

**IN THE CIRCUIT COURT OF THE SECOND
JUDICIAL CIRCUIT IN AND FOR
LEON COUNTY, FLORIDA**

IN RE: THE RECEIVERSHIP OF
ASSOCIATED BUSINESS & COMMERCE
INSURANCE CORPORATION,
a Florida corporation

CIVIL CASE NO.: 98-CA-1239

**RECEIVER'S MOTION FOR ORDER APPROVING FINAL CLAIMS REPORT, CLAIMS
DISTRIBUTION REPORT AND DISTRIBUTION/DISCHARGE ACCOUNTING
STATEMENT, AUTHORIZING DESTRUCTION OF OBSOLETE RECORDS,
DIRECTING FINAL DISTRIBUTION AND DISCHARGE OF RECIEVER AND
CLOSING ESTATE**

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES as Receiver of ASSOCIATED BUSINESS & COMMERCE INSURANCE CORPORATION files herewith the Receiver's Final Claims Report, Claims Distribution Report and Distribution/Discharge Accounting Statement and moves this court for an Order authorizing the destruction of obsolete records, directing final distribution and discharge of the Receiver and closing the estate. In support of its Motion, the Receiver says:

I. Associated Business & Commerce Insurance Corporation ("ABC") was a Florida corporation previously authorized to transact insurance in the State of Florida pursuant to Florida Statutes. On April 24, 1998, the Second Judicial Circuit Court in and for Leon County, Florida ("Court"), entered its Order Appointing the Florida Department of Insurance as Receiver for Purposes of Liquidation, Injunction and Notice of Automatic Stay ("Order"). On January 7, 2003, the Florida Department of Insurance became a part of the Florida Department of Financial Services.

2. This Court has jurisdiction over the ABC Receivership and is authorized to make all necessary or proper orders to carry out the purposes of the Florida Insurers Rehabilitation and Liquidation Act, Section 631.021(1), Florida Statutes.

3. The Receiver has compiled a Final Claims Report dated May 6, 2013 which reflects the classification of filed claims by priority in accordance with Section 631.271, Florida Statutes, and the claims filing deadline. This report also incorporates the resolution of all timely filed objections and claimant information updates. Future claimant information updates resulting from the distribution process will be incorporated into the Receiver's database. For the Court's convenience, a paper copy of the summary totals from the Final Claims Report (Parts A and B) is attached as Exhibit "A."

4. With the approval of the Receiver's Final Claims Report, the Receiver is now in the position to make a final distribution of receivership assets. Said assets will be distributed to claimants in Classes 1-2 in accordance with the Claims Distribution Report dated April 18, 2013. For the Court's convenience, a paper copy of the summary totals from the Claims Distribution Report is attached as Exhibit "B." The Claims Distribution Report lists all Class 1 through Class 2 claims where an approved amount has been recommended in the Final Claims Report and is in accordance with Section 631.271, Florida Statutes.

5. Pursuant to the Court's previous orders and the provisions of Chapter 631, Florida Statutes, the Receiver has made early access distributions to the Florida Workers' Compensation Insurance Guaranty Association ("FWCIGA") totaling \$40,298,831.22.

6. Based upon the Distribution/Discharge Accounting projected for a June 2013 distribution ("Discharge Accounting"), which is attached hereto as Composite Exhibit "C," the

Receiver is prepared to make a final distribution of \$1,432,404.07 to all claimants in Classes 1-2 based on a calculated distribution of 100% of the amount approved by the Court in Class 1 and 63.9446% to Class 2. The calculated distribution percentage takes into account the funds previously disbursed as early access distributions the final pro-rata calculation and the amount distributed may have a slight variance due to rounding at the time of check processing.

7. ABC was a workers' compensation insurance company. Workers' compensation claims stay open for long period of time. They have what is known in the industry as a "long tail." FWCIGA, pursuant to Section 631.913, Florida Statutes, is paying the policy claims in ABC. As FWCIGA pays claims, the Receiver bills and collects reinsurance related to those open claims. In fact, after the final distribution is completed, the collection of reinsurance will be the sole remaining task in the ABC receivership.

8. All reinsurance proceeds collected become an asset of the ABC estate and are used to pay claims pursuant to the claims priority set out in Section 631.271, Florida Statutes. In the statutory priority scheme, the expenses of the estate are paid first. The expenses of the estate include the Receiver's expenses directly related to the management of the ABC estate and ABC's share of the Receiver's expenses that are not directly related to any single estate. Due to the size of FWCIGA's claim in the ABC estate, any remaining funds after the Class 1 expenses are paid will go to FWCIGA.

9. With FWCIGA's cooperation and consent, the Receiver has developed a plan designed to decrease the expenses of the estate and maximize the recovery to FWCIGA. The Receiver proposes that it make the final distribution discussed above, assign all future reinsurance recoveries to FWCIGA, and close the ABC estate. Post closure, FWCIGA and the Division of

Rehabilitation and Liquidation may enter into a contract (attached as Exhibit “D”) to continue collecting the reinsurance recoveries in ABC. Per the contract, the Division of Rehabilitation and Liquidation will be compensated for its reinsurance recovery efforts with a 3% contingency fee to be paid from the reinsurance recoveries actually recovered. Using this option post closure of the estate will eliminate the expense of keeping the estate open and maximize the recovery of reinsurance for the benefit of ABC.

10. The Receiver requests the authority to retain \$25,097.00 as a reserve for “wind up” and discharge expenses of the receivership. Based upon the de minimus amount and the prohibitive costs of making a distribution, the Receiver requests an order authorizing the Division of Rehabilitation and Liquidation to remit to FWCIGA any surplus expense funds remaining after discharge.

11. A certain number of the final distribution checks in Class 2 – Other claims for a total of \$127.89 may not be cashed prior to their expiration date and may remain unclaimed. The Receiver shall make a diligent search to locate the claimants due these funds, but if unsuccessful, the Receiver will compile an unclaimed property report pursuant to Section 717.117, Florida Statutes, which lists those claimants the Receiver could not locate along with each claimant’s corresponding unclaimed distribution amount. The Receiver plans to transfer said unclaimed funds to the Department of Financial Services as “unclaimed property” pursuant to Section 717.119, Florida Statutes.

12. All mortgages, notes, judgments, or other liens in favor of ABC recorded with the Clerks of Circuit Courts in the State of Florida, upon property located in the State of Florida, not sold, transferred or assigned by the Receiver, are hereby assigned to FWCIGA.

13. Upon approval of the Receiver's request for final discharge, the records of the ABC receivership estate will no longer be needed, and it will be necessary to dispose of the obsolete company records. This request is in direct compliance with Article 1, Section 24, Florida Constitution, Chapters 119 and 257, Florida Statutes, and Chapters 1B-24 and 1B-26.003, Florida Administrative Code.

14. The Receiver requests an order authorizing the Division of Rehabilitation and Liquidation to remit to FWCIGA any assets which may be recovered following the discharge of this receivership if, in the Division's sole discretion, the value of the recovered assets does not justify the reopening of this receivership estate.

15. The Receiver requests an Order that it shall be fully and finally discharged of its responsibilities in this Receivership and the receivership closed as of 12:01 a.m. on June 30, 2013.

WHEREFORE, the Receiver respectfully requests this Court grant its Motion and enter an Order:

A. Approving and adopting the Receiver's Final Claims Report and Claims Distribution Report;

B. Approving and adopting the Receiver's Distribution/Discharge Accounting Statement;

C. Authorizing and directing the Receiver to make a distribution of estate assets in the amount of \$1,432,404.07 on allowed Classes 1-2 claims in this receivership estate;

D. Authorizing and directing the Receiver to transfer any unclaimed funds to the Department of Financial Services as "unclaimed property" pursuant to Section 717.119, Florida Statutes;

E. Authorizing and directing the Receiver to retain \$25,097.00 as a reserve for "wind up" expenses of the Receiver. Any surplus remaining from the \$25,097.00 shall be paid to FWCIGA;

F. Authorizing the Receiver, after final discharge, to destroy any obsolete records in the Receiver's possession; and


G. Directing, without further order of this Court, the final discharge of the Receiver of its responsibilities in this receivership and the receivership closed as of 12:01 a.m. on June 30, 2013.

H. Authorizing and directing the Receiver to assign all mortgages, notes, judgments, or other liens in favor of ABC to FWCIGA.

I. Assigning all future reinsurance recoveries in the ABC estate to FWCIGA;

J. Although such recovery is unlikely, authorizing the Division of Rehabilitation and Liquidation to remit to the FWCIGA any assets which may be recovered following the June 30, 2013 discharge of this receivership estate if, in the Division's sole discretion, the value of the recovered assets does not justify the reopening of this receivership.

DATED this 26th day of June, 2013.


