarding the CPA's refusal to produce budget in Excell format.	0.80 hrs

01/05/16	HOIV	Read, reviewed, and responded to eleven (11) e-mails between Genesis and LTC Group inquiring about the scope of the Genesis QIPP projects and the timing of the projects in order to develop cash flow projections.	1.40 hrs
01/05/16	HOIV	Exchanged seventeen (17) e-mails with LTC Group regarding questions concerning the QIPP program.	1.20 hrs
01/05/16	HOIV	Studied the QIPP program and QIPP paper and prepared an extensive PowerPoint presentation for the Board regarding the QIPP Program and program issues.	6.80 hrs
01/06/16	HOIV	Prepared for and attended Public Hearing and Special Meeting.	5.00 hrs
01/06/16	HOIV	Meeting with Hospital to discuss status of Indigent Care Agreement balance of funds; and East Chambers ISD programs.	1.50 hrs
01/06/16	HOIV	Exchanged twelve (12) e-mails with staff, LTC, and managers regarding receipt of funds for June 2015 MPAP payments.	1.00 hrs
01/06/16	HOIV	Made final changes to QIPP Powerpoint for Special Board meeting.	1.20 hrs
01/07/16	HOIV	Received draft of Interlocal Agreement submitted by ECISD and made significant revisions and presented to changes to counsel for ECISD by way of e-mail explaining the changes.	2.00 hrs
01/07/16	HOIV	Worked with Sherrie Norris to respond to open meetings request by Hazel Meaux by revising letter to Mrs. Meaux and exchanging five e-mails with staff regarding the same.	1.10 hrs
01/07/16	HOIV	Conducted multiple conference calls with District's Lender and LTC regarding remote deposit capture of IGT funds and forwarded e-mail from Interbank with remote deposit agreements.	0.40 hrs
01/08/16	HOIV	Gathered e-mails with counsel for Hospital discussing expenses associated with nursing home IGT funds and forwarded the same to Lee Hughes and Sherrie Norris.	0.50 hrs
01/08/16	HOIV	Drafted extensive e-mail to Caring Healthcare requesting that they mail all MPAP funds to the District and that Caring discontinue depositing regular revenue into their operating account.	0.70 hrs
01/08/16	HOIV	Updated Nursing Home Timeline spreadsheet to account for January 8, 2016 transfer.	0.30 hrs
01/08/16	HOIV	Worked with LTC Group and Neches Capital to inquire as to the estimated arrival time for the July 2015 MPAP payment and researched timeline spreadsheet to evaluate impact on next quarter's IGT due to the availability of funds.	1.30 hrs
01/08/16	HOIV	Conference call with Indigent Healthcare Solutions regarding merger of new hospital data forwarded e-mail to IHS of data that the District needs to upload.	0.30 hrs
01/11/16	HOIV	Received proposed interlocal agreement between the ECISD and the WSHD for healthcare services provided by the District and made extensive revisions	2.60 hrs

		to the agreement in order to make it consistent with the Board's directive.	
01/11/16	HOIV	Exchanged e-mails with Caring Healthcare regarding daily revenue checks.	0.30 hrs
01/11/16	HOIV	Exchanged ten e-mails with IHS regarding inputting data directly into the database instead of having to re-key they data for April 2015 through January 2016.	0.60 hrs
01/12/16	HOIV	Received and made extensive revisions to Third Amended Transfer Policy submitted by Lender	3.50 hrs
01/12/16	HOIV	Received comments for Transfer Policy from Lender and drafted extensive e-mail to LTC expressing concerns with the changes.	2.00 hrs
01/12/16	HOIV	Exchanged fourteen e-mails with Richard Price and Blair Schiff regarding concerns about the DACA and DAISA Agreements as well as the Section 26 of the Sub-Operator Agreement; and reviewed the changes to the underlying documents.	2.40 hrs
01/12/16	HOIV	Exchanged seven (7) e-mails with LTC Group regarding the status of the July 2015 MPAP payment.	0.70 hrs
01/12/16	HOIV	Exchanged four e-mails with insurance agent regarding obtaining an extension for insurance on building located on Highway 124.	0.40 hrs
01/12/16	HOIV	Exchanged five (5) e-mails with Michelle Morris, lawyer for the ECISD, regarding the status of closing documents and closing on the Highway 124 property.	0.40 hrs
01/13/16	HOIV	Exchanged multiple e-mails with Lender regarding the District's Transfer Policy and made revisions to his third draft of Policies in anticipation of conference call with Lender.	2.00 hrs
01/13/16	HOIV	Conference call with Neches Capital to discuss Neches Capital's suggested changes to transfer procedures.	0.60 hrs
01/13/16	HOIV	Received draft revisions to payment policies from Neches Capital and made significant changes to the document in anticipation of upcoming conference call.	1.70 hrs
01/13/16	HOIV	Worked on timeline spreadsheet to reconcile how much was owed to Neches Capital from Loan 5 because of Lender's concern that the District would not be able to repay the loan on time due to the fact that the State of Texas may not have paid the District.	1.60 hrs
01/13/16	HOIV	Prepared minutes for Budget Forum workshop.	0.70 hrs
01/13/16	HOIV	Read and reviewed eight (8) e-mails between HHSC and LTC regarding status of July payment.	0.70 hrs
01/13/16	HOIV	Worked with staff on agenda for upcoming April 20, 2016 regular meeting.	0.60 hrs
01/13/16	HOIV	Prepared minutes of Regular Meeting for December 16, 2016 meeting.	3.00 hrs
01/14/16	HOIV	Recieved another version of the District's transfer policies from Neches Capital, revised the procedures so that the District was in compliance with the	2.60 hrs

		law; and had a conference call with Neches Capital to discuss revisions to transfer procedures specifying how and where IGT funds are to be paid.	
01/15/16	HOIV	Finalized transfer procedures and drafted e-mail to all parties interested regarding the transfer procedures, their purposes, and changes that could impact nursing home partners.	3.40 hrs
01/15/16	HOIV	Worked with staff on drafting agenda for special meeting.	0.60 hrs
01/15/16	HOIV	Received QIPP program spreadsheets from Genesis and combined them into one spreadsheet and began an analysis of the cost and benefits of the QIPP program in order to properly advise the District's Board on the feasibility of the projects the District is being asked to consider as well as the cost associated with the projects to the District.	3.70 hrs
01/15/16	HOIV	Made final changes to interlocal agreement for Healthcare services with ECISD and agreed to the changes by way of two (2) e-mails with counsel for ECISD	0.40 hrs
01/15/16	HOIV	Exchanged four e-mails with counsel for ECISD regarding closing documents for the sale of HWY 124.	0.40 hrs
01/18/16	HOIV	Exchanged five (5) with Ellen Spalding, counsel for East Chambers ISD regarding interlocal agreement and the need to change the agreement to a term of twenty (20) months in order to for the two entities to have the opportunity to budget properly.	1.40 hrs
01/18/16	HOIV	Exchanged four e-mails with staff and the District's CPA regarding	0.20 hrs
01/18/16	HOIV	Conference call with staff regarding invoices submitted by Thompson Outpatient clinic invoices.	0.30 hrs
01/18/16	HOIV	Drafted and finalized minutes for the January 26, 2016 Special Meeting and distributed to the Board.	2.50 hrs
01/18/16	HOIV	Exchanged eight (8) e-mails with Danny Thompson, New Light and Hospital Personnel regarding Thompson Outpatient Clinic invoices.	0.80 hrs
01/18/16	HOIV	Researched Highway 124 property documents and drafted extensive e-mail to ECISD counsel and superintendent regarding disclosures for sale Highway 124 property and prior issues with gasoline tank on the property.	1.60 hrs
01/18/16	HOIV	Received Letters of Agreement from Managers for the four CMOs working with managers on their respective homes and reviewed the Letters of Agreement to ensure there is no commitment by the District to participate in the QIPP program until such time as the District is able to make sure the program is good for the District and the facilities it owns.	1.80 hrs
01/19/16	HOIV	Prepared agenda for January 25, 2016 Special Meeting.	0.30 hrs
01/19/16	HOIV	Read, reviewed and responded to twenty-four (24) e-mails regarding DY 4 and the uncompensated care payment to the Hospital.	1.40 hrs
01/19/16	HOIV	Exchanged e-mails with counsel for ECISD regarding land sale contracts and the remediation of the property.	0.60 hrs

Client-	WSHD 87250	Invoice # 48021	PAGE	5
01/19/16	HOIV	Exchanged fifteen (15) e-mails with hospital, New Light, and HHSC regarding the timing of DY 4 payments and the amounts in order to schedule a special meeting.	0.80 hrs	
01/19/16	HOIV	Exchanged five e-mails with Geneis regarding the QIPP Quarter 3 quality metrix for the nursing facilities owned by the District.	0.80 hrs	
01/20/16	HOIV	Prepare for and attend regular monthly meeting.	3.50 hrs	
01/20/16	HOIV	Received spreadsheets from Caring Healthcare in regard to their QIPP proposals and began analyzing the projects, cost to the projects, and proposal by Caring to pay for the cost of the projects out of the MPAP proceeds received before any funds are distributed; participated in conference call with Caring; and exchanged six (6) e-mails regarding the same.	5.60 hrs	
01/21/16	HOIV	Received July MPAP spreadsheet from the State of Texas; modified the spreadsheet; and modified payout spreadsheet.	2.00 hrs	
01/21/16	HOIV	Received and responded to six e-mails regarding excess MPAP funds received by the District in order to give notice of the receipt to LTC and Managers.	0.60 hrs	
01/21/16	HOIV	Reviewed spreadsheets submitted by THHSC regarding excess MPAP funds and reconciled the spreadsheet in the Timeline spreadsheet in order to determine the amount owed the District.	1.40 hrs	
01/21/16	HOIV	Conference call with Neches Capital advising them of the receive of \$888,000.00 for excess funds.	0.60 hrs	
01/21/16	HOIV	Conference calls with various Board members and staff following up on matters discussed and legal issues raised at the Board meeting.	1.80 hrs	
01/22/16	HOIV	E-mail and phone conferences with staff to discuss transfer of the excess MPAP funds to Interbank.	0.30 hrs	
01/22/16	HOIV	Exchanged fifteen e-mails with lawyers for ECISD and school superintendent regarding the closing documents signed by the Board at the January 2016 Regular meeting and to secure a closing date.	1.40 hrs	
01/22/16	HOIV	Drafted e-mail to staff and Finance Committee to inform that David Sticker may be a suitable replacement for Mary Ellen Robertson as the District's CPA and provided them with contacts for references.	0.70 hrs	
01/22/16	HOIV	Conference call with QIPP stakeholders to learn about the status of the program.	0.80 hrs	
01/22/16	HOIV	Received, reviewed, and responded to eight (8) e-mails with the LTC Group regarding concerns about the July 2015 MPAP payment and the effects of the potential delayed payment on Neches Capital's ability to loan money.	0.80 hrs	
01/22/16	HOIV	Drafted loan documents for Loan 8 and made revisions per Lender's request; exchanged four e-mails regarding the same.	1.30 hrs	
01/22/16	HOIV	Drafted e-mail to Chris Portner, counsel for Hospital, advising him of issues and concerns discussed at the January 20, 2016 regular meeting.	0.60 hrs	

Client-	WSHD 87250	Invoice # 48021	PAGE	6
01/22/16	HOIV	Conference call with Chris Portner concerning the upcoming DY 4 IGT for Uncompensated Care and other issues at the Hospital.	0.30 hrs	
01/25/16	HOIV	Prepared for and attended special meeting.	4.00 hrs	
01/25/16	HOIV	Received new Attorney General Opinion on county indigent care programs and their applicability to undocumented aliens	0.60 hrs	
01/25/16	HOIV	Worked with Sherrie Norris to fill out eminent domain criteria for the State of Texas.	0.40 hrs	
01/26/16	HOIV	Conference call with John Watson regarding QIPP	0.60 hrs	
01/26/16	HOIV	Conference call with Genesis regarding sharing cost of projects.	0.40 hrs	
01/26/16	HOIV	Received e-mail from Neches Capital regarding the end of the month interest payment; reconciled the payment; documented the payment in the timeline spreadsheet and prepared wiring instructions for Friday, January 29, 2016.	1.20 hrs	
01/26/16	HOIV	Received letter agreement from United Healthcare for Caring Healthcare facilities and made revisions to the agreement; and e-mailed changed back to Caring Healthcare with explanation for the changes.	0.80 hrs	
01/27/16	HOIV	Began review of Chambers County Personnel Manual and began formatting the document and making modification.	6.50 hrs	
01/27/16	HOIV	Received initial DY4 Final Uncompensated Care Program notice and exchanged thirteen (13) e-mails between Hospital New Light in regard to the amount of the IGT request and timing of the funding of the request.	1.30 hrs	
01/27/16	HOIV	Exchanged five e-mails with bank and insurance company regarding the sale of the Highway 124 property.	0.30 hrs	
01/28/16	HOIV	Continued with revising Personnel Manual and made extensive revisions and additions to suit the District's needs.	6.50 hrs	
01/28/16	HOIV	Reviewed third revised United Healthcare Letter Agreement with Caring Healthcare and the District for the QIPP program and exchanged five e-mails with Caring regarding the same.	0.60 hrs	
01/28/16	HOIV	Exchanged eight (8) e-mails with Neches Capital counsel regarding the receipt of the first checks for July MPAP payment and estimated time of arrival for the remaining checks.	0.80 hrs	
01/28/16	HOIV	Conference call with staff regarding excess funds and the need to account for the funds transferred to Interbank.	0.40 hrs	
01/29/16	HOIV	Worked on timeline spreadsheet to make sure the District was able to reconcile funds owed on Loan 5 repayment compared with the money inside of the District's depository account and money received from the July MPAP payment.	2.00 hrs	
01/29/16	HOIV	Conducted initial conference call with FQHC & Associates on a potential FQHC assessment for the District.	0.80 hrs	
01/29/16	HOIV	Received press release from Scott Campbell regarding school district	2.30 hrs	

healthcare funds donated by the District and re-wrote the press release so that the District would get credit.

01/29/16 HOIV Drafted e-mail to Personnel Committee to discuss paid time off policy. 0.30 hrs

01/29/16 HOIV Made multiple conference calls with various potential FQHC consultants in order to provide the District with a needs assessment and evaluation for an FQHC inside the District. 1.30 hrs

Total fees for this matter \$33,225.00

BILLING SUMMARY:

Oxford, IV Hubert 132.90 hrs @ \$250.00 /hr \$33,225.00

TOTAL FEES \$33,225.00

TOTAL CHARGES FOR THIS INVOICE \$33,225.00

RETAINER \$1,000.00 CR

TOTAL BALANCE NOW DUE \$32,225.00

Federal ID# 74-1646478

Invoice Terms: Net 10 Days Upon Receipt
Please Reference Invoice Number on Your Check



Blue for Business®
 WINNIE STOWELL HOSPI
 JOHN E HENRY SR

Closing Date 04/10/16 Next Closing Date 05/11/16



Account Ending 0-51003

New Balance \$622.14
Minimum Payment Due \$35.00
Payment Due Date 05/05/16 ‡

‡ **Late Payment Warning:** If we do not receive your Minimum Payment Due by the Payment Due Date of 05/05/16, you may have to pay a late fee of up to \$38.00 and your Purchase APR may be increased to the Penalty APR of 27.49%.

Membership Rewards® Points
 Available and Pending as of 02/29/16
34,162
 For up to date point balance and full program details, visit membershipewards.com

Account Summary

Previous Balance \$355.23
 Payments/Credits -\$355.23
 New Charges +\$622.14
 Fees +\$0.00
 Interest Charged +\$0.00

New Balance \$622.14
Minimum Payment Due \$35.00

Credit Limit \$15,500.00
 Available Credit \$14,877.86
 Cash Advance Limit \$3,100.00
 Available Cash \$3,100.00
 Days in Billing Period: 30

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	20 months	\$685

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Customer Care

Pay by Computer
open.com/pbc

Customer Care 1-877-258-3254
Pay by Phone 1-800-472-9297

See page 2 for additional information.



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↓ Please fold on the perforation below, detach and return with your payment ↓

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 Do not staple or use paper clips

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open.com/pbc

Pay by Phone
 1-800-472-9297

Account Ending 0-51003

Enter 15 digit account # on all payments.
 Make check payable to American Express.

JOHN E HENRY SR
 WINNIE STOWELL HOSPI
 PO BOX 304
 WINNIE TX 77665-0304

Payment Due Date
05/05/16
 New Balance
\$622.14
 Minimum Payment Due
\$35.00

Check here if your address or phone number has changed. Note changes on reverse side.

AMERICAN EXPRESS
 P.O. BOX 650448
 DALLAS TX 75265-0448

\$ _____
Amount Enclosed



0000349992195946734 000062214000003500 07 H

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. If we accept payment in a foreign currency, we will convert it into US dollars at a conversion rate that is acceptable to us, unless a particular rate is required by law. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your financial account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.