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FLORIDA DEPARTMENT OF REHABILITATION AND LIQUIDATION
ASSOCIATED BUSINESS AND COMMERCE INSURANCE CORP
FINAL CLAIMS REPORT
PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 482 ID NO : 100001-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088964 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : L & N LAWN CARE CLAIMANT : L & N LAWN CARE 1124 BRADLEY CIR LYNN HAVEN,FL 324444769	AMOUNT CLAIMED : \$1,874.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100002-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093576 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/29/1998	INSURED : 1 ACCORD INC CLAIMANT : 1 ACCORD INC 8265 CONCORD BLVD W JACKSONVILLE,FL 322082720	AMOUNT CLAIMED : \$894.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100019-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088173 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : A & C AIR CONDITIONING, INC. CLAIMANT : A & C AIR CONDITIONING, INC. PO BOX 971245 MIAMI,FL 331971245	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100033-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069887 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : A M J AVIATION CORP. CLAIMANT : A M J AVIATION CORP. 1170 LEE WAGENER BLVD #105 FT LAUDERDALE,FL 33315	AMOUNT CLAIMED : \$759.78 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100036-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082282 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/05/1998	INSURED : A M LAWNSCAPING, INC. CLAIMANT : A M LAWNSCAPING, INC. PO BOX 150819 CAPE CORAL,FL 339150819	AMOUNT CLAIMED : \$266.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100042-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076199 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : A PLUS APPLIANCE REPAIR SERVIC CLAIMANT : A PLUS APPLIANCE REPAIR SERVIC SUITE 146 8222 WILES RD CORAL SPRINGS,FL 330671900	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100065-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062846 CLAIM NUMBER : INS/CLMT STATE : NY DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : A. SAM & SONS PRODUCE CO., INC CLAIMANT : A SAM SON INC PO BOX 591 WEST LAKE RD DUNKIRK,NY 140489614	AMOUNT CLAIMED : \$4,104.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100066-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071292 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : A.C.M. SURVEYING, INC. CLAIMANT : A.C.M. SURVEYING, INC. SUITE 1 923 PENINSULAR PL JACKSONVILLE,FL 322042828	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100068-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083469 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/18/1999	INSURED : A.G. HITZING CLAIMANT : A.G. HITZING 300 SAN MARCO AVE SAINT AUGUSTINE,FL 320841602	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100075-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089183 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : AACTION RECYCLING CORP CLAIMANT : AACTION RECYCLING CORP 1465 COUNTY ROAD 210 WEST JACKSONVILLE,FL 322592104	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100076-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091585 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : AAL TRANSMISSION WORLD CLAIMANT : AAL TRANSMISSION WORLD 185 S SEMORAN BLVD ORLANDO,FL 328073230	AMOUNT CLAIMED : \$665.48 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100080-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053598 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : AARON AIR DISTRIBUTORS, INC. CLAIMANT : AARON AIR DISTRIBUTORS 1860 NW 95TH ST MIAMI,FL 331473198	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100081-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082364 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : AARON AIR DISTRIBUTORS, INC. CLAIMANT : AARON AIR DISTRIBUTORS 1860 NW 95TH ST MIAMI,FL 331473198	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100085-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053236 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/08/1999	INSURED : ABADOR EXPORT, INC. CLAIMANT : ABADOR EXPERT INC STE 1450 825 BRICKELL BAY DR MIAMI,FL 33131	AMOUNT CLAIMED : \$789.52 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100094-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087745 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : ABOVE ALL LANDSCAPE MAINTEN- CLAIMANT : ABOVE ALL LANDSCAPE MAINTEN- 5150 NW 17TH ST MARGATE,FL 330633780	AMOUNT CLAIMED : \$3,423.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100103-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100088948 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1999	INSURED : ACCESS CONSTRUCTION TEAM, INC. CLAIMANT : ACCESS CONSTRUCTION TEAM, INC. 4319 E 7TH AVE TAMPA,FL 33605	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100104-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000637910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/09/1998	INSURED : ACCESS GROUP, INC. CLAIMANT : ACCESS GROUP, INC. PO BOX 810729 BOCA RATON,FL 334810729	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100105-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086928 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/09/1998	INSURED : ACCESS GROUP, INC. CLAIMANT : ACCESS GROUP, INC. PO BOX 810729 BOCA RATON,FL 334810729	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100106-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088755 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : ACCESS SAFE & LOCK CO INC CLAIMANT : ACCESS SAFE & LOCK CO INC SUITE B 5515U US HIGHWAY 98 N LAKELAND,FL 338093102	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100107-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057443 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : ACCESS SAFE & LOCK CO., INC. CLAIMANT : ACCESS SAFE & LOCK CO., INC. SUITE B 5515U US HIGHWAY 98 N LAKELAND,FL 338093102	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100108-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084982 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : ACCESS SAFE & LOCK CO., INC. CLAIMANT : ACCESS SAFE & LOCK CO., INC. SUITE B 5515U US HIGHWAY 98 N LAKELAND,FL 338093102	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100113-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095832 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/02/1998	INSURED : ACCURATE PLACEMENT CLAIMANT : ACCURATE PLACEMENT # 202 1896 PALM BEACH LAKES BLVD WEST PALM BEACH,FL 334093513	AMOUNT CLAIMED : \$590.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100114-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091069 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : ACE AIR CONDITIONING CLAIMANT : ACE AIR CONDITIONING PO BOX 4012 LANTANA,FL 334654012	AMOUNT CLAIMED : \$993.74 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100120-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059336 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : ACME GLASS & MIRROR CO. CLAIMANT : ACME GLASS & MIRROR CO. 4700 N NEBRASKA AVE TAMPA,FL 336034016	AMOUNT CLAIMED : \$273.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100121-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000809010 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : ACME GLASS & MIRROR CO. CLAIMANT : ACME GLASS & MIRROR CO. 4700 N NEBRASKA AVE TAMPA,FL 336034016	AMOUNT CLAIMED : \$273.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100142-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076517 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : ADVANCED AIR CONDITIONING & HE CLAIMANT : ADVANCED AIR CONDITIONING & HE 121 BERGER PL NE FORT WALTON BEACH,FL 325485101	AMOUNT CLAIMED : \$527.52 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100145-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000839310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/22/1999	INSURED : ADVANCED AQUATIC SERVICES, IN CLAIMANT : ADVANCED AQUATIC SERVICES, IN 4100 N POWERLINE RD POMPANO BEACH,FL 330733083	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100159-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079592 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : ADVANCED MOVING & STORAGE, CLAIMANT : ADVANCED MOVING & STORAGE, 7963 APALACHEE PKWY TALLAHASSEE,FL 323113461	AMOUNT CLAIMED : \$867.40 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100164-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200504281 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : ADVANCED STAIR & RAIL, INC. CLAIMANT : ADVANCED STAIR & RAIL, INC. STE 5 1310 W COLONIAL DR ORLANDO,FL 328047139	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100171-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054939 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : ADVANTAGE CARPENTRY & CABINETS CLAIMANT : ADVANTAGE CARPENTRY & CABINETS 199 RIVERWOODS TRL CHULUOTA,FL 327669256	AMOUNT CLAIMED : \$454.11 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100172-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000789010 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : ADVANTAGE CARPENTRY & CABINETS CLAIMANT : ADVANTAGE CARPENTRY & CABINETS 199 RIVERWOODS TRL CHULUOTA,FL 327669256	AMOUNT CLAIMED : \$454.11 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100174-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042005023 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/09/1998	INSURED : ADVENTURE BAY EARLY LEARNING CLAIMANT : ADVENTURE BAY EARLY LEARNING 4500 W SAMPLE RD COCONUT CREEK,FL 330733459	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100175-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072908 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : ADVENTURE BAY EARLY LEARNING CLAIMANT : ADVENTURE BAY EARLY LEARNING 19805 HAMPTON DR BOCA RATON,FL 334342854	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100176-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086277 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/09/1998	INSURED : ADVENTURE BAY EARLY LEARNING CLAIMANT : ADVENTURE BAY EARLY LEARNING 4500 W SAMPLE RD COCONUT CREEK,FL 330733459	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100177-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200502301 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/09/1998	INSURED : ADVENTURE BAY EARLY LEARNING C CLAIMANT : ADVENTURE BAY EARLY LEARNING C 4500 W SAMPLE RD COCONUT CREEK,FL 330733459	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100178-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052993 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/17/1998	INSURED : ADVOCATES FOR CHILDREN & FAMIL CLAIMANT : ADVOCATES FOR CHILDREN & FAMIL 16831 NE 6TH AVE MIAMI,FL 331622405	AMOUNT CLAIMED : \$852.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100179-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081949 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/18/1998	INSURED : ADVOCATES FOR CHILDREN & FAMIL CLAIMANT : ADVOCATES FOR CHILDREN & FAMIL 16831 NE 6TH AVE MIAMI,FL 331622405	AMOUNT CLAIMED : \$954.51 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100181-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060453 CLAIM NUMBER : INS/CLMT STATE : MN DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : AERODROME GROUP, INC CLAIMANT : AERODROME GROUP, INC ATTN: NANCY BROWN 7050 11TH AVE SW ROCHESTER,MN 559022505	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100182-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000852710 CLAIM NUMBER : INS/CLMT STATE : MN DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : AERODROME GROUP, INC CLAIMANT : AERODROME GROUP, INC ATTN: NANCY BROWN 7050 11TH AVE SW ROCHESTER,MN 559022505	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100183-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077625 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/05/1998	INSURED : AEROTUBINE, INC. CLAIMANT : AEROTUBINE, INC. SUITE 402 7200 NW 19TH ST MIAMI,FL 331261200	AMOUNT CLAIMED : \$527.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100186-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000604410 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : AETNA PAINTING, INC. CLAIMANT : AETNA PAINTING, INC. PO BOX 11723 MIAMI,FL 331011723	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100198-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080968 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/15/1998	INSURED : AFM CONSTRUCTION COMPANY, INC. CLAIMANT : AFM CONSTRUCTION COMPANY, INC. 8360 SW 138TH TER MIAMI,FL 331581062	AMOUNT CLAIMED : \$1,501.24 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100206-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058897 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/09/1998	INSURED : AIR CONDITIONING ASSOCIATES CLAIMANT : AIR CONDITIONING ASSOCIATES 3601 NW 10TH AVE FORT LAUDERDALE,FL 333095929	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100214-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077252 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : AIRPORT TIRE COMPANY, INC. CLAIMANT : AIRPORT TIRE COMPANY, INC. 3951 SW 83RD TER FORT LAUDERDALE,FL 333282928	AMOUNT CLAIMED : \$1,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100215-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100064213 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : AIRTECH HEAT & AIR CLAIMANT : AIRTECH HEAT & AIR PO BOX 22 INVERNESS,FL 344510022	AMOUNT CLAIMED : \$750.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100219-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077863 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : AKEL BROS INC & CLAIMANT : AKEL BROS INC & 7404 LEM TURNER RD JACKSONVILLE,FL 322083351	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100222-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057012 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : ALAN D. SPERTUS MD CLAIMANT : ALAN D. SPERTUS MD 236 N FREDERICK AVE DAYTONA BEACH,FL 321143408	AMOUNT CLAIMED : \$206.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100224-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061516 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/16/1999	INSURED : ALAN FRIEDMAN DDS, PA CLAIMANT : ALAN FRIEDMAN DDS, PA 8235 W ATLANTIC BLVD CORAL SPRINGS,FL 330717450	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100226-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084842 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : ALAN L SCOTT D.C., PA CLAIMANT : ALAN L SCOTT D.C., PA STE 2 2001 10TH AVE N LAKE WORTH,FL 334613362	AMOUNT CLAIMED : \$1,134.