How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number listed below for more information about this balance computation method and how resulting interest charges are determined. *The method we use to calculate the ADB and interest results in daily compounding of interest.*


Paying Interest: Your due date is at least 25 days after the Closing Date of each billing period. We will not charge you interest on your purchases if you pay the New Balance by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will charge a fee of 2.70% of the converted US dollar amount. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is \$1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

	Customer Care & Billing Inquiries	1-877-258-3254	Hearing Impaired
	International Collect	1-623-492-7719	TTY: 1-800-221-9950
	Large Print and Braille Statements	1-877-258-3254	FAX: 1-800-695-9090
	Lost or Stolen Card	1-800-521-6121	In NY: 1-800-522-1897
	Cash Advance at ATMs Inquiries	1-800-CASH-NOW	

	Website: americanexpress.com
	Mobile Site: amexmobile.com
Customer Care & Billing Inquiries	Payments
P.O. BOX 981535	P.O. BOX 650448
EL PASO, TX	DALLAS TX 75265-
79998-1535	0448

Change of Address

If correct on front, do not use.

- To change your address online, visit www.americanexpress.com/updatecontactinfo
- For Name, Company Name, and Foreign Address or Phone changes, please call Customer Care.
- Please print clearly in blue or black ink only in the boxes provided.

Street Address

City, State

Zip Code

Area Code and Home Phone

Area Code and Work Phone

Email

Pay Your Bill with AutoPay

- Avoid late fees
- Save time

Deduct your payment from your bank account automatically each month

Visit americanexpress.com/autopay today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit www.americanexpress.com/privacy.



Blue for Business®
 WINNIE STOWELL HOSPI
 JOHN E HENRY SR
 Closing Date 04/10/16

OPEN_{SM}

Account Ending 0-51003

Payments and Credits

Summary

	Total
Payments	-\$355.23
Credits	\$0.00
Total Payments and Credits	-\$355.23

Detail *Indicates posting date

Payments	Amount
03/23/16* JOHN E HENRY SR PAYMENT RECEIVED - THANK YOU	-\$355.23

New Charges

Summary

	Total
SHERRIE NORRIS 0-51011	\$622.14
Total New Charges	\$622.14

Detail



SHERRIE NORRIS
 Card Ending 0-51011

	Amount
03/15/16 WILCOX PHARMACY 650000003350439 WINNIE TX 4092962497 Description Price WILCOX PHARMACY \$22.92	\$22.92
03/30/16 INTUIT *QUICKBOOKS 800-446-8848 CA SOFTWARE	\$227.01
03/31/16 WILCOX PHARMACY 650000003350439 WINNIE TX 4092962497 Description Price WILCOX PHARMACY \$21.71	\$21.71
04/02/16 GOOGLE*SVCSAPPSWSHD-TX-COM Mountain View ADVERTISING SERVICE	\$40.00
04/09/16 SAN LUIS - GALVESTON - HOTEL GALVESTON TX Arrival Date Departure Date 04/07/16 04/08/16 00000000 LODGING	\$155.25
04/09/16 SAN LUIS - GALVESTON - HOTEL GALVESTON TX Arrival Date Departure Date 04/07/16 04/08/16 00000000 LODGING	\$155.25

Fees

Amount

Total Fees for this Period **\$0.00**

Interest Charged

Amount

Total Interest Charged for this Period **\$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest." Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2016 Fees and Interest Totals Year-to-Date

Amount

Total Fees in 2016 **\$0.00**

Total Interest in 2016 **\$0.00**

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	11.49% (v)	\$0.00	\$0.00
Cash Advances	25.49% (v)	\$0.00	\$0.00
Total			\$0.00

(v) Variable Rate



**Membership Rewards®
Monthly Statement and Program News**

Prepared for JOHN E HENRY SR

Account Number 1M70555067

Total Points Balance **34,162**

Points Earned this Period **62**

Account Summary February 1, 2016 - February 29, 2016

Opening Points Balance	34,100
Points Earned this Period	+62
Points Used this Period	0
Reinstated Points and Adjustments	0
Total Points Balance	34,162

Points Earned this Period are pending until charges are paid in full and all your accounts are in good standing.

Questions About Your Account?



membershiprewards.com

1-800-AXP-EARN (297-3276)
International Collect: 305-816-2799

Did You Know?

Use Points For Your Charges
Use your Card for charges like travel, dining, groceries, and more, then go online and use the points you earned toward your eligible charges.

Learn more at
membershiprewards.com/yourcharges

Points Transaction Detail

February 1, 2016 - February 29, 2016

Points Earned this Period	Points Activity On Eligible Charges	Bonus Points Awarded	Total Points Activity Per Card
Blue For Business XXXX-XXXXX0-51003	0	0	0
Add'l Blue For Business XXXX-XXXXX0-51011	62	0	62
Total	62	0	62

Membership Rewards points earned may be transferred or redeemed as long as all enrolled Card accounts are in good standing. Points transferred or redeemed cannot be reversed back into the program. **Forfeited points can be reinstated for a fee by calling the number provided below or visiting membershiprewards.com.** Terms and Conditions of the Membership Rewards Express® program apply. For more information, visit membershiprewards.com/terms or call 1-800-AXP-EARN (297-3276). From overseas, call collect 305-816-2799.

Prepared for
JOHN E HENRY SR
Membership Rewards® Account Number
1M70555067



OPEN Savings® Summary

WINNIE STOWELL FOSPI

JOHN E HENRY SR

Closing Date 04/10/16

p. 777

Account Ending 0-51003

Discounts		Membership Rewards® Points	
This Period	\$0.00	This Period	0
Year to Date	\$0.00	Year to Date	0

Remember, you can get benefits on eligible purchases with OPEN Savings® partners¹ automatically when you use your Business Card from American Express OPEN. Learn more at opensavings.com.

Discounts will be applied in the form of a statement credit. For full terms and conditions go to opensavings.com.

The Membership Rewards points balance shown above reflects only points received through the OPEN Savings benefit and may not reflect any reversals. Please refer to your Membership Rewards account balance for the most up-to-date balance information.

¹ See individual OPEN Savings partner terms and conditions located at opensavings.com.

Get 2 additional Membership Rewards® points for each eligible dollar spent OR a 5% discount on eligible purchases with OPEN Savings® partners. Visit opensavings.com for details.



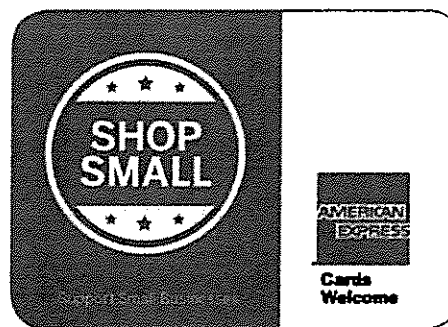
Merchant participation and offers are subject to change without notice. Maximum annual caps and exclusions may apply to the benefit you can receive. See individual OPEN Savings partner terms and conditions located at opensavings.com.

YOUR CARD IS NOW ACCEPTED AT MORE LOCAL PLACES THAN EVER.

THAT MEANS YOU HAVE MORE OPPORTUNITIES TO:

- ▶ Earn rewards*
- ▶ Consolidate business spending
- ▶ Support small businesses

Visit ShopSmallNow.com/OPEN to find places that now accept your Card.



*Not all Cards are eligible to earn rewards. Terms and limitations vary by Card type.

Offers are made only to Cardmembers who meet certain qualifying criteria. By responding you will be disclosing to the merchant that you meet these criteria.



Customer service
Call us anytime: 1-866-519-1263
Manage your account:
business.twc.com/myaccount
Visit us online: business.twc.com

Account number
8260 17 029 0121119
Customer code 1931

Due date Service period Amount due
UPON RECEIPT 04/05 - 05/04 \$359.70

Service address
Winnie Stowell Hospital
Account Phone 409-201-3922
538 Broadway
Wshd Rm
Winnie, TX 77665-7600

pd march 23

Previous balance & payments

Balance last statement 189.72
Unpaid balance 189.72

Current month

Monthly services 149.94
Surcharges 9.90
Taxes and fees 10.14

Total due UPON RECEIPT \$359.70



7010 AIRPORT RD EL PASO TX 79906-4943
8260 1700 NO RP 26 03272016 YNNNNYNN 01 005807 0022

WINNIE STOWELL HOSPITAL
WSHD RM
PO BOX 1997
WINNIE, TX 77665-1997



Payment due date
UPON RECEIPT

Account number
8260 17 029 0121119

Please write your account number on your check.

Please enclose this coupon with your payment

**Please allow 7-10 days for delivery and payment processing. See reverse side for more convenient payment options.

Total amount due
\$359.70

pd check 1741

Amount enclosed
169.98

TIME WARNER CABLE
PO BOX 60074
CITY OF INDUSTRY CA 91716-0074



826017029012111900359703



22182:
 Order Date : 03/23/2016
 Ship Date : 03/23/2016
 InvoiceDate : 03/23/2016
 TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
 Customer Service: 1-800-789-1331

0005955 01 AB 0.413 **AUTO T9 2 1660 77665-199797 -C01-P05957-I
 Sold To:

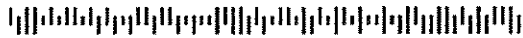
Winniestowell Hospital Distri



CK # 1739

Ship To
 Winnie Stowell Hospital Distri
 Sherrie Norris
 538 Broadway
 Winnie TX 77665

Po Box 1997
 Winnie TX 77665-1997



1660-01-00-0005955-0001-0009101

Customer PO : norrissherrie Order# : 90325326 Invoice# : 4408335 Account# : C7769473

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-44178	Folger flvr fltr 40/cs 0.9Oz	Red	2	\$25.99/case	\$51.98
901-654-YW	Post-It note pads, 3X3	Yellow	1	\$14.19/dozen	\$14.19
901-653-YW	Post-It note pads, 1-1/2X2	Yellow	1	\$8.99/dozen	\$8.99
901-7QFL5AD	Quill 1/2 flags w/dispenser	Asstd	2	\$5.49/pack	\$10.98
901-48440	Cutless file folders.Ltr size	Asstd	1	\$15.49/box	\$15.49
901-710786	Qb laser lbls 1X 2 5/8, 3M/box	White	1	\$24.99/box	\$24.99
901-810C40BK	Scotch magic tape & dispenser		1	\$20.29/pack	\$20.29
999-36008S	Free paper towel roll sample!		1	\$0.00/each	\$0.00



Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.

Always Expanding Assortment.

Everything it takes for your business. Go to Quill.com/new

To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

All shipping carrier fees are covered by Quill. A handling fee may apply to small orders. See Quill.com/shipping.

Track shipments, pay invoices and view past orders at My Account on Quill.com.

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Mdse Total: \$146.91
 Tax: \$7.83
 Shipping: Free

Amount Due: \$154.74
 Due Date: 04/22/2016

Account Number: **C7769473**
 Winniestowell Hospital Dis



Invoice Number: **4408335**
 Invoice Date: 03/23/2016
 Amount Due: \$154.74
 Payable in U.S. Dollars

Payable to:

Quill Corporation
 P.O.Box 37600
 Philadelphia, PA 19101-0600

0011000000044083350007769473710000000154745

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip

THE HOMETOWN PRESS
 PO BOX 881
 WINNIE TX 77665 0801

Statement 2/29/2016 55

RECEIVED
 MAR - 9 2016

Phone Number: (409) 236-9988

1.5% Monthly interest
 18% APR on amount unpaid by due dat

ID# 82

WINNIE-STOWELL HOSPITAL DISTRICT
 PO BOX 1997
 WINNIE TX 77665

We appreciate your business!
 Balance Due: 14.80

Date	Description	Units	Debit	Credi
	Balance Forward		14.80	
	Balance Due		14.80	

Current	30	60	90	90+
0.00	14.80	0.00	0.00	0.00

Avoid service charge - Payment due date by March 10, 2016
 Copy must accompany payment to be properly credited

STAR GRAPHICS INC

*Rec'd 4/11/16
lease*

Remittance Section

Invoice No.	Account	Due Date
49536879	966321	04/15/2016
Due This Period	Amount Enclosed	
\$119.18	\$	

See Statement Below

STATE OF TEXAS DBA WINNIE-STOWELL HOSPITAL
DISTRICT
ATTN ACCOUNTS PAYABLE
PO BOX 1997
WINNIE, TX 77665-1997

Please make check payable to
STAR GRAPHICS INC
PO BOX 41602
PHILADELPHIA, PA 19101-1602

2100000495368790000119187

Keep lower portion for your records – Please return upper portion with your payment

STAR GRAPHICS INC
PO BOX 41602
PHILADELPHIA, PA 19101-1602

Invoice Date	Invoice Number	Account
03/20/2016	49536879	966321
Period of Performance	Contract Number	
03/15/2016— 04/14/2016	25377446	

Important Messages

Please visit us online at www.lesseedirect.com to:
-Make payments
-View copies of your contract and open invoices

See Reverse for Important Information

Description	Payment Amount	Sales/Use Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$104.56	\$8.50	\$113.06	\$0.00	\$113.06
LATE FEE	\$5.66	\$0.46	\$6.12	\$0.00	\$6.12
Billed this Invoice	\$110.22	\$8.96	\$119.18	\$0.00	\$119.18
Balance Due Previous Invoices					\$198.84
Total Amount Due					\$318.02

(Please see the following pages for details.)

LS 23 258 389 pd online 4/11/16

Contract Number	Serial Number	Make / Model	Asset Number	Payment Amount	Sales/Use Tax	Total Amount
25377446	A7AK011001716	KONMIN/SH227	25377446_1	\$104.56	\$8.50	\$113.06
Asset Location: 538 BROADWAY WINNIE CHAMBERS TX 77665-7600 United States						Asset Amount Total \$113.06

Contact Us

- Has your address, telephone or email address changed?
- Would you like to enroll in paperless Invoicing?
- Are you interested in setting up automated/ recurring payments?

Customer Service Requests

customercarecenter@leasedirect.com

Email

Please email change requests, along with your contract number to invoicing@leasedirect.com

Phone

Customer Contact Center 800-736-0220

Correspondence Address

STAR GRAPHICS INC
1111 OLD EAGLE SCHOOL RD
WAYNE, PA 19087-1453

Overnight Payment Address

LOCKBOX- 41602
RTE. 38 & EASTGATE DRIVE
MOORESTOWN NJ,08057

IMPORTANT REMINDER: Enclose remittance slip with your check and send it to the address on reverse side to ensure accurate and timely processing of your payment. For prompt review and handling, please send other correspondence and notices separately to the attention of: Customer Service STAR GRAPHICS INC 1111 OLD EAGLE SCHOOL RD, WAYNE, PA 19087-1453.

For general account information 24 hours a day, 7 days a week, visit our website www.leasedirect.com.

Please remit payments at least 5 business days prior to due date.

Please be sure to record your invoice or Account Number on the check.

Explanation of Charges:

It is important to us that you understand the charges on your invoice. Please refer to this guide as assistance.

1. **DOCUMENTATION FEE**
A one time charge assessed on the new transactions. This fee covers the cost of UCC filings and other documentation costs.
2. **INSURANCE CHARGE**
A charge due each billing period as the result of the equipment being insured by the lessor against all risks of loss or damage.
3. **PAYMENT**
Amount due each billing period in accordance with the terms of the contract.
4. **FINANCE CHARGE**
Per diem finance charge which is assessed when a payment is not received by its due date.
5. **LATE FEE**
Assessed when a payment is not received by its due date, as provided by the contract.
6. **SALES/USE TAX**
The sales/use tax is due in accordance with the tax laws of the state(s) where the equipment is located. For questions about taxes call the Customer Service number mentioned below.
7. **PROPERTY TAX**
The lessor, as owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the lease contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes call: Customer Service number mentioned below.
8. **RETURNED CHECK FEE**
Assessed each time a check is returned for any reason.
9. **COPY FEE**
Assessed when the Lessee requests an additional copy of the contract.
10. **ACCOUNT STATEMENT**
Overview of prior invoices for which no payment was received at the time the current invoice was printed.

Account Statement			
Invoice Number	Due Date	Amount Invoiced	Balance Due
49182035	03/15/2016	\$198.84	\$198.84
Balance Due for Prior Billed Invoices			\$198.84

Late Fee and Finance Charge Details						
Past Due Invoice Number	Past Due Invoice Description	Past Due Invoice Due Date	Past Due Invoice Balance Subject to Late Charge	Past Due Invoice Payment Date	Late Fee	Finance Charge
49182035		03/15/2016	\$113.05		\$5.66	



4785 Eastex Freeway Beaumont, TX 77706
 P: 409-892-0671 F: 409-892-6323

CONTRACT INVOICE

Invoice Number: INV433352
 Invoice Date: 03/28/2016

RECEIVED
 APR 11 2016
 CK 1742

Bill To: Winnie - Stowell Hospital District
 PO Box 1997
 Winnie, TX 77665

Customer: Winnie - Stowell Hospital District
 538 Broadway
 Winnie, TX 77665

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
3A0064	Net 30	04/27/2016	\$ 30.20	\$ 30.20	
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
4457-01		\$ 27.90		01/26/2016	01/25/2021
Remarks					

Summary:

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 02/26/2016 to 03/25/2016 overage period	\$27.90 **
	\$27.90

**See overage details below

Detail:



KM/227

Number	Serial Number	Base Adj.	Location						
3A2812	A7AK011001716	\$0.00	Winnie - Stowell Hospital District 538 Broadway Winnie, TX 77665						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B\W	3A2812 - B\W	1,869	4,405		2,536	0	2,536	\$0.011000	\$27.90
									\$27.90

Please include invoice number on check.
 Remit payment to:
 PO Box 7186
 Beaumont, TX 77726-7186
 Fed ID # 76-0385530