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100244-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077609 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : ALICE & ARCHIE MAYNARD, INC. CLAIMANT : ALICE & ARCHIE MAYNARD, INC. 1223 ORANGE AVE FORT PIERCE,FL 349508860	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100270-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084466 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : ALL WAYS CLEAN, INC. CLAIMANT : ALL WAYS CLEAN, INC. 3085 SE DIXIE HWY STUART,FL 349975041	AMOUNT CLAIMED : \$727.86 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100271-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054484 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : ALL WAYS CLEAN, INC. SALES AND CLAIMANT : ALL WAYS CLEAN, INC. SALES AND 3085 SE DIXIE HWY STUART,FL 349975041	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100272-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057512 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/15/1999	INSURED : ALL-U-CAN-RENT CLAIMANT : ALL-U-CAN-RENT 2721 SW 69TH CT MIAMI,FL 331552817	AMOUNT CLAIMED : \$2,140.38 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100273-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083361 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/15/1999	INSURED : ALL-U-CAN-RENT CLAIMANT : ALL-U-CAN-RENT 2721 SW 69TH CT MIAMI,FL 331552817	AMOUNT CLAIMED : \$2,140.38 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100279-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076059 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/07/1998	INSURED : ALLIED ENVIRONMENTAL CLAIMANT : ALLIED ENVIRONMENTAL SUITE 201 4715 NW 157TH ST HIALEAH,FL 330146435	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100280-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091929 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/10/1998	INSURED : ALLIED ENVIRONMENTAL CLAIMANT : ALLIED ENVIRONMENTAL SUITE 201 4715 NW 157TH ST HIALEAH,FL 330146435	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100281-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052922 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/10/1998	INSURED : ALLIED ENVIRONMENTAL CONSULTAN CLAIMANT : ALLIED ENVIRONMENTAL CONSULTAN SUITE 201 4715 NW 157TH ST HIALEAH,FL 330146435	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100288-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058982 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/05/1998	INSURED : ALLSTAR BUILDERS CORPORATION CLAIMANT : ALLSTAR BUILDERS CORPORATION 4901 SW 75TH AVE MIAMI,FL 331554440	AMOUNT CLAIMED : \$108,204.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100289-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094197 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : ALLSTAR BUILDERS CORPORATION CLAIMANT : ALLSTAR BUILDERS CORPORATION 4901 SW 75TH AVE MIAMI,FL 331554440	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100302-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100060593 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 06/07/1999	INSURED : ALPHA PERSONNEL/ALPHA TEMPS CLAIMANT : ALPHA PERSONNEL/ALPHA TEMPS 10707 66TH ST N PINELLAS PARK,FL 337822336	AMOUNT CLAIMED : \$105,861.89 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100303-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100088308 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 06/07/1999	INSURED : ALPHA PERSONNEL/ALPHA TEMPS CLAIMANT : ALPHA PERSONNEL/ALPHA TEMPS 10707 66TH ST N PINELLAS PARK,FL 337822336	AMOUNT CLAIMED : \$59,879.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100311-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042004043 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : ALTHEA R. GORMAN CLAIMANT : ALTHEA R. GORMAN 4333 N OCEAN BLVD DELRAY BEACH,FL 334837559	AMOUNT CLAIMED : \$186.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100312-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200404301 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : ALTHEA R. GORMAN CLAIMANT : ALTHEA R. GORMAN 4333 N OCEAN BLVD DELRAY BEACH,FL 334837559	AMOUNT CLAIMED : \$186.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100313-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074846 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : ALTHEA R. GORMAN CLAIMANT : ALTHEA R. GORMAN 4333 N OCEAN BLVD DELRAY BEACH,FL 334837559	AMOUNT CLAIMED : \$186.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100315-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083387 CLAIM NUMBER : INS/CLMT STATE : VA DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/30/1998	INSURED : ALVA CORPORATION CLAIMANT : ALVA CORPORATION #109 801 N FAIRFAX ST ALEXANDRIA,VA 223141757	AMOUNT CLAIMED : \$332.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100318-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000892110 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : AM ENGINEERING & TESTING INC CLAIMANT : AM ENGINEERING & TESTING INC SUITE 2 450 S OLD DIXIE HWY JUPITER,FL 334587488	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100321-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071998 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/26/1998	INSURED : AMAN PLUMBING, INC. CLAIMANT : AMAN PLUMBING, INC. PO BOX 178 RIVERVIEW,FL 335680178	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100338-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086611 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : AMERICAN COMPONENT XCHANGE COR CLAIMANT : AMERICAN COMPONENT XCHANGE COR 1933 W COPANS RD POMPANO BEACH,FL 330641517	AMOUNT CLAIMED : \$293.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100360-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100064919 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/26/1999	INSURED : AMERICAN OSTEOPATHIC ACADEMY CLAIMANT : AMERICAN OSTEOPATHIC ACADEMY NOVA SOUTHEASTEN UNIVERSITY 3200 S UNIVERSITY DR DAVIE,FL 333282018	AMOUNT CLAIMED : \$43.30 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100372-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094626 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : AMES DESIGN INT'L A DIVISION CLAIMANT : AMES DESIGN INT'L A DIVISION 203 N DIXIE BLVD DELRAY BEACH,FL 334443849	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100379-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052435 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : AMVETS POST 78 OF NICEVILLE, F CLAIMANT : AMVETS POST 78 OF NICEVILLE, F 910 VALASTICS AVE VALPARAISO,FL 325801121	AMOUNT CLAIMED : \$947.86 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100385-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067005 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : ANDERSON & SHAH ROOFING, INC. CLAIMANT : ANDERSON & SHAH ROOFING, INC. 6456 123RD AVE LARGO,FL 337733607	AMOUNT CLAIMED : \$7,500.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100390-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094364 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : ANGELS BY CHOYCE CLAIMANT : ANGELS BY CHOYCE BLVD #1K 4606 S CLYDE MORRIS BLVD PORT ORANGE,FL 321191254	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100406-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090284 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : APOLLO-WILLMAX LANDMARK CLAIMANT : APOLLO-WILLMAX LANDMARK LANDMARK CONSTRUCTION OFFICE 7910 LANDMARK CT TAMPA,FL 336152238	AMOUNT CLAIMED : \$10,148.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100416-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078439 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : ARABIE'S SURVEYING CLAIMANT : ARABIE'S SURVEYING 578 LAKE ASBURY DR GREEN COVE SPRINGS,FL 32043	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100437-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051507 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : ARMELLINI PACKAGING, INC. CLAIMANT : ARMELLINI PACKAGING, INC. PO BOX 606 PALM CITY,FL 349910606	AMOUNT CLAIMED : \$1,429.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100438-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084371 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : ARMELLINI PACKAGING, INC. CLAIMANT : ARMELLINI PACKAGING, INC. 3150 SW 42ND AVE PO BOX 606 PALM CITY,FL 349910606	AMOUNT CLAIMED : \$613.10 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100448-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095734 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : ARTIGUES CONSTRUCTION CORP. CLAIMANT : ARTIGUES CONSTRUCTION CORP. 4936 SW 74TH CT MIAMI,FL 331554400	AMOUNT CLAIMED : \$392.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100449-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058104 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : ARTISAN TILE & MARBLE CLAIMANT : ARTISAN TILE & MARBLE 101 FERN ST JUPITER,FL 334584911	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100450-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061823 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : ARTISAN TILE & MARBLE CLAIMANT : ARTISAN TILE & MARBLE 206 N OLD DIXIE JUPITER,FL 334584911	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100451-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087676 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : ARTISAN TILE & MARBLE COMPANY, CLAIMANT : ARTISAN TILE & MARBLE COMPANY, 206 N OLD DIXIE JUPITER,FL 334584911	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100452-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094502 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/12/1999	INSURED : ARTS QUALITY PAINTING CLAIMANT : ARTS QUALITY PAINTING ATTN: BARBARA HEITZRODER 7346 PAPRIKA CT JACKSONVILLE,FL 322445082	AMOUNT CLAIMED : \$880.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100453-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100092357 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/29/1999	INSURED : ARTZ-N-THE-HOOD, INC. CLAIMANT : ARTZ N THE HOOD INC 2270 NW 72ND ST MIAMI,FL 331476277	AMOUNT CLAIMED : \$433.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100456-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094782 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : ASH LEN CORPORATION CLAIMANT : ASH LEN CORPORATION PO BOX 447 NEW PORT RICHEY,FL 346560447	AMOUNT CLAIMED : \$3,273.40 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100464-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069901 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : ASSOCIATED PROPERTY MANAGEMENT CLAIMANT : ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY LAKE WORTH,FL 334604457	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100470-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085156 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/09/1998	INSURED : ATLANTIC CLAIMS&INVESTIGATIONS CLAIMANT : ATLANTIC CLAIMS&INVESTIGATIONS PO BOX 1225 VERO BEACH,FL 329611225	AMOUNT CLAIMED : \$614.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100477-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052173 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : ATLANTIC FIRE EQUIPMENT CO., CLAIMANT : ATLANTIC FIRE EQUIP 10145 NW 27TH AVE MIAMI,FL 331471796	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100478-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081923 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : ATLANTIC FIRE EQUIPMENT CO., CLAIMANT : ATLANTIC FIRE EQUIP 10145 NW 27TH AVE MIAMI,FL 331471796	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 482 ID NO : 100481-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065696 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/02/1998	INSURED : ATLANTIC PACIFIC DISTRIBUTORS CLAIMANT : ATLANTIC PACIFIC DISTRIBUTORS PO BOX 1808 BOCA RATON,FL 334291808	AMOUNT CLAIMED : \$598.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100482-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093089 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/02/1998	INSURED : ATLANTIC PACIFIC DISTRIBUTORS CLAIMANT : ATLANTIC PACIFIC DISTRIBUTORS PO BOX 1808 BOCA RATON,FL 334291808	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100484-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000550510 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : ATLANTIC PRECISION & MFG., INC CLAIMANT : ATLANTIC PRECISION & MFG., INC 292 N WICKHAM RD MELBOURNE,FL 329358650	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100485-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085963 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : ATLANTIC PRECISION & MFG., INC CLAIMANT : ATLANTIC PRECISION & MFG., INC 292 N WICKHAM RD MELBOURNE,FL 329358650	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100488-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059947 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : ATLANTIC RED SNAPPER, INC. CLAIMANT : ATLANTIC RED SNAPPER, INC. 2051 S ATLANTIC AVE DAYTONA BEACH,FL 321185014	AMOUNT CLAIMED : \$1,426.01 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100494-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059365 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : ATLAS SCIENTIFIC TECHNOLOGIES, CLAIMANT : ATLAS SCIENTIFIC TECHNOLOGIES, SUITE 10 1220 EDGEWATER DR ORLANDO,FL 328046360	AMOUNT CLAIMED : \$36.77 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100495-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079034 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : ATLAS SCIENTIFIC TECHNOLOGIES, CLAIMANT : ATLAS SCIENTIFIC TECHNOLOGIES, SUITE 10 1220 EDGEWATER DR ORLANDO,FL 328046360	AMOUNT CLAIMED : \$36.77 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100507-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086999 CLAIM NUMBER : INS/CLMT STATE : VA DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/18/1998	INSURED : AUTOMATED INFORMATION CLAIMANT : AUTOMATED INFORMATION 81 YORK CT LINDEN,VA 226426222	AMOUNT CLAIMED : \$822.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100509-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075425 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : AVIATION INSURANCE SERVICES CLAIMANT : AVIATION INSURANCE SERVICES DATRAN TWO-SUITE 1621 9130 S DADELAND BLVD MIAMI,FL 331567818	AMOUNT CLAIMED : \$244.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100515-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094015 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/26/1998	INSURED : AZTECA POTTERY, INC. CLAIMANT : AZTECA POTTERY, INC. NO #150 6250 82ND AVE PINELLAS PARK,FL 337811238	AMOUNT CLAIMED : \$526.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100518-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084519 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : B & A INDUSTRIES, INC. CLAIMANT : B & A INDUSTRIES, INC. G-1 2201 SE INDIAN ST STUART,FL 349974957	AMOUNT CLAIMED : \$1,007.