Invoice SubTotal	\$27.90
Tax:	\$2.30
Invoice Total	\$30.20
Balance Due:	\$30.20

J. S. Edwards & Sherlock
 Insurance Agency, LLP * P. O. 22237 * Beaumont, TX 77720

RECEIVED

APR 11 2016

----- STATEMENT -----

Winnie Stowell Hospital District
 c/o Hubert Oxford IV
 P O Box 1997
 Winnie, TX 77665

CK 1730

Statement Date 04/01/16
 Bill To Code WINSTO
 Producer(s) 1EJ2 1EJ2 1ES
 Total Balance \$574.00

Page: 1

Inv No.	Eff Date	Policy No.	Description	Amount	
DOA24232	03/24/16	Check	Disbursement Check #: 1302975WN	574.00	
			***** Make Checks Payable To: J. S. Edwards & Sherlock *****	***** 574.00 *****	
PLEASE PAY BY END OF MONTH					
			<i>wc policy</i>		
	Current	31 to 60	61 to 90	Over 90	Total Balance
	574.00	0.00	0.00	0.00	574.00

Indigent Healthcare Solutions, Ltd.
2040 North Loop, 336 West, Suite 304
Conroe, TX 77304

Phone # (800) 834-0560
Fax # (936) 756-6741

WINNIE STOWELL HOSPITAL DISTRICT
P O BOX 1997
WINNIE, TX 77665

RECEIVED

APR 04 2016

CK 1740

Invoice # 62310

Date: 4/1/2016

Terms: Net receipt of invoice

Professional services for the month of May 2016

1,059.00

Total

\$1,059.00

PLEASE REMIT PAYMENT TO
INDIGENT HEALTHCARE SOLUTIONS, LTD
ATTN: KELLEY ASTOLOS
3011 ARMORY DRIVE, SUITE 190
NASHVILLE, TN 37204

THANK YOU FOR YOUR BUSINESS!!!

IHS

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/20/16-04/20/16

Brookshire Bros. Phar. (winnie)
 P.o. Box 1359
 Winnie, TX 77665

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	2,255.84
	Expenditures	2,255.84
	Reimb/Adjustments	0.00
	Grand Total	2,255.84

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid	Posted
036-2383*65460*3	WSHD	03/28/16	16.99	13.99	
036-2383*65460*3	WSHD	03/28/16	10.00	10.00	
036-2383*65460*3	WSHD	03/28/16	5.00	5.00	
036-2383*65460*3	WSHD	03/28/16	5.00	4.19	
036-2475*65460*9	WSHD	03/16/16	34.53	34.53	
036-2475*65460*9	WSHD	03/16/16	30.47	30.47	
036-2475*65460*9	WSHD	03/16/16	20.98	20.98	
036-2475*65460*9	WSHD	03/08/16	64.02	37.20	
036-2749*65460*10	WSHD	03/12/16	27.87	26.35	
036-2749*65460*10	WSHD	03/12/16	36.20	24.54	
036-2749*65460*10	WSHD	03/19/16	24.46	8.42	
036-2749*65460*10	WSHD	03/19/16	36.28	24.38	
036-2749*65460*10	WSHD	03/19/16	5.00	5.00	
036-3217*65460*9	WSHD	03/24/16	25.42	25.42	
036-3217*65460*9	WSHD	03/24/16	445.17	179.77	
036-3224*65460*7	WSHD	03/14/16	44.90	44.90	
036-3224*65460*7	WSHD	03/14/16	5.00	5.00	
036-3224*65460*7	WSHD	03/14/16	34.24	34.24	
036-3224*65460*7	WSHD	03/14/16	5.00	5.00	
036-3224*65460*7	WSHD	03/14/16	5.00	5.00	
036-3224*65460*7	WSHD	03/04/16	10.00	10.00	
036-3363*65460*3	WSHD	03/25/16	5.00	5.00	
036-3413*65460*5	WSHD	03/01/16	5.00	5.00	
036-3413*65460*5	WSHD	03/01/16	50.74	37.72	
036-3413*65460*5	WSHD	03/01/16	345.31	303.04	
036-3426*65460*10	WSHD	03/03/16	26.44	26.44	
036-3426*65460*10	WSHD	03/03/16	15.00	15.00	
036-3432*65460*2	WSHD	03/02/16	30.00	30.00	
036-3432*65460*2	WSHD	03/01/16	5.00	5.00	
036-3432*65460*2	WSHD	03/01/16	5.00	5.00	
036-3432*65460*2	WSHD	03/01/16	22.26	22.26	
036-3454*65460*4	WSHD	03/04/16	12.00	6.57	
036-3454*65460*4	WSHD	03/04/16	12.00	12.00	
036-3454*65460*4	WSHD	03/04/16	97.13	97.13	
036-3454*65460*4	WSHD	03/04/16	12.00	12.00	

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Issued 04/12/16

GL Totals

Page 2

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 04/20/16-04/20/16

Brookshire Bros. Phar. (winnie)
P.o. Box 1359
Winnie, TX 77665

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid	Posted
1000*65460*7	WSHD	03/01/16	10.00	10.00	
1003*65460*5	WSHD	03/01/16	55.98	55.98	
1003*65460*5	WSHD	03/01/16	460.69	223.53	
1003*65460*5	WSHD	03/15/16	41.95	24.37	
1004*65460*4	WSHD	03/03/16	28.81	28.81	
1004*65460*4	WSHD	03/03/16	85.58	75.58	
1011*65460*3	WSHD	03/28/16	5.00	5.00	
1011*65460*3	WSHD	03/23/16	5.00	5.00	
1011*65460*3	WSHD	03/23/16	22.35	22.35	
1011*65460*3	WSHD	03/02/16	5.00	5.00	
1011*65460*3	WSHD	03/02/16	10.00	10.00	
1011*65460*3	WSHD	03/09/16	5.00	5.00	
1012*65460*1	WSHD	03/05/16	32.32	18.01	
1012*65460*1	WSHD	03/05/16	22.17	22.17	
1012*65460*1	WSHD	03/05/16	5.00	5.00	
1012*65460*1	WSHD	03/05/16	62.69	54.67	
1013*65460*1	WSHD	03/28/16	308.98	129.26	
1013*65460*1	WSHD	03/23/16	5.00	5.00	
1015*65460*1	WSHD	03/28/16	491.18	414.57	
	***		3,197.11	2,255.84	
	***		3,197.11	2,255.84	

54 records listed.
17 invoices listed.

©IHS
 Issued 04/11/16

GL Totals
 Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/20/16-04/20/16

Wilcox Pharmacy
 P. O. Box 1850
 Winnie, TX 77665

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,581.17
	Expenditures	1,581.17
	Reimb/Adjustments	0.00
	Grand Total	1,581.17

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid	Posted
036-2778*18651*16	WSHD	03/01/16	75.00	75.00	
036-2783*18651*58	WSHD	03/19/16	190.82	164.87	
036-2783*18651*58	WSHD	03/22/16	28.73	28.73	
036-2783*18651*58	WSHD	03/21/16	75.00	34.69	
036-2833*18651*76	WSHD	03/03/16	361.68	285.89	
036-2833*18651*76	WSHD	03/30/16	361.68	285.89	
036-2942*18651*62	WSHD	03/01/16	23.62	12.76	
036-2942*18651*62	WSHD	03/01/16	334.80	264.73	
036-3068*18651*38	WSHD	03/28/16	75.00	45.95	
036-3068*18651*38	WSHD	03/01/16	75.00	45.95	
036-3364*18651*26	WSHD	03/28/16	22.85	22.85	
036-3364*18651*26	WSHD	03/28/16	35.41	28.94	
036-3364*18651*26	WSHD	03/28/16	16.23	9.02	
036-3364*18651*26	WSHD	03/28/16	24.00	24.00	
036-3364*18651*26	WSHD	03/28/16	20.00	20.00	
036-3453*18651*9	WSHD	03/01/16	37.53	18.80	
036-3464*18651*4	WSHD	03/21/16	75.00	75.00	
1008*18651*3	WSHD	03/18/16	151.84	72.25	
1008*18651*3	WSHD	03/28/16	45.35	22.49	
1008*18651*3	WSHD	03/28/16	75.00	43.36	
	***		2,104.54	1,581.17	
	***		2,104.54	1,581.17	

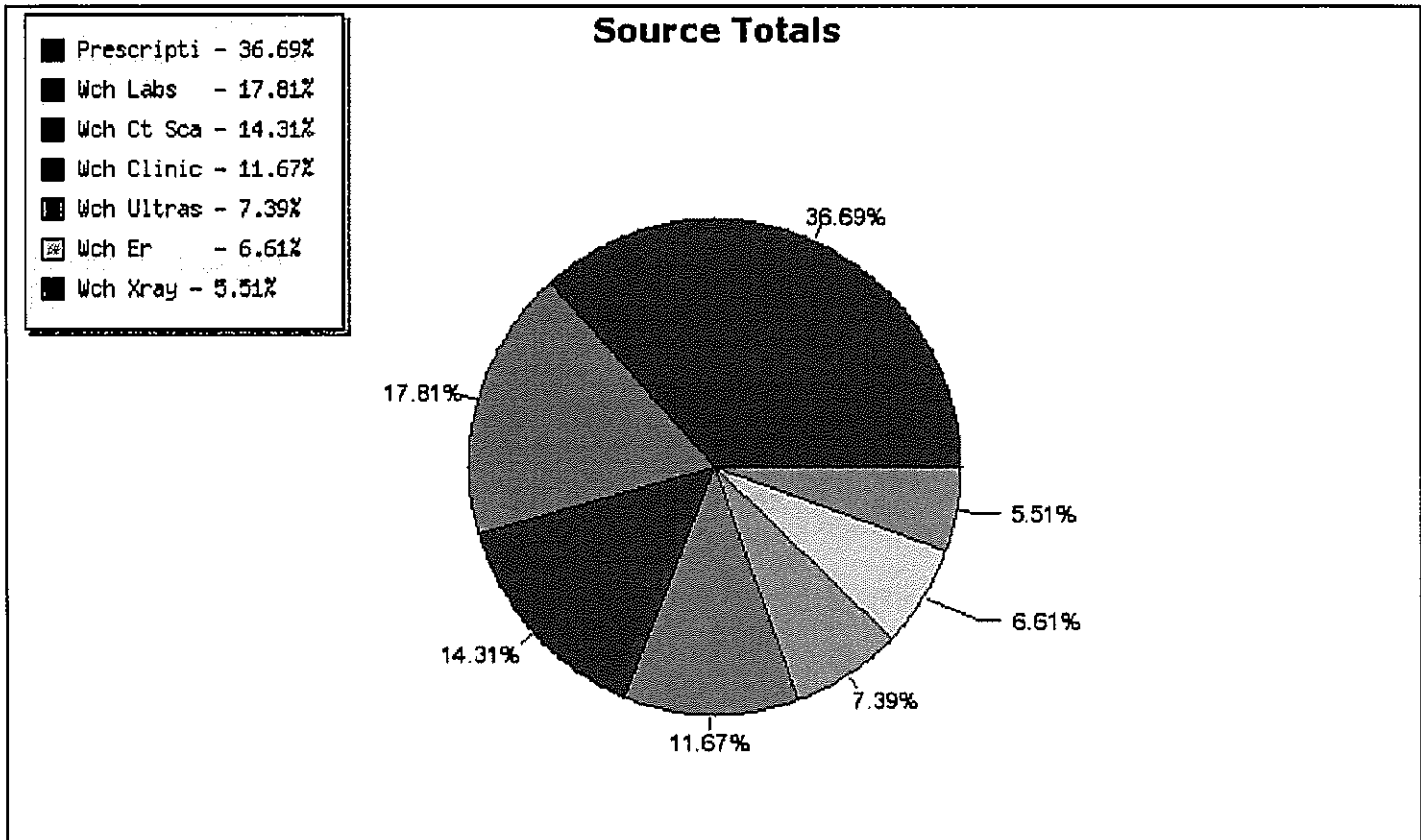
20 records listed.
 9 invoices listed.

Exhibit “C”

Source Totals for Batch Dates 04/20/2016 through 04/20/2016

Prescription Drugs	36.69%	\$3,837.01
Wch Labs	17.81%	\$1,863.04
Wch Ct Scan	14.31%	\$1,496.50
Wch Clinic	11.67%	\$1,220.98
Wch Ultrasound	7.39%	\$773.26
Wch Er	6.61%	\$691.67
Wch Xray	5.51%	\$576.05

Total Expenditures **\$10,458.51**



Entry Statistics for Entry Dates 04/20/2016 through 04/20/2016

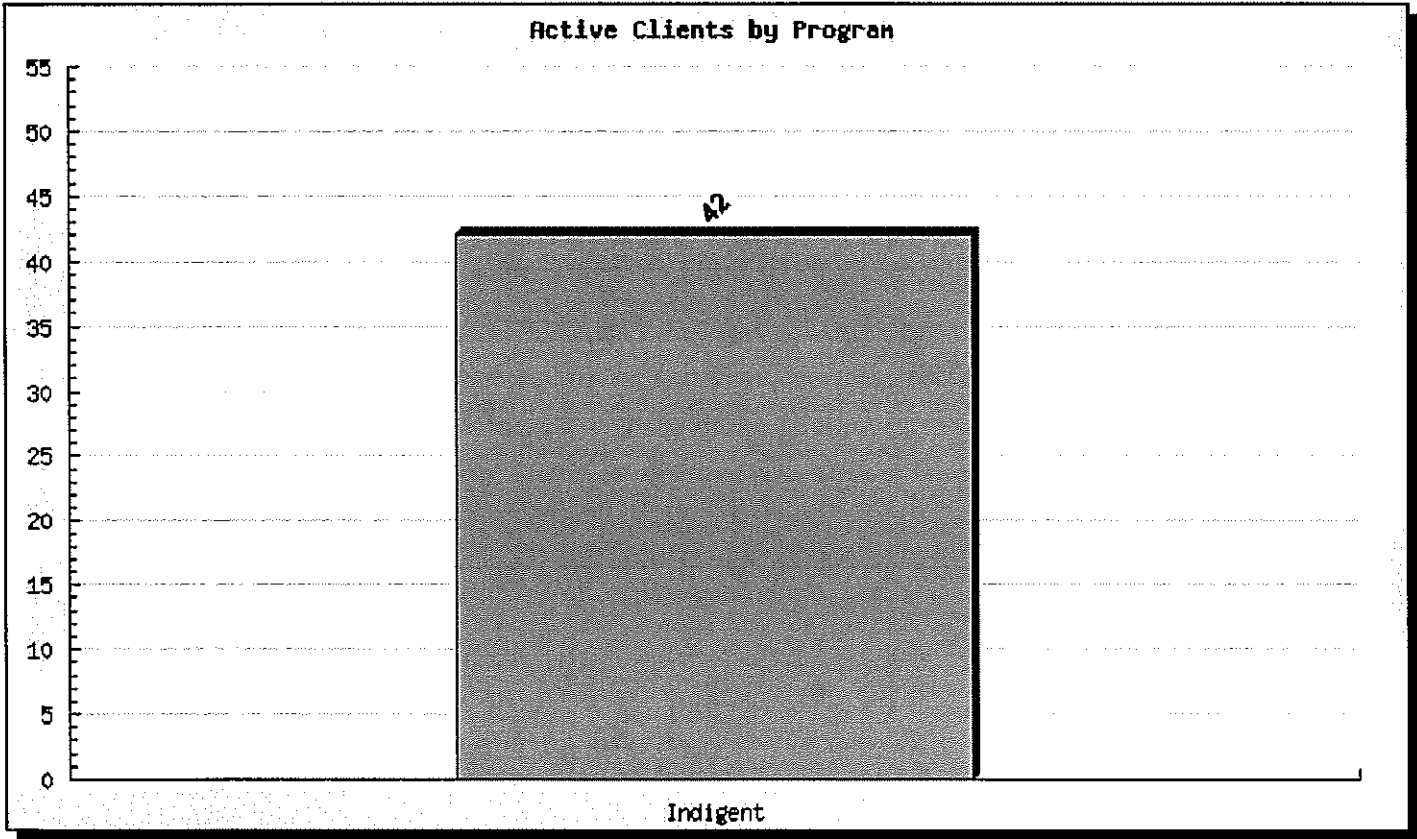
Clients Entered	0
Rapid Reg. Entered	0
Vendors Entered	0
Worksheets Entered	0
Invoices Entered	0

Void Statistics for Void Dates 04/20/2016 through 04/20/2016

Clients Voided	0
Vendors Voided	0
Rapid Reg. Voided	0
Invoices Voided	0

Active Clients by Program for Eligibility Dates 04/20/2016 through 04/20/2016

Indigent	42
Total Clients By Program	42



Appointments Scheduled by Type for Appointment Dates 04/20/2016 through 04/20/2016

New Appointment	0
Renewal	0
Total Appointments Scheduled	0



Issued 04/19/16

Source Totals ReportWinnie Stowel Hospital District Indigent Healthcare
Services

Batch Dates 04/20/2016 through 04/20/2016

For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	5,301.65	3,837.01
21	Wch Clinic	2,978.00	1,220.98
24	Wch Er	1,687.00	691.67
26	Wch Ct Scan	3,650.00	1,496.50
27	Wch Labs	4,544.00	1,863.04
28	Wch Xray	1,405.00	576.05
29	Wch Ultrasound	1,886.00	773.26
Expenditures		21,451.65	10,458.51
Reimb/Adjustments		0.00	0.00
Grand Total		21,451.65	10,458.51