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100521-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061349 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : B & C SERVICE, INC. CLAIMANT : B & C SERVICE, INC. 111 SE 14TH PL DEERFIELD BEACH,FL 334416728	AMOUNT CLAIMED : \$1,535.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100531-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062817 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : B.E.A. CONSTRUCTION, INC. CLAIMANT : B.E.A. CONSTRUCTION, INC. 2500 E HALLANDALE BEACH BLVD HALLANDALE,FL 330094834	AMOUNT CLAIMED : \$13,464.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100541-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073114 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : BABY BOOMERS CHILD CARE CENTER CLAIMANT : BABY BOOMERS CHILD CARE CENTER 2710 NE 58TH ST FORT LAUDERDALE,FL 333082728	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100555-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085101 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : BALANCE, INC. CLAIMANT : BALANCE, INC. 5530 BEACH BLVD JACKSONVILLE,FL 322075161	AMOUNT CLAIMED : \$575.11 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100562-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077876 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : BANNERMAN LANDSCAPING, INC. CLAIMANT : BANNERMAN LANDSCAPING, INC. 901 NW 143RD ST MIAMI,FL 331683019	AMOUNT CLAIMED : \$1,745.18 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100567-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092331 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : BARBARA ONDO DESIGNS INC CLAIMANT : BARBARA ONDO DESIGNS INC #28 10500 SAN JOSE BLVD JACKSONVILLE,FL 322576276	AMOUNT CLAIMED : \$750.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100574-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076919 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : BATTERIES PLUS CLAIMANT : BATTERIES PLUS 6240 14TH ST W BRADENTON,FL 342074610	AMOUNT CLAIMED : \$810.27 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100592-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095829 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : BAYSHORE CONSTRUCTION INC CLAIMANT : BAYSHORE CONSTRUCTION INC 5730 STONE POINTE DR SARASOTA,FL 342333543	AMOUNT CLAIMED : \$758.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100597-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092011 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : BEACHED MANAGEMENT INC CLAIMANT : BEACHED MANAGEMENT INC 1605 NE 17TH AVE FORT LAUDERDALE,FL 333053417	AMOUNT CLAIMED : \$633.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100598-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042004002 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : BEACHES FAMILY PRACTICE CLAIMANT : BEACHES FAMILY PRACTICE 230 S HIGHWAY 79 PANAMA CITY BEACH,FL 324132151	AMOUNT CLAIMED : \$137.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100599-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072799 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : BEACHES FAMILY PRACTICE CLAIMANT : BEACHES FAMILY PRACTICE 230 S HIGHWAY 79 PANAMA CITY BEACH,FL 324132151	AMOUNT CLAIMED : \$137.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100600-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200400201 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : BEACHES FAMILY PRACTICE CENTER CLAIMANT : BEACHES FAMILY PRACTICE CENTER 230 S HIGHWAY 79 PANAMA CITY BEACH,FL 324132151	AMOUNT CLAIMED : \$137.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100601-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088088 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/16/1998	INSURED : BEACHSIDE WATERSPORTS INC CLAIMANT : BEACHSIDE WATERSPORTS INC PO BOX 2582 KEY WEST,FL 330452582	AMOUNT CLAIMED : \$851.69 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100617-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090977 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : BENNETT'S BEACH SERVICE INC CLAIMANT : BENNETT'S BEACH SERVICE INC 15606 FRONT BEACH RD PANAMA CITY BEACH,FL 324132500	AMOUNT CLAIMED : \$1,044.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100622-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061114 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : BENTON BUILDERS & ROOFING INC. CLAIMANT : BENTON BUILDERS & ROOFING INC. 2865 PLUMMER COVE RD JACKSONVILLE,FL 322236608	AMOUNT CLAIMED : \$5,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100623-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088268 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : BENTON BUILDERS & ROOFING INC. CLAIMANT : BENTON BUILDERS & ROOFING INC. 2865 PLUMMER COVE RD JACKSONVILLE,FL 322236608	AMOUNT CLAIMED : \$5,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100627-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072937 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : BERNARD F. AEBLY CLAIMANT : BERNARD F. AEBLY 1251 IDA ST JACKSONVILLE,FL 322083572	AMOUNT CLAIMED : \$186.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100635-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060799 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/07/1999	INSURED : BEST FUNDING CORPORATION CLAIMANT : BEST FUNDING CORPORATION SUITE #100 1600 W EAU GALLIE BLVD MELBOURNE,FL 329354149	AMOUNT CLAIMED : \$1,731.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100636-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082057 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/07/1999	INSURED : BEST FUNDING CORPORATION CLAIMANT : BEST FUNDING CORPORATION PAUL W REECE 552 LAKE VICTORIA CIR MELBOURNE,FL 329401874	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100656-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062542 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : BIOLOGICAL & ENVIRONMENTAL CON CLAIMANT : BIOLOGICAL & ENVIRONMENTAL CON 6110 SW 55TH CT DAVIE,FL 333146105	AMOUNT CLAIMED : \$1,002.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100657-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086986 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : BIOLOGICAL & ENVIRONMENTAL CON CLAIMANT : BIOLOGICAL & ENVIRONMENTAL CON 6110 SW 55TH CT DAVIE,FL 333146105	AMOUNT CLAIMED : \$1,022.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100661-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079785 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : BISCOT ELECTRIC, INC. CLAIMANT : BISCOT ELECTRIC, INC. 6731 SUNSET STRIP SUNRISE,FL 333132849	AMOUNT CLAIMED : \$737.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100673-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073336 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : BLACKSTONE LEGAL SUPPLIES, INC CLAIMANT : BLACKSTONE LEGAL SUPPLIES, INC 3732 NW 16TH ST FORT LAUDERDALE,FL 333114132	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100676-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088993 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/09/1998	INSURED : BLACKWELL INSURANCE AGENCY CLAIMANT : BLACKWELL INSURANCE AGENCY 701 JENKS AVENUE PANAMA CITY,FL 324020520	AMOUNT CLAIMED : \$86.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100680-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051925 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/19/1999	INSURED : BLISS CONSTRUCTION, INC. CLAIMANT : C/O ACCORDIA SOUTHEAST BLISS CONSTRUCTION INC #201 50 SW BOCA RATON BLVD BOCA RATON,FL 33487	AMOUNT CLAIMED : \$11,139.62 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100689-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100068544 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/09/1999	INSURED : BLUEGRASS CONSTRUCTION, INC. CLAIMANT : BLUEGRASS CONSTRUCTION INC 4902 N HOWARD AVE #B TAMPA,FL 336031414	AMOUNT CLAIMED : \$1,191.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100690-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069041 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : BMD MANAGEMENT INC CLAIMANT : BMD MANAGEMENT INC 701 SE 6TH AVE DELRAY BEACH,FL 334835112	AMOUNT CLAIMED : \$4,606.47 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100692-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072966 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : BOA CONTRACTORS/ CLAIMANT : BOA CONTRACTORS/ PO BOX 203 ORANGE SPRINGS,FL 321820203	AMOUNT CLAIMED : \$2,453.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100705-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000948810 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : BOCA GREENS FLORIST CLAIMANT : BOCA GREENS FLORIST 19575 STATE ROAD 7 STE 17 BOCA RATON,FL 334984768	AMOUNT CLAIMED : \$799.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100718-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054913 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/16/1998	INSURED : BOOK EXPLOSION CLAIMANT : BOOK EXPLOSION 2039 WILTON DR WILTON MANORS,FL 333052121	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100720-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079436 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : BOTIN MONITORING SERVICES CLAIMANT : BOTIN MONITORING SERVICES 318 OAK FERN CIR ORMOND BEACH,FL 321744875	AMOUNT CLAIMED : \$918.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100722-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091014 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : BOVA CONSTRUCTION INC CLAIMANT : BOVA CONSTRUCTION INC PO BOX 668 FLAGLER BEACH,FL 321360668	AMOUNT CLAIMED : \$500.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100726-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088784 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : BOWER CONSTRUCTION INC CLAIMANT : BOWER CONSTRUCTION INC 2421 HOLLYWOOD BLVD HOLLYWOOD,FL 330206605	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100729-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086222 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : BOXER CONSTRUCTION, INC. CLAIMANT : BOXER CONSTRUCTION, INC. 4761 SW 66 TERRACE DUP E DAVIE,FL 33314	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100742-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088811 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : BPS CONSTRUCTORS INC CLAIMANT : BPS CONSTRUCTORS INC 1621 TRANSMITTER RD PANAMA CITY,FL 324043149	AMOUNT CLAIMED : \$2,971.29 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100748-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075787 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : BRANDON GLASS & MIRROR, INC. CLAIMANT : BRANDON GLASS & MIRROR, INC. 504 N PARSONS AVE BRANDON,FL 335103612	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100749-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080291 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : BRC PISTONS CLAIMANT : BRC PISTONS 9289 97TH LN LIVE OAK,FL 320607261	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100754-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083596 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : BRENTWOOD CLOTHES, INC. CLAIMANT : BRENTWOOD CLOTHES, INC. SUITE F 6157 NW 167TH ST MIAMI,FL 330154337	AMOUNT CLAIMED : \$57.48 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100762-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093269 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/19/1998	INSURED : BRIAN ELLIOT MANNS CLAIMANT : BRIAN ELLIOT MANNS PO BOX 4362 OCALA,FL 344784362	AMOUNT CLAIMED : \$500.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100766-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086026 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : BRIDGE DESIGN ASSOCIATES INC CLAIMANT : BRIDGE DESIGN ASSOCIATES INC PO BOX 210173 WEST PALM BEACH,FL 334210173	AMOUNT CLAIMED : \$1,331.20 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100769-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090271 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/26/1998	INSURED : BRIGHT IMAGINATION LEARNING CLAIMANT : BRIGHT IMAGINATION LEARNING SUITE S-14 6155 S FLORIDA AVE LAKELAND,FL 338133329	AMOUNT CLAIMED : \$780.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100773-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071985 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : BROADVIEW CHILDRENS CENTER CLAIMANT : BROADVIEW CHILDRENS CENTER 4480 NW 18 TERR POMPANO BEACH,FL 330684930	AMOUNT CLAIMED : \$874.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100780-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : INS/CLMT STATE : TN DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/05/1998	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE PROPERTIES INC 224 WHITE BRIDGE RD NASHVILLE,TN 372093207	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100781-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065707 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : BROOKWOOD STYLE SALON DBA CLAIMANT : BROOKWOOD STYLE SALON DBA 7138 W MCNAB RD TAMARAC,FL 333215306	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100784-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100070171 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : BROWCO INDUSTRIES, INC CLAIMANT : BROWCO INDUSTRIES, INC PO BOX 10508 POMPANO BEACH,FL 330616508	AMOUNT CLAIMED : \$113.14 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100787-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042005030 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : BROWNLIE FUNERAL HOME, INC. CLAIMANT : BROWNLIE FUNERAL HOME 1010 PALMETTO AVE MELBOURNE,FL 329014786	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100789-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072675 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : BROWNLIE FUNERAL HOME, INC. CLAIMANT : BROWNLIE FUNERAL HOME 1010 PALMETTO AVE MELBOURNE,FL 329014786	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100790-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085394 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : BROWNLIE FUNERAL HOME, INC. CLAIMANT : BROWNLIE FUNERAL HOME 1010 PALMETTO AVE MELBOURNE,FL 329014786	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100791-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054262 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : BROWNLIE-MAXWELL FUNERAL HOME CLAIMANT : BROWNLIE-MAXWELL FUNERAL HOME 1010 PALMETTO AVE MELBOURNE,FL 329014708	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100792-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079603 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : BROWNLIE-MAXWELL FUNERAL HOME CLAIMANT : BROWNLIE-MAXWELL FUNERAL HOME 1010 PALMETTO AVE MELBOURNE,FL 329014708	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100796-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079658 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : BRYAN PROPERTIES CLAIMANT : BRYAN PROPERTIES 5505 SAND LAKE DR MELBOURNE,FL 329347819	AMOUNT CLAIMED : \$2,844.