Source Totals Report Detail

Invoice #	Source	DOS	Amount Billed	Amount Paid
036-2778*18651*16	02	03/01/2016	75.00	75.00
036-3363*65460*3	02	03/25/2016	5.00	5.00
036-3453*18651*9	02	03/01/2016	37.53	18.80
036-3464*18651*4	02	03/21/2016	75.00	75.00
1000*65460*8	02	03/01/2016	10.00	10.00
1015*65460*1	02	03/28/2016	491.18	414.57
036-2833*18651*76	02	03/03/2016	361.68	285.89
036-2833*18651*76	02	03/30/2016	361.68	285.89
036-2942*18651*62	02	03/01/2016	23.62	12.76
036-2942*18651*62	02	03/01/2016	334.80	264.73
036-3068*18651*38	02	03/28/2016	75.00	45.95
036-3068*18651*38	02	03/01/2016	75.00	45.95
036-3426*65460*10	02	03/03/2016	26.44	26.44
036-3426*65460*10	02	03/03/2016	15.00	15.00
1004*65460*4	02	03/03/2016	28.81	28.81
1004*65460*4	02	03/03/2016	85.58	75.58
1013*65460*1	02	03/23/2016	5.00	5.00
1013*65460*1	02	03/28/2016	308.98	129.26
036-2783*18651*58	02	03/19/2016	190.82	164.87
036-2783*18651*58	02	03/22/2016	28.73	28.73
036-2783*18651*58	02	03/21/2016	75.00	34.69
036-3217*65460*9	02	03/24/2016	25.42	25.42
036-3217*65460*9	02	03/24/2016	445.17	179.77
036-3217*65460*9	02	03/24/2016	44.90	44.90
036-3413*65460*5	02	03/01/2016	5.00	5.00
036-3413*65460*5	02	03/01/2016	50.74	37.72
036-3413*65460*5	02	03/01/2016	345.31	303.04
1003*65460*5	02	03/01/2016	55.98	55.98
1003*65460*5	02	03/01/2016	460.69	223.53
1003*65460*5	02	03/15/2016	41.95	24.37
1008*18651*3	02	03/18/2016	151.84	72.25
1008*18651*3	02	03/28/2016	75.00	43.36
1008*18651*3	02	03/28/2016	45.35	22.49

036-2383*65460*3	02	03/28/2016	16.99	13.99
036-2383*65460*3	02	03/28/2016	10.00	10.00
036-2383*65460*3	02	03/28/2016	5.00	5.00
036-2383*65460*3	02	03/28/2016	5.00	4.19
036-2475*65460*9	02	03/08/2016	64.02	37.20
036-2475*65460*9	02	03/16/2016	34.53	34.53
036-2475*65460*9	02	03/16/2016	30.47	30.47
036-2475*65460*9	02	03/16/2016	20.98	20.98
036-3432*65460*2	02	03/02/2016	30.00	30.00
036-3432*65460*2	02	03/01/2016	5.00	5.00
036-3432*65460*2	02	03/01/2016	5.00	5.00
036-3432*65460*2	02	03/01/2016	22.26	22.26
036-3454*65460*4	02	03/04/2016	12.00	6.57
036-3454*65460*4	02	03/04/2016	12.00	12.00
036-3454*65460*4	02	03/04/2016	12.00	12.00
036-3454*65460*4	02	03/04/2016	97.13	97.13
1012*65460*1	02	03/05/2016	62.69	54.67
1012*65460*1	02	03/05/2016	22.17	22.17
1012*65460*1	02	03/05/2016	32.32	18.01
1012*65460*1	02	03/05/2016	5.00	5.00
036-2749*65460*10	02	03/12/2016	27.87	26.35
036-2749*65460*10	02	03/12/2016	36.20	24.54
036-2749*65460*10	02	03/19/2016	24.46	8.42
036-2749*65460*10	02	03/19/2016	36.28	24.38
036-2749*65460*10	02	03/19/2016	5.00	5.00
036-3224*65460*7	02	03/14/2016	5.00	5.00
036-3224*65460*7	02	03/14/2016	5.00	5.00
036-3224*65460*7	02	03/14/2016	5.00	5.00
036-3224*65460*7	02	03/14/2016	34.24	34.24
036-3224*65460*7	02	03/04/2016	10.00	10.00
036-3364*18651*26	02	03/28/2016	35.41	28.94
036-3364*18651*26	02	03/28/2016	16.23	9.02
036-3364*18651*26	02	03/28/2016	24.00	24.00
036-3364*18651*26	02	03/28/2016	22.85	22.85
036-3364*18651*26	02	03/28/2016	20.00	20.00
1011*65460*3	02	03/02/2016	10.00	10.00
1011*65460*3	02	03/02/2016	5.00	5.00
1011*65460*3	02	03/28/2016	5.00	5.00
1011*65460*3	02	03/23/2016	5.00	5.00
1011*65460*3	02	03/09/2016	5.00	5.00
1011*65460*3	02	03/23/2016	22.35	22.35

26 invoices, 74 line items

5,301.65

3,837.01

1011*63057*3	21	03/01/2016	203.00	83.23
036-2749*63057*5	21	03/12/2016	170.00	69.70
036-2749*63057*5	21	03/19/2016	422.00	173.02
036-2383*63057*5	21	03/28/2016	136.00	55.76
036-2778*63057*5	21	03/15/2016	136.00	55.76
036-2778*63057*5	21	03/21/2016	365.00	149.65
1004*63057*4	21	03/02/2016	203.00	83.23
1004*63057*4	21	03/29/2016	203.00	83.23
1000*63057*9	21	03/01/2016	136.00	55.76
036-2475*63057*16	21	03/08/2016	309.00	126.69
1008*63057*2	21	03/18/2016	203.00	83.23
1008*63057*2	21	03/28/2016	289.00	118.49
1003*63057*5	21	03/28/2016	203.00	83.23

9 invoices, 13 line items

2,978.00

1,220.98

1012*63057*2	24	03/05/2016	757.00	310.37
1012*63057*3	24	01/17/2016	930.00	381.30
2 invoices, 2 line items			1,687.00	691.67
1004*63057*4	26	03/15/2016	3,650.00	1,496.50
1 invoices, 1 line items			3,650.00	1,496.50
036-2383*63057*5	27	03/28/2016	676.00	277.16
036-2778*63057*5	27	03/15/2016	744.00	305.04
1004*63057*4	27	03/02/2016	919.00	376.79
1004*63057*4	27	03/07/2016	174.00	71.34
1000*63057*9	27	03/01/2016	81.00	33.21
1003*63057*5	27	03/28/2016	1,950.00	799.50
5 invoices, 6 line items			4,544.00	1,863.04
036-2749*63057*5	28	03/19/2016	562.00	230.42
036-2475*63057*16	28	03/08/2016	281.00	115.21
1008*63057*2	28	03/18/2016	562.00	230.42
3 invoices, 3 line items			1,405.00	576.05
1000*63057*9	29	03/10/2016	1,886.00	773.26
1 invoices, 1 line items			1,886.00	773.26
Grand Totals			21,451.65	10,458.51

37 invoices listed.
100 line items listed.

Exhibit “D”



**YOUR BUSINESS INSURANCE SOLUTION
SPECTRUM® PROPOSAL**

Prepared for:
Winnie Stowell
Hospital District
2107 State Highway 124
Winnie, TX 77665

Reference Number: 61SBM3120BK - 003
Proposal Date: 03/28/2016, 3:44 PM

Proposed by:
JS EDWARDS & SHERLOCK INS AGY/PHS
4155 Phelan Blvd
Beaumont, TX 77707

Proposal Created by:
Lawanna Dugat
409-832-7736
lawanna@edwardsandsherlock.com

Total Estimated Annual Premium for Spectrum: \$ 761.00

POLICY LEVEL	Page
Liability Coverage.....	2
Umbrella Liability Coverage.....	2
<hr/>	
Businesses Like You.....	4
Direct Bill Options.....	5

Important Messages:

This document is a proposal of insurance for the applicant indicated above. It is not to be used as proof of coverage, unless bound by an authorized agent.

WHY THE HARTFORD

200 years experience | 1 million customers | Named One of the World's Most Ethical Companies | Recognized by JD Power
The Hartford is the market leader for small business with more than 200 years of experience, trusted by over 1 million customers and rated 4.8 out of 5 by Small Businesses.