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100799-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067896 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : BUCKEYE ENTERPRISES, INC. CLAIMANT : BUCKEYE ENTERPRISES, INC. 5327 VAN BUREN RD DELRAY BEACH,FL 334844241	AMOUNT CLAIMED : \$6,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100809-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092704 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : BURNS ROAD ASSOCIATES LTD CLAIMANT : BURNS ROAD ASSOCIATES LTD 4139 BURNS RD PALM BEACH GARDENS,FL 334104605	AMOUNT CLAIMED : \$421.36 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100825-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055883 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/20/1998	INSURED : C & C DRYCLEANERS CLAIMANT : C & C DRY CLEANERS 18471 PINES BLVD PEMBROKE PINES,FL 330291400	AMOUNT CLAIMED : \$1,054.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100826-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079743 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/20/1998	INSURED : C & C DRYCLEANERS CLAIMANT : C & C DRY CLEANERS 18471 PINES BLVD PEMBROKE PINES,FL 330291400	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100846-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063301 CLAIM NUMBER : INS/CLMT STATE : VA DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/06/1999	INSURED : C-2 PORTFOLIO, INC. CLAIMANT : C-2 PORTFOLIO, INC. 20943 OAKSPRINGS SQ STERLING,VA 201657210	AMOUNT CLAIMED : \$14,388.73 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100860-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060202 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : CAFE JOSHUA CLAIMANT : CAFE JOSHUA 414 7TH STREET WEST PALM BEACH,FL 334023253	AMOUNT CLAIMED : \$878.35 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100873-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067547 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : CANTERBURY HOUSE AT THE VINYAR CLAIMANT : CANTERBURY HOUSE AT THE VINYAR 551 NEAPOLITAN LN NAPLES,FL 341038532	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100874-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067661 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : CANTERBURY HOUSE, INC. CLAIMANT : CANTERBURY HOUSE, INC. 551 NEAPOLITAN LN NAPLES,FL 341038532	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100877-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054413 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/02/1998	INSURED : CAPASSO ENTERPRISES T RAE CLAIMANT : CAPASSO ENTERPRISES T RAE SUITE 122 312 E VENICE AVE VENICE,FL 342922677	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100888-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000532110 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : CAPITOL IMPORTS, INC. CLAIMANT : CAPITOL IMPORTS, INC. 2518 CATHAY CT TALLAHASSEE,FL 32308	AMOUNT CLAIMED : \$3,371.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100889-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080831 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : CAPITOL IMPORTS, INC. CLAIMANT : CAPITOL IMPORTS, INC. 2518 CAQTHAY CT TALLAHASSEE,FL 32308	AMOUNT CLAIMED : \$178.36 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100890-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077167 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : CAPTAIN BRIAN'S SEAFOOD MARKET CLAIMANT : CAPTAIN BRIAN'S SEAFOOD MARKET 8441 N TAMIAMI TRL SARASOTA,FL 342432015	AMOUNT CLAIMED : \$1,246.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100893-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086153 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : CAR PARK SERVICES, INC. CLAIMANT : CAR PARK SERVICES, INC. C/O MICHAEL PAGAN 1865 KENNEDY CSWY PH-B NORTH BAY VILLAGE,FL 331414213	AMOUNT CLAIMED : \$771.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100895-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089736 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : CARDINAL DEVELOPMENT CORP CLAIMANT : CARDINAL DEVELOPMENT CORP 4281 HIGHWAY 90 PACE,FL 325712011	AMOUNT CLAIMED : \$469.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100898-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078886 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : CARIB TERRACE MOTEL, INC. CLAIMANT : CARIB TERRACE MOTEL, INC. 552 N OCEAN BLVD POMPANO BEACH,FL 330624607	AMOUNT CLAIMED : \$615.83 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100899-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069596 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/23/1999	INSURED : CARL DUNN PLASTERING CLAIMANT : CARL DUNN PLASTERING 1304 WOODBINE ST CLEARWATER,FL 337552746	AMOUNT CLAIMED : \$3,452.61 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100900-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054831 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : CARLES CONSTRUCTION, INC. CLAIMANT : CARLES CONSTRUCTION, INC. 1412 SE 16 PLACE CAPE CORAL,FL 332831496	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100908-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090808 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : CAROUSEL KIDDIE KINGDOM CLAIMANT : CAROUSEL KIDDIE KINGDOM 1412 SE 16TH PL CAPE CORAL,FL 339903819	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100910-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080066 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : CARPET CAROUSEL INC CLAIMANT : CARPET CAROUSEL INC 8999 WESTERN WAY STE 108 JACKSONVILLE,FL 322560373	AMOUNT CLAIMED : \$2,062.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100921-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100071038 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/13/1998	INSURED : CASUAL LINE CORPORATION CLAIMANT : CASUAL LINE CORPORATION 1065 E STORY RD WINTER GARDEN,FL 347873732	AMOUNT CLAIMED : \$69,096.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100943-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089805 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/02/1998	INSURED : CENTERSTATE HARVESTING & CLAIMANT : CENTERSTATE HARVESTING & 150 80 FOOT RD BARTOW,FL 338309612	AMOUNT CLAIMED : \$8,045.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100950-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088062 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : CENTRAL FLORIDA FERN CO-OP INC CLAIMANT : CENTRAL FLORIDA FERN CO-OP INC PO BOX 588 PIERSON,FL 321800588	AMOUNT CLAIMED : \$958.72 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100952-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060728 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : CENTRAL SECURITY & CLAIMANT : CENTRAL SECURITY & 207 US 27 S LAKE PLACID,FL 338527920	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100953-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081132 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : CENTRAL SECURITY & CLAIMANT : CENTRAL SECURITY & 207 US 27 S LAKE PLACID,FL 338527920	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100956-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100070279 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : CERTIFIED INSULATION CLAIMANT : CERTIFIED INSULATION SUITE C 4419 N HUBERT ST TAMPA,FL 33617	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100960-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088102 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : CHAMPION DRYWALL CLAIMANT : CHAMPION DRYWALL 2260 BUD DIAMOND RD JAY,FL 325654824	AMOUNT CLAIMED : \$2,026.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100962-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051454 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : CHANDLER OIL COMPANY,INC. CLAIMANT : CHANDLER OIL COMPANY,INC. 4502 BENNETT ST JACKSONVILLE,FL 322061600	AMOUNT CLAIMED : \$1,107.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100963-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083512 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : CHANDLER OIL COMPANY,INC. CLAIMANT : CHANDLER OIL COMPANY,INC. 4502 BENNETT ST JACKSONVILLE,FL 322061600	AMOUNT CLAIMED : \$1,107.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100966-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057583 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : CHARLES E. ROSSI, PLS CLAIMANT : CHARLES E. ROSSI, PLS SUITE 102 10301 NW 50TH ST SUNRISE,FL 333518009	AMOUNT CLAIMED : \$487.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100969-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052297 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : CHARLES P. CURCIO, JR. & JILL CLAIMANT : CHARLES P. CURCIO, JR. PO BOX 1119 MCCAYSVILLE,GA 30555	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100981-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093714 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : CHESAPEAKE KNIFE & TOOL CLAIMANT : CHESAPEAKE KNIFE & TOOL 7110 LOCKWOOD RD LAKE WORTH,FL 334677817	AMOUNT CLAIMED : \$455.30 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100985-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063552 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/22/1999	INSURED : CHILD CARE ASSOCIATION CLAIMANT : CHILD CARE ASSOCIATION OF BREVARD CO 18 HARRISON ST COCOA,FL 329227996	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100986-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090017 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/22/1999	INSURED : CHILD CARE ASSOCIATION CLAIMANT : CHILD ASSOCIATION OF BREVARD CO 18 HARRISON ST COCOA,FL 329227996	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100994-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089085 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : CHIROPRACTIC CLINIC OF OCEANWA CLAIMANT : CHIROPRACTIC CLINIC OF OCEANWA #10 376 NEW BERLIN RD JACKSONVILLE,FL 322183825	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 100996-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061976 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : CHOICE FIRST, INC CLAIMANT : CHOICE FIRST, INC 23 CACTUS RD MARY ESTHER,FL 32569	AMOUNT CLAIMED : \$2,569.38 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 100999-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052895 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : CHRIS & CHRIS INVESTMENTS, INC CLAIMANT : CHRIS & CHRIS INVESTMENTS, INC 2501 OLD LAKE WILSON RD KISSIMMEE,FL 347472001	AMOUNT CLAIMED : \$2,661.97 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101002-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077207 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : CHRISTIAN HEALING MINISTRIES CLAIMANT : CHRISTIAN HEALING MINISTRIES 438 W 67TH ST JACKSONVILLE,FL 322083931	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101005-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087467 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/01/1998	INSURED : CHUCKLES PRESCHOOL, INC. CLAIMANT : CHUCKLES PRESCHOOL, INC. #34 5335 N MILITARY TRL WEST PALM BEACH,FL 334073058	AMOUNT CLAIMED : \$503.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101014-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080164 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : CITIZENS BANK OF PERRY CLAIMANT : CITIZENS BANK OF PERRY PO BOX 1247 PERRY,FL 323481247	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101021-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052742 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/08/1998	INSURED : CLAREMONT MONTESSORI CTR., INC CLAIMANT : CLAREMONT MONTESSORI CTR., INC C/O HARVEY HALLENBERG 2450 NW 5TH AVE BOCA RATON,FL 334318205	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101022-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074928 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/08/1998	INSURED : CLAREMONT MONTESSORI CTR., INC CLAIMANT : CLAREMONT MONTESSORI CTR., INC C/O HARVEY HALLENBERG 2450 NW 5TH AVE BOCA RATON,FL 334318205	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101032-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054942 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : CLIFFORD N. SHARE, M.D. CLAIMANT : CLIFFORD N. SHARE, M.D. 741 DUNLAWTON AVE PORT ORANGE,FL 321279226	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101033-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093341 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : CLIFFORD N. SHARE, M.D. CLAIMANT : CLIFFORD N. SHARE, M.D. 741 DUNLAWTON AVE PORT ORANGE,FL 321279226	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101045-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079174 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/29/1999	INSURED : CNC TECHNOLOGY CLAIMANT : CNC TECHNOLOGY BAY #17 7760 W 20TH AVE HIALEAH,FL 330161890	AMOUNT CLAIMED : \$234.85 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101047-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100066788 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : CNS, INC. CLAIMANT : CNS, INC. 3743 BRYCE ST COCOA,FL 329263816	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101048-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055825 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/15/1998	INSURED : COACH-N-FOUR STEAKHOUSE CLAIMANT : COACH-N-FOUR STEAKHOUSE 6213 E BUS HIGHWAY 98 PANAMA CITY,FL 324047492	AMOUNT CLAIMED : \$1,119.43 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101050-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053556 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/01/1998	INSURED : COALITION OF FLA.FARM WORKERS CLAIMANT : COALITION OF FLA.FARM WORKERS 305 S FLAGLER AVE HOMESTEAD,FL 33030	AMOUNT CLAIMED : \$1,482.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101051-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081994 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/01/1998	INSURED : COALITION OF FLA.FARM WORKERS CLAIMANT : COALITION OF FLA.FARM WORKERS 305 S FLAGLER AVE HOMESTEAD,FL 33030	AMOUNT CLAIMED : \$2,579.81 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101078-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084773 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/26/1998	INSURED : COLLINS & ASSOCIATES, INC. CLAIMANT : COLLINS & ASSOCIATES, INC. 465 HARRISON AVE PANAMA CITY,FL 324012731	AMOUNT CLAIMED : \$283.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101080-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051565 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/12/1999	INSURED : COLORITE EAST, INC. CLAIMANT : COLORITE EAST INC 3103 N INDIAN RIVER DR COCOA,FL 329226607	AMOUNT CLAIMED : \$771.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101087-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057718 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/28/1998	INSURED : COMMERCIAL CLEANING & RESTORAT CLAIMANT : COMMERCIAL CLEANING & RESTORATION PO BOX 23213 JACKSONVILLE,FL 322413213	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101095-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100091432 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 07/19/1998	INSURED : COMMUNICATION MANPOWER INC CLAIMANT : COMMUNICATION MANPOWER INC PO BOX 1037 CHIPLEY,FL 324287037	AMOUNT CLAIMED : \$4,016.89 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101104-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059045 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : COMMUNITY MANAGEMENT & CLAIMANT : COMMUNITY MANAGEMENT & 22151 SHOREWIND DR BOCA RATON,FL 33428	AMOUNT CLAIMED : \$3,112.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101105-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082031 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : COMMUNITY MANAGEMENT & CLAIMANT : COMMUNITY MANAGEMENT & 22151 SHOREWIND DR BOCA RATON,FL 33428	AMOUNT CLAIMED : \$3,112.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101122-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000556910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : COMPUTER PARTS OUTLET, INC. CLAIMANT : COMPUTER PARTS OUTLET, INC. 33 SE 1ST AVE DELRAY BEACH,FL 334443605	AMOUNT CLAIMED : \$343.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101123-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085558 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : COMPUTER PARTS OUTLET, INC. CLAIMANT : COMPUTER PARTS OUTLET, INC. 33 SE 1ST AVE DELRAY BEACH,FL 334443605	AMOUNT CLAIMED : \$71.35 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101137-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079576 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : CONDOR PROPERTIES, INC CLAIMANT : CONDOR PROPERTIES, INC SUITE #16 1499 SW 30TH AVE BOYNTON BEACH,FL 334269060	AMOUNT CLAIMED : \$408.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101141-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078386 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/26/1999	INSURED : CONNECTIONS, INC CLAIMANT : CONNECTIONS, INC SUITE 120 531 US HIGHWAY 41 BYP N VENICE,FL 342921040	AMOUNT CLAIMED : \$434.52 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101143-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092053 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : CONNEX INDUSTRIES CLAIMANT : CONNEX INDUSTRIES 2809 SE MONROE ST STUART,FL 349975904	AMOUNT CLAIMED : \$1,217.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101154-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080619 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : CONSOLIDATED TITLE CO. CLAIMANT : CONSOLIDATED TITLE CO. #109 1601 N PALM AVE PEMBROKE PINES,FL 330263200	AMOUNT CLAIMED : \$2,101.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101161-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073378 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : CONSUMER CAPITAL CORPORATION CLAIMANT : CONSUMER CAPITAL CORPORATION 1715 W OAK RIDGE RD ORLANDO,FL 328093909	AMOUNT CLAIMED : \$66.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101164-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092275 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : CONTAINER SYSTEMS & EQUIPMENT CLAIMANT : CONTAINER SYSTEMS & EQUIPMENT PO BOX 249 DAYTONA BEACH,FL 321150249	AMOUNT CLAIMED : \$1,666.46 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101165-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076895 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/29/1999	INSURED : CONTE ELECTRIC CLAIMANT : CONTE ELECTRIC 8474 HARROW CT JACKSONVILLE,FL 322174515	AMOUNT CLAIMED : \$312.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101171-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088837 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : CONTINENTAL PALACE INC CLAIMANT : CONTINENTAL PALACE INC #601 2199 ASTOR ST ORANGE PARK,FL 320735615	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101177-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100089752 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 05/06/1999	INSURED : COOL AIR INDUSTRIES, INC. CLAIMANT : COOL AIR INDUSTRIES INC #268 4801 S UNIVERSITY DR DAVIE,FL 333283839	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101179-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065736 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : COORDINATED BUILDING SYSTEMS CLAIMANT : COORDINATED BUILDING SYSTEMS PO BOX 6298 BOCA RATON,FL 33427	AMOUNT CLAIMED : \$1,250.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101180-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087245 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : COORDINATED BUILDING SYSTEMS CLAIMANT : COORDINATED BUILDING SYSTEMS PO BOX 6298 BOCA RATON,FL 33427	AMOUNT CLAIMED : \$532.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101181-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100065569 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 06/04/1999	INSURED : COORDINATED PERFORMANCE CLAIMANT : COORDINATED PERFORMANCE SUITE 212 1191 E NEWPORT CNTR DR DEERFIELD BEACH,FL 33442	AMOUNT CLAIMED : \$681.59 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101185-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087549 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : CORAL REEF PARK CO., INC. CLAIMANT : CORAL REEF PARK CO., INC. PO BOX 1560 KEY LARGO,FL 330371560	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101186-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000883410 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/12/1998	INSURED : CORAL SEA TOWERS CLAIMANT : CORAL SEA TOWERS 10300 W BAY HARBOR DR BAY HARBOR ISLANDS,FL 331541294	AMOUNT CLAIMED : \$251.45 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101198-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081772 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/02/1998	INSURED : COUNTRY CREEK CLUB HOA, INC. CLAIMANT : COUNTRY CREEK CLUB HOA, INC. C/O DCI 2901 SIMMS ST HOLLYWOOD,FL 330201510	AMOUNT CLAIMED : \$404.45 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101218-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083498 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : COYOTES OF TAMPA, INC. CLAIMANT : COYOTES OF TAMPA, INC. 3123 WEST KENNEDY BLVD TAMPA,FL 33609	AMOUNT CLAIMED : \$1,800.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101223-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071025 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : CREATIVE BEGINNINGS OF HOLLYWO CLAIMANT : CREATIVE BEGINNINGS OF HOLLYWO 2919 VAN BUREN ST HOLLYWOOD,FL 330204211	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101224-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095927 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : CREATIVE BRICKLAYERS CLAIMANT : CREATIVE BRICKLAYERS 1803 EL PASO TRL GULF BREEZE,FL 325619460	AMOUNT CLAIMED : \$1,257.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101226-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056393 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/16/1998	INSURED : CREATIVE CONSTRUCTION OF TALLA CLAIMANT : CREATIVE CONSTRUCTION OF TALLA RR 1 BOX 1486 HAVANA,FL 323339719	AMOUNT CLAIMED : \$701.17 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101235-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056697 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : CREDIT TEL FINANCIAL SERVICES CLAIMANT : CREDIT TEL FINANCIAL SERVICES 1400 E OAKLAND PARK BLVD OAKLAND PARK,FL 333344400	AMOUNT CLAIMED : \$488.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101236-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082917 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : CREDIT TEL FINANCIAL SERVICES CLAIMANT : CREDIT TEL FINANCIAL SERVICES 1400 E OAKLAND PARK BLVD OAKLAND PARK,FL 333344400	AMOUNT CLAIMED : \$528.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101250-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000872910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : CRUNCHIES & MUNCHIES INC CLAIMANT : CRUNCHIES & MUNCHIES INC 1431 NE 25TH AVE OCALA,FL 344791966	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101254-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093243 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : CRYSTAL CLEAR POOLS CLAIMANT : CRYSTAL CLEAR POOLS 333 E 24 TH ST RIVERA BEACH,FL 33404	AMOUNT CLAIMED : \$1,896.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101261-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092619 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/05/1998	INSURED : CTC DEVELOPMENT CORP INC CLAIMANT : CTC DEVELOPMENT CORP INC 918 E CERVANTES ST PENSACOLA,FL 325013214	AMOUNT CLAIMED : \$1,435.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101262-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078508 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : CTI OF NORTHWEST FLORIDA CLAIMANT : CTI OF NORTHWEST FLORIDA 536 STAHLMAN AVE DESTIN,FL 325411730	AMOUNT CLAIMED : \$900.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101293-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053929 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : CYNTHIA'S WALLPAPER, INC. ETAL CLAIMANT : CYNTHIA'S WALLPAPER, INC. ETAL 3447 N UNIVERSITY DR SUNRISE,FL 333516754	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101294-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089932 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : CYNTHIA'S WALLPAPER, INC. ETAL CLAIMANT : CYNTHIA'S WALLPAPER, INC. ETAL 3447 N UNIVERSITY DR SUNRISE,FL 333516754	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101296-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100069678 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/14/2000	INSURED : CYPRESS CREEK FARMS, INC. CLAIMANT : CYPRESS CREEK FARMS, INC. PO BOX 1071 STARKE,FL 320911071	AMOUNT CLAIMED : \$681.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101306-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089556 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : D & H PROPERTY SERVICES, INC CLAIMANT : D & H PROPERTY SERVICES, INC 3018 LENOX AVE JACKSONVILLE,FL 322544204	AMOUNT CLAIMED : \$692.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101313-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076239 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/24/1998	INSURED : D JANCA BUILDER, INC. CLAIMANT : D JANCA BUILDER, INC. 200 DOLPHIN ESTATES COURT DESTIN,FL 32541	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101315-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077514 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : D L WALKER CONSTRUCTION CLAIMANT : D L WALKER CONSTRUCTION 13082 S W 9TH CT DAVIE,FL 33325	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101320-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067798 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : D.A. CONSTRUCTION CLAIMANT : D.A. CONSTRUCTION 3804 S ORLANDO DR SANFORD,FL 327736183	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101325-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056306 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/23/1999	INSURED : DAILEY & ASSOCIATES, INC. CLAIMANT : DAILEY & ASSOCIATES INC 112 N US HIGHWAY 1 TEQUESTA,FL 334692738	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101326-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080373 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/23/1999	INSURED : DAILEY & ASSOCIATES, INC. CLAIMANT : DAILEY & ASSOCIATES INC 112 N US HIGHWAY 1 TEQUESTA,FL 334692738	AMOUNT CLAIMED : \$242.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101334-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084495 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : DAMEX CORP., THE CLAIMANT : DAMEX CORP., THE 1708 SE 47TH ST CAPE CORAL,FL 339048730	AMOUNT CLAIMED : \$6,136.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101335-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059976 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/25/1999	INSURED : DAN NURENBERG CLAIMANT : DAN NURENBERG 15900 95TH AVE N JUPITER,FL 33478	AMOUNT CLAIMED : \$879.92 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101339-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094573 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : DANA BROWN'S LAWN LANDSCAPE CLAIMANT : DANA BROWN'S LAWN LANDSCAPE 4321 CLINTON BLVD LAKE WORTH,FL 334612710	AMOUNT CLAIMED : \$385.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101344-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088213 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/03/1998	INSURED : DART MAINTENACE & SUPPLIES CLAIMANT : DART MAINTENACE & SUPPLIES 248 NE 9TH STREET MIAMI,FL 33137	AMOUNT CLAIMED : \$245.55 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101349-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056155 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : DATA FLOW SYSTEMS, INC. CLAIMANT : DATA FLOW SYSTEMS, INC. 659 W EAU GALLIE BLVD MELBOURNE,FL 329356516	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101357-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055325 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/21/1998	INSURED : DAVID COLDWELL CLAIMANT : DAVID COLDWELL STE 200 7108 FAIRWAY DR PALM BEACH GARDENS,FL 334183767	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101361-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080622 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/21/1999	INSURED : DAVID F. WEMMER, DDS CLAIMANT : DAVID F WEMMER DDS SUITE C-2 1850 43RD AVE VERO BEACH,FL 329600517	AMOUNT CLAIMED : \$1,082.