Spectrum Proposal
with
Sentinel Insurance Company
A member company of The Hartford
3/31/2016 - 3/31/2017

Policy Level

<u>Liability Coverage</u>	<u>Limits of Insurance</u>	<u>Premium</u>
Business Liability:		
Broad Form Named Insured includes subsidiaries in which greater than 50% of voting stock is owned by the Named Insured	\$ Included	\$ Included
Defense Costs outside of the Limits of Insurance	\$ Included	\$ Included
Employees and Volunteers included as Insureds	\$ Included	\$ Included
Incidental Malpractice	\$ Included	\$ Included
Mental Anguish resulting from bodily injury, sickness or disease	\$ Included	\$ Included
Newly Acquired Organizations	\$ 180 days	\$ Included
Non-Owned watercraft under 51 feet	\$ Included	\$ Included
Per Location General Aggregate - owned or rented premises	\$ Included	\$ Included
Personal and Advertising Liability includes coverage for discrimination or humiliation (other than employment-related)	\$ Included	\$ Included
Property Damage to borrowed equipment not being used to perform operations at the job site	\$ Included	\$ Included
Unintentional failure to disclose hazards	\$ Included	\$ Included
Additional Insured - Coverage is automatically extended to persons or organizations whose written contracts or permits with the insured require insurance to be provided	\$ Included	\$ Included
Each Occurrence	\$ 1,000,000	
General Aggregate	\$ 2,000,000	\$ 79
Products/Completed Operations Aggregate	\$ 2,000,000	\$ Included
Personal and Advertising Injury	\$ 1,000,000	\$ Included
Damage to Premises Rented to You	\$ 1,000,000	\$ Included
Medical Expenses	\$ 10,000	\$ Included
Hired and Non-owned Auto	\$ 1,000,000	\$ 146
Employment Practices Liability (Claims Made)		
Per Claim	\$ 10,000	\$ Included
Aggregate	\$ 10,000	\$ Included
EPLI Deductible	\$ 0	
EPLI Retroactive Date: 3/31/2016		

<u>Umbrella Liability Coverages</u>	<u>Limits of Insurance</u>	<u>Premium</u>
Per Occurrence	\$ 1,000,000	\$ 336
Aggregate	\$ 1,000,000	\$ Included
Self-Insured Retention	\$ 10,000	
Policy Base Premium		\$ 80
Minimum Premium Difference		\$ 114

Terrorism S Included \$ 6

Location/Building Level

Location/Building Information

Location No./Building No. : 001/001
Street Address : 2107 State Highway 124
City, State and Zip Code : Winnie, TX 77665-8589
Protection Class : 0006
Class Code : 65111
Description : Accounting & Auditing Services
Area : 2,975

Consider this additional coverage that businesses like you are buying from The Hartford

Talk to your agent about adding this valuable coverage to your Hartford policy.

Coverage	Estimated Annual Premium ¹	What It Is	Why You Should Consider It
Accountants Professional Liability	Please contact your agent for a quote.	Coverage to help protect your business if you are sued by a client or customer claiming a negligent act, error, or omission in the professional service(s) you provided, which resulted in financial harm to the client or customer.	While preparing a tax return for a client, you overlook a large real estate deduction. By the time the error is discovered, it's too late for your client to file an amended return. She sues you, claiming financial harm, because she lost the deduction.

For illustration purposes only. The amount shown is based on the assumption of an annual premium of \$1,000. This is not a guarantee of coverage. Actual premium amounts vary and will depend on an applicant's individual accounting client base and coverages and limits purchased.

This document contains only a general description of coverages that may be covered in a policy. It does not contain all the terms, conditions, coverages, amounts, exclusions, and limitations of the policies it describes. Please refer to the actual policy for complete details of coverages, amounts, conditions, coverages, amounts, exclusions, and limitations. Please consult your agent for only the terms of an actual issued policy will prevail.

In Texas, coverage is underwritten by Sentinel Insurance Company, Ltd.



Direct Bill Options

The Hartford Direct Bill System puts you in control of making premium payments deciding the bill plan that best fits your budget.

YOU DECIDE HOW YOUR PAYMENTS ARE MADE...

- **Repetitive EFT:** Sign up for Repetitive Electronic Funds Transfer (EFT) and have payments automatically withdrawn from your bank account. This option saves you money by reducing the amount of the installment fee.
- **Pay Online:** Register at www.thehartford.com/servicecenter. Online Bill Pay is Quick Easy and Secure!
- **Pay by Check:** Send a check with your remittance stub in the envelope enclosed with your bill
- **Pay by Phone:** Call toll-free 1-866-467-8730

The chart below illustrates how you may be billed based upon the bill plan you select. The due date(s) and minimum amount(s) due shown below were calculated based on the anticipated effective date of your policy provided as part of the quote process. These dates and amounts may change based on when your new policy is processed. State surcharges are fees that are assessed by the state(s) on the policy and paid by The Hartford to the appropriate government agency. The full amounts of these fees are typically included in the down payment according to state regulations.

Total Annual Estimated Premium for Spectrum: \$761.00				
Bill Plan and Installments	Due Date(s) & Minimum Amount(s) Due		+ Installment Fee (EFT)	Or + Installment Fee (Non-EFT)
Full Pay	04/20/16 - \$761.00		-	-
Two Pay Down Payment Installment Final Installment	05/01/16 - \$456.60 09/01/16 - \$304.40		\$6.00 per Installment	\$6.00 per Installment
Three Pay Down Payment Installment Remaining Installments	05/01/16 - \$304.40 08/01/16 - \$228.30 12/01/16 - \$228.30		\$6.00 per Installment	\$6.00 per Installment
Four Pay Down Payment Installment Remaining Installments	05/01/16 - \$228.30 07/01/16 - \$190.25 10/01/16 - \$190.25 01/01/17 - \$152.20		\$6.00 per Installment	\$6.00 per Installment
Ten Pay Down Payment Installment Remaining Installments	05/01/16 - \$253.88 06/01/16 - \$63.39 10/01/16 - \$63.39 07/01/16 - \$63.39 11/01/16 - \$63.39 08/01/16 - \$63.39 12/01/16 - \$63.39 09/01/16 - \$63.39 01/01/17 - \$63.39		\$6.00 per Installment	\$6.00 per Installment
Eleven Pay Down Payment Installment Remaining Installments	05/01/16 - \$253.88 06/01/16 - \$63.39 10/01/16 - \$63.39 07/01/16 - \$63.39 11/01/16 - \$63.39 08/01/16 - \$63.39 12/01/16 - \$63.39 09/01/16 - \$63.39 01/01/17 - \$63.39		\$6.00 per Installment	\$6.00 per Installment
Twelve Pay Down Payment Installment Remaining Installments	05/01/16 - \$127.10 06/01/16 - \$63.39 11/01/16 - \$63.39 07/01/16 - \$63.39 12/01/16 - \$63.39 08/01/16 - \$63.39 01/01/17 - \$63.39 09/01/16 - \$63.39 02/01/17 - \$63.39 10/01/16 - \$63.39 03/01/17 - \$63.39		\$6.00 per Installment	\$6.00 per Installment

An Installment Fee is assessed on each installment invoice except where prohibited by law.
Any down payment provided will be withdrawn immediately regardless of down payment date shown.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

Terrorism Coverage and Premium

In accordance with the federal Terrorism Risk Insurance Act (as amended "TRIA"), we are required to make coverage available under your policy for "certified acts of terrorism." The actual coverage provided by your policy(ies) will be limited by the terms, conditions, exclusions, limits, and other provisions of your policy(ies), as well as any applicable rules of law.

The portion of your premium attributable to this terrorism coverage is shown in the premium section(s) of this quote proposal or binder.

Definition of Certified Act of Terrorism

A "certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of TRIA, to be an act of terrorism under TRIA. The criteria contained in TRIA for a "certified act of terrorism" include the following:

1. The act results in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of an United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Disclosure of Federal Share of Terrorism Losses under TRIA

The United States Department of the Treasury will reimburse insurers for 85% of insured losses that exceed the applicable insurer deductible. Effective January 1, 2016, this percentage will be reduced to 84%, effective January 1, 2017 to 83%, effective January 1, 2018 to 82%, effective January 1, 2019 to 81%, and effective January 1, 2020 to 80%.

However, if aggregate industry insured losses under TRIA exceed \$100 Billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. The United States government has not charged any premium for their participation in covering terrorism losses.

Cap on Insurer Liability for Terrorism Losses

If aggregate industry insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 Billion in a calendar year, and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceed \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible. In accordance with the Treasury's procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

Note to Producer on TRIA: The premium for terrorism coverage and the TRIA disclosures above must be provided to the insured or prospect at the time of quoting. If you are not using this quote proposal, you can use Hartford's stand-alone TRIA disclosure form for quotes and binders, which is available on the EBC or from the company.

Acknowledged and Accepted By

(Signature of the Insured)

(Date)

Reference Number: *61SBM3120BK - 003*
Total Estimated Annual Premium for Spectrum: *\$761*