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101362-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000599510 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/09/1998	INSURED : DAVID J. MILLIGAN MASONRY CLAIMANT : DAVID J. MILLIGAN MASONRY 2325 SW WOODRIDGE ST PORT SAINT LUCIE,FL 349532666	AMOUNT CLAIMED : \$20,205.27 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101384-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069652 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/16/1998	INSURED : DELRAY BEACH YACHT CLUB CONDO CLAIMANT : DELRAY BEACH YACHT CLUB CONDO 100 MACFARLANE DR DELRAY BEACH,FL 334836843	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101386-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000631510 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/09/1999	INSURED : DELRAY PODIATRY FOOT & ANKLE CLAIMANT : DELRAY PODIATRY FOOT & ANKLE 5175 W ATLANTIC AVE STE F DELRAY BEACH,FL 334848101	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101387-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085352 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/08/1999	INSURED : DELRAY PODIATRY FOOT & ANKLE CLAIMANT : DELRAY PODIATRY FOOT & ANKLE 5175 W ATLANTIC AVE STE F DELRAY BEACH,FL 334848101	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101395-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074068 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/11/1999	INSURED : DENNIS DRUCK GENERAL CLAIMANT : DENNIS DRUCK GENERAL 921 W 46 ST MIAMI BEACH,FL 33140	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101407-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085741 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : DESCON ASSOCIATES, INC. CLAIMANT : DESCON ASSOCIATES, INC. SUITE 104A 4720 NW 2ND AVE BOCA RATON,FL 334314801	AMOUNT CLAIMED : \$948.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101411-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052699 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : DESIGN GOLD LTD CLAIMANT : DESIGN GOLD 2040 DEWEY ST HOLLYWOOD,FL 330206972	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101412-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084022 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : DESIGN GOLD LTD CLAIMANT : DESIGN GOLD 2040 DEWEY ST HOLLYWOOD,FL 330206972	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101417-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086042 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : DESIGNERS LANDSCAPE INC CLAIMANT : DESIGNERS LANDSCAPE INC 2504 RIDGEWOOD RD JACKSONVILLE,FL 322073619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101421-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200502481 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : DESTIN CAMPGROUND CLAIMANT : DESTIN CAMPGROUND 209 BEACH DR DESTIN,FL 325412437	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101422-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100070684 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : DESTIN CAMPGROUND CLAIMANT : DESTIN CAMPGROUND 209 BEACH DR DESTIN,FL 325412437	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101423-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100050248 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : DESTIN CAMPGROUND DBA\ CLAIMANT : DESTIN CAMPGROUND DBA\ 209 BEACH DR DESTIN,FL 325412458	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101460-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091765 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/30/1999	INSURED : DIROCCO, DOMBROW & AKERS PA CLAIMANT : DIROCCO DOMBROW & AKERS PA ATTN: CB AKERS 3601 W COMMERCIAL BLVD STE 28 FORT LAUDERDALE,FL 333093300	AMOUNT CLAIMED : \$1,004.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101465-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089027 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : DISCOUNT PROPANE, INC. CLAIMANT : DISCOUNT PROPANE, INC. 3804 S ORLANDO DR SANFORD,FL 327736183	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101485-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091154 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : DMB SUPPLY INC CLAIMANT : DMB SUPPLY INC 1250 E OVERDRIVE CIRCLE HOLDER,FL 344450399	AMOUNT CLAIMED : \$2,911.93 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101486-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089916 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/09/1998	INSURED : DOCKSIDE GIFTS CLAIMANT : DOCKSIDE GIFTS 5550 N LAGOON DR PANAMA CITY,FL 324087911	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101490-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000632910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/01/1998	INSURED : DOLPH DISTRIBUTING, INC. CLAIMANT : DOLPH DISTRIBUTING, INC. 2401 N STATE ROAD 7 MARGATE,FL 330635719	AMOUNT CLAIMED : \$754.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101491-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000891710 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : DOLPHIN LANDSCAPE, INC. CLAIMANT : DOLPHIN LANDSCAPE, INC. PO BOX 664 LOXAHATCHEE,FL 334700664	AMOUNT CLAIMED : \$9,374.55 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101504-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052853 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : DONALD F. KOSKI PLUMBING CONTR CLAIMANT : DONALD F. KOSKI PLUMBING CONTR 722 S DIXIE HWY HALLANDALE,FL 330097042	AMOUNT CLAIMED : \$35,272.69 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101515-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059516 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : DORREZ & PERI DOLATS CLAIMANT : DORREZ & PERI DOLATS SUITE 212 2605 E ATLANTIC BLVD POMPANO BEACH,FL 330624948	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101529-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094446 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : DR BOB'S JEWELRY & PAWN INC CLAIMANT : DR BOB'S JEWELRY & PAWN INC 1048 ARLINGTON RD N JACKSONVILLE,FL 322115811	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101536-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086862 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : DR. CECILIA OLAZAR CLAIMANT : DR. CECILIA OLAZAR 130 PROFESSIONAL DR PONTE VEDRA BEACH,FL 320826216	AMOUNT CLAIMED : \$1,467.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101538-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057652 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : DR. GLENN BRYAN CLAIMANT : DR. GLENN BRYAN 5505 SAND LAKE DR MELBOURNE,FL 329347819	AMOUNT CLAIMED : \$2,844.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101543-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056655 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : DR. JOHN WAMBO CLAIMANT : DR. JOHN WAMBO SUITE 101 2202 STATE AVE PANAMA CITY,FL 324054535	AMOUNT CLAIMED : \$323.02 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101544-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000830710 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : DR. JOHN WAMBO CLAIMANT : DR. JOHN WAMBO SUITE 101 2202 STATE AVE PANAMA CITY,FL 324054535	AMOUNT CLAIMED : \$543.66 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101559-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076173 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : DR. ULISES CARABALLO DBA CLAIMANT : DR. ULISES CARABALLO DBA 9119 MERRILL RD STE 23 JACKSONVILLE,FL 322254306	AMOUNT CLAIMED : \$7.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101566-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051372 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : DRS. WILSON, RIVARD & JOHNNELL CLAIMANT : DRS. WILSON, RIVARD & JOHNNELL 740 HARRISON AVE PANAMA CITY,FL 324012524	AMOUNT CLAIMED : \$1,295.28 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101567-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081338 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : DRS. WILSON, RIVARD & JOHNNELL CLAIMANT : DRS. WILSON, RIVARD & JOHNNELL 740 HARRISON AVE PANAMA CITY,FL 324012524	AMOUNT CLAIMED : \$1,086.10 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101568-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058868 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : DRYWALL & ALUMINIUM SYSTEMS CLAIMANT : DRYWALL & ALUMINIUM SYSTEMS 1330 NE DIXIE HIGHWAY STUART,FL 349952716	AMOUNT CLAIMED : \$3,146.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101569-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084577 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : DRYWALL & ALUMINIUM SYSTEMS CLAIMANT : DRYWALL & ALUMINIUM SYSTEMS 1330 NE DIXIE HIGHWAY JENSEN BEACH,FL 34957	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101571-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100066357 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : DUKE BUILDERS, INC. CLAIMANT : RAYMOND H DUKE ENTERPRISES INC PO BOX 1772 FORT WALTON BEACH,FL 325491772	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101572-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090951 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : DUKE BUILDERS, INC. CLAIMANT : RAYMOND H DUKE ENTERPRISES INC PO BOX 1772 FORT WALTON BEACH,FL 325491772	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101587-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078246 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : E A S MANAGEMENT CORPORATION CLAIMANT : E A S MANAGEMENT CORPORATION PH4 17275 COLLINS AVE MIAMI,FL 331603441	AMOUNT CLAIMED : \$500.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101591-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087189 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : E-Z CASH PAWN INC CLAIMANT : E-Z CASH PAWN INC 1516 LEONID RD JACKSONVILLE,FL 322184726	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101592-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077236 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1998	INSURED : E-Z CREDIT WHOLESALE CLAIMANT : EZ CREDIT 1100 N STATE ROAD 7 LAUDERHILL,FL 333136630	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101593-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092386 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1998	INSURED : E. DAVIS CONCRETE SERVICE CLAIMANT : E DAVIS CONCRETE SERVICE 720 NW 35TH AVE FORT LAUDERDALE,FL 333116439	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101594-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058506 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : E.C. CONCRETE, INC. CLAIMANT : E.C. CONCRETE, INC. 1159 BEACH BOULEVARD JACKSONVILLE BEACH,FL 32250	AMOUNT CLAIMED : \$6,903.02 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101596-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000699310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : E.F. AUTO ELECTRIC, INC CLAIMANT : E.F. AUTO ELECTRIC, INC 5083 N FEDERAL HWY POMPANO BEACH,FL 330647056	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101599-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100070782 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/20/2002	INSURED : E.K.M.A., INC. CLAIMANT : E K M A INC AND ROBERT J BORRELLO ESQUIRE MUSEUM TOWER STE 2101 150 WEST FLAGLER STREET MIAMI,FL 33130	AMOUNT CLAIMED : \$858.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101607-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077109 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/16/1998	INSURED : EAST COAST SAFE & LOCK, INC. CLAIMANT : EAST COAST SAFE & LOCK, INC. #2 340 BUSINESS PARK WAY ROYAL PALM BEACH,FL 334111744	AMOUNT CLAIMED : \$899.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101610-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087634 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/30/1998	INSURED : EAST SIDE KOSHER RESTAURANT & CLAIMANT : S&R FOODS INC EAST SIDE KOSHER RESTAURANT & DELI 6846 W ATLANTIC BLVD MARGATE,FL 330635045	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101611-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054204 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/29/1999	INSURED : EASTMORELAND ASSOCIATES, LTD CLAIMANT : EASTMORELAND ASSOCIATES, LTD C/O BERNARD F. SILVER, P.A. 1725 S BAYSHORE DR MIAMI,FL 331333305	AMOUNT CLAIMED : \$1,761.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101613-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067338 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : EASTSIDE MEDICAL CLINIC, INC CLAIMANT : EASTSIDE MEDICAL CLINIC, INC 2139-B NE 2ND ST OCALA,FL 344706950	AMOUNT CLAIMED : \$100.31 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101624-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089527 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/14/1998	INSURED : ED DAVIS SCREEN ENCLOSURES CLAIMANT : ED DAVIS SCREEN ENCLOSURES PO BOX 11 DESTIN,FL 32540	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101631-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051787 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : EDGEWATER VENTURES, INC. CLAIMANT : EDGEWATER VENTURES, INC. 350 E. KINGS WAY WINTER PARK,FL 32789	AMOUNT CLAIMED : \$1,372.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101636-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000605810 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : EDWARD BASS, MD, PA CLAIMANT : EDWARD BASS, MD, PA 4728 N HABANA AVE #301 TAMPA,FL 336147100	AMOUNT CLAIMED : \$802.52 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101638-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093936 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : EDWARD BLACK MASONARY, INC. CLAIMANT : EDWARD BLACK MASONARY, INC. 1220 SW 10TH TER DEERFIELD BEACH,FL 334416225	AMOUNT CLAIMED : \$2,133.52 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101647-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091876 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : EDWARDS ENGINEERING, INC CLAIMANT : EDWARDS ENGINEERING, INC SUITE 4E 645 MAYPORT RD ATLANTIC BEACH,FL 322333491	AMOUNT CLAIMED : \$565.86 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101675-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062108 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : EM-CO METALS, INC. CLAIMANT : EM-CO METALS, INC. PO BOX 336 TITUSVILLE,FL 327810336	AMOUNT CLAIMED : \$51,928.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101676-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095009 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : EM-CO METALS, INC. CLAIMANT : EM-CO METALS, INC. PO BOX 336 TITUSVILLE,FL 327810336	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101679-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000910310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/20/1998	INSURED : EMERALD COAST ASSN CLAIMANT : EMERALD COAST ASSN PO BOX 6225 DESTIN,FL 325416225	AMOUNT CLAIMED : \$588.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101690-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091501 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : EMERGENCY MEDICINE SPECIALISTS CLAIMANT : EMERGENCY MEDICINE SPECIALISTS 155 NW 167 STREET NORTH MIAMI BEACH,FL 33169	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101702-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060495 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/22/1999	INSURED : ENGINEERED ENVIRONMENT CLAIMANT : ENGINEERED ENVIRONMENT SUITE # 4 990 S ROGERS CIR BOCA RATON,FL 334872817	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101703-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083247 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/22/1999	INSURED : ENGINEERED ENVIRONMENT CLAIMANT : ENGINEERED ENVIRONMENT SUITE # 4 990 S ROGERS CIR BOCA RATON,FL 334872817	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101716-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063314 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : EROSION SPECIALISTS, INC. CLAIMANT : EROSION SPECIALISTS, INC. 7152 MEMORY LN ORLANDO,FL 328076452	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101731-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055701 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : EVELYN J. MCCARRON CLAIMANT : EVELYN J. MCCARRON 109 RACETRACK RD NW FORT WALTON BEACH,FL 325471644	AMOUNT CLAIMED : \$470.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101749-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082433 CLAIM NUMBER : INS/CLMT STATE : SC DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : EXECUTIVE FUNDING CORP. CLAIMANT : EXECUTIVE FUNDING CORP. C/O MS. KATHY DURHAM 678 CAIN DR MT PLEASANT,SC 294645125	AMOUNT CLAIMED : \$287.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101755-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090091 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : EXPRESS AIR, INC CLAIMANT : EXPRESS AIR, INC 1717 SW 1ST WAY #39 DEERFIELD,FL 33441	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101765-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000615910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : F.J. AIRCRAFT PARTS & SERVICE, CLAIMANT : F.J. AIRCRAFT PARTS & SERVICE, 8368 NW 56TH ST MIAMI,FL 331664020	AMOUNT CLAIMED : \$1,734.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101766-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092508 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : F.J. AIRCRAFT PARTS & SERVICE, CLAIMANT : F.J. AIRCRAFT PARTS & SERVICE, 8368 NW 56TH ST MIAMI,FL 331664020	AMOUNT CLAIMED : \$1,022.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101776-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072228 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : FAIR LAWNS CLAIMANT : FAIR LAWNS 15465 82ND ST N LOXAHATCHEE,FL 334702879	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101783-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067701 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : FARMWORKERS ASSOCIATION CLAIMANT : FARMWORKERS ASSOCIATION 815 S PARK AVE APOPKA,FL 327033015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101791-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088128 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/10/1998	INSURED : FIBER OPTIC TECHNOLOGY OF NWF CLAIMANT : FIBER OPTIC TECHNOLOGY OF NWF 1653 NORTHRIDGE RD NICEVILLE,FL 325788757	AMOUNT CLAIMED : \$750.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101792-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000570710 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : FIBERTEL, INC CLAIMANT : FIBERTEL, INC STE #202 8600 NW 53RD TER MIAMI,FL 331664536	AMOUNT CLAIMED : \$2,904.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101794-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091363 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : FICHT'S, INC. CLAIMANT : FICHIS REMODELING #409 1402 E LAS OLAS BLVD FORT LAUDERDALE,FL 333012336	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101803-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086539 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : FINNS BRASS POLISHING INC CLAIMANT : FINNS BRASS POLISHING INC 4500 APPLETON AVE JACKSONVILLE,FL 322102032	AMOUNT CLAIMED : \$392.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101808-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059698 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : FIRM MAINTENANCE, INC. CLAIMANT : FIRM MAINTENANCE, INC. STE. 209 3990 SHERIDAN ST HOLLYWOOD,FL 330213661	AMOUNT CLAIMED : \$1,366.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101817-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057538 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : FIRST COVENANT CHURCH CLAIMANT : 1ST COVENANT CHURCH 1955 20TH AVE VERO BEACH,FL 329600641	AMOUNT CLAIMED : \$233.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101818-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081161 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : FIRST COVENANT CHURCH CLAIMANT : 1ST COVENANT CHURCH 1955 20TH AVE VERO BEACH,FL 329600641	AMOUNT CLAIMED : \$586.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101821-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089625 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : FIRST FINANCIAL OF BOSTON INC CLAIMANT : FIRST FINANCIAL OF BOSTON INC SUITE 103 2200 W COMMERCIAL BLVD FORT LAUDERDALE,FL 333093069	AMOUNT CLAIMED : \$744.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101834-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058839 CLAIM NUMBER : INS/CLMT STATE : PA DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : FISHMAN AND TOBIN, INC. CLAIMANT : FISHMAN AND TOBIN, INC. C/O ACORDIA OF PA, INC. 150 MONUMENT RD STE 205 BALA CYNWYD,PA 190041725	AMOUNT CLAIMED : \$12,064.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101851-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100076615 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/29/1999	INSURED : FLO-TRIM LANDSCAPE MAINTENANCE CLAIMANT : FLO-TRIM LANDSCAPE MAINTENANCE 308 N BRADFORD AVE TAMPA,FL 336091504	AMOUNT CLAIMED : \$1,118.78 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101867-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088059 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : FLORIDA BUILDING & IMPROVEMENT CLAIMANT : FLORIDA BUILDING & IMPROVEMENT 5786 SCOTLAND CT PENSACOLA,FL 325263328	AMOUNT CLAIMED : \$3,267.98 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101876-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100066399 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/04/1999	INSURED : FLORIDA DESIGN CONTRACTOR INC CLAIMANT : FLORIDA DESIGN CONTRACTOR INC 1326 S KILLIAN DR WEST PALM BEACH,FL 334031919	AMOUNT CLAIMED : \$12,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101879-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090546 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/26/1998	INSURED : FLORIDA ENVIRONMENTAL HOMES, I CLAIMANT : FLORIDA ENVIRONMENTAL HOMES, INC 3981 FRANK SHAW LANE TALLAHASSEE,FL 32317	AMOUNT CLAIMED : \$2,418.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101880-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062695 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : FLORIDA EQUIPMENT SALES,INC. CLAIMANT : FLORIDA EQUIPMENT SALES,INC. 3626 PHOENUX AVE JACKSONVILLE,FL 32206	AMOUNT CLAIMED : \$2,704.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101887-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074375 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/11/1999	INSURED : FLORIDA FLAG & PENNANT CORP. CLAIMANT : FLORIDA FLAG & PENNANT CORP. 9342 N 56TH ST TEMPLE TERRACE,FL 336175504	AMOUNT CLAIMED : \$592.56 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101892-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094113 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : FLORIDA FRESH DISTRIBUTORS INC CLAIMANT : FLORIDA FRESH DISTRIBUTORS INC 2000 PREMIER ROW ORLANDO,FL 32809	AMOUNT CLAIMED : \$2,398.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101900-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091043 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : FLORIDA ORDNANCE CORP CLAIMANT : FLORIDA ORDNANCE CORP 4740 NW 15TH AVE FORT LAUDERDALE,FL 333093767	AMOUNT CLAIMED : \$756.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101908-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062973 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : FLORIDA STEAM SERVICES, INC. CLAIMANT : FLORIDA STEAM SERVICES, INC. 275 N JUNGLE RD GENEVA,FL 327329624	AMOUNT CLAIMED : \$1,255.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101911-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100088046 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/20/1999	INSURED : FLORIDA WEST COAST BIRTHING CLAIMANT : FLORIDA WEST COAST BIRTHING CTR 4400 S TAMIAMI TRL SARASOTA,FL 342313452	AMOUNT CLAIMED : \$1,018.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101914-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091736 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/09/1999	INSURED : FLOYD BRENTON CABINETS CLAIMANT : FLOYD BRENTON CABINETS 177 S JACKSON RD VENICE,FL 342924101	AMOUNT CLAIMED : \$1,708.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101915-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072979 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/09/1998	INSURED : FOR EVER GREEN LANDSCAPE CLAIMANT : FOR EVER GREEN LANDSCAPE PO BOX 811566 BOCA RATON,FL 334811566	AMOUNT CLAIMED : \$1,276.80 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101917-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054635 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/21/1998	INSURED : FORELE LTD. CLAIMANT : FORELE LTD. SUITE H206 6877 SW 18TH ST BOCA RATON,FL 334337046	AMOUNT CLAIMED : \$232.65 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101918-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081423 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/21/1998	INSURED : FORELE LTD. CLAIMANT : FORELE LTD. SUITE H206 6877 SW 18TH ST BOCA RATON,FL 334337046	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101919-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092553 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : FOREST HILL BLVD. ASSOCIATES CLAIMANT : FOREST HILL BLVD. ASSOCIATES C/O BURNS ROAD ASSOC. 4139 BURNS RD PALM BEACH GARDENS,FL 334104605	AMOUNT CLAIMED : \$961.36 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101920-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057263 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/07/1999	INSURED : FOREVER GREEN LAWN CARE C/O ED CLAIMANT : FOREVER GREEN LAWN P O BOX 650786 VERO BEACH,FL 329650786	AMOUNT CLAIMED : \$856.27 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101938-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055714 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : FRANCIS L. & ROSE E. COLLINS CLAIMANT : CITY DINER 263 SE PORT SAINT LUCIE BLVD PORT SAINT LUCIE,FL 349845181	AMOUNT CLAIMED : \$828.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101947-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063827 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : FRED GRIFFIN CONSTRUCTION, CLAIMANT : FRED GRIFFIN CONSTRUCTION, 305 S SWINTON AVE DELRAY BEACH,FL 334443550	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101948-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093116 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : FRED GRIFFIN CONSTRUCTION, CLAIMANT : FRED GRIFFIN CONSTRUCTION, 305 S SWINTON AVE DELRAY BEACH,FL 334443550	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101954-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : FRENCHS AIR CONDITION INC 3818 N 40TH ST TAMPA,FL 336108015	AMOUNT CLAIMED : \$14,863.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101955-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054802 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/25/1999	INSURED : FRENCHY'S CAFE ETAL CLAIMANT : FRENCHY'S CAFE ETAL 419 E SHORE DR CLEARWATER,FL 337672028	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101956-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089612 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/25/1999	INSURED : FRENCHY'S CAFE ETAL CLAIMANT : FRENCHY'S CAFE ETAL 419 E SHORE DR CLEARWATER,FL 337672028	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101960-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082073 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : FRIENDS LANDSCAPING, INC. CLAIMANT : FRIENDS LANDSCAPING, INC. 15100PERSIMMON AVE DELRAY BEACH,FL 334469773	AMOUNT CLAIMED : \$2,811.94 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101961-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069694 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/29/1998	INSURED : FRIER'S SUPER CENTER OF CLAIMANT : FRIER'S SUPER CENTER OF 2501 BLANDING BLVD MIDDLEBURG,FL 320685188	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101970-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100089125 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/20/1999	INSURED : FRP INDUSTRIES, INC CLAIMANT : FRP INDUSTRIES, INC PO BOX 478 MAYO,FL 320660478	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101979-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100091847 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 06/17/1999	INSURED : FUMA-TEC CLAIMANT : FUMA-TEC ATTN: JUDY MCCALL 200 HORN RD VENUS,FL 33960	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 101982-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000873310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : FUTURE DUCKLINGS DAY CARE & CLAIMANT : FUTURE DUCKLINGS DAY CARE & 5152 VERNON RD JACKSONVILLE,FL 322092738	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101985-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053207 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : G & S CONTRACTORS, INC. CLAIMANT : G & S CONTRACTORS, INC. 1427 AURURA ROAD MELBOURNE,FL 329360451	AMOUNT CLAIMED : \$8,500.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101992-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051287 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : G. DENNIS HORVATH, D.O., P.A. CLAIMANT : G. DENNIS HORVATH, D.O., P.A. 7200 CURRY FORD RD ORLANDO,FL 328225806	AMOUNT CLAIMED : \$681.41 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 101993-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081269 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : G. DENNIS HORVATH, D.O., P.A. CLAIMANT : G. DENNIS HORVATH, D.O., P.A. 7200 CURRY FORD RD ORLANDO,FL 328225806	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102003-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071969 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : GAMMA DELTA CORPORATION AND CLAIMANT : GAMMA DELTA CORP AND RADIANCE PO BOX 110239 MIAMI,FL 331110239	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102007-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042004019 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : GAMMA MU HOUSE CORP OF DELTA CLAIMANT : GAMMA MU HOUSE CORP OF DELTA GAMMA FRATERNITY 234 OFFICE PLAZA DR. TALLAHASSEE,FL 323012808	AMOUNT CLAIMED : \$667.74 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102008-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073656 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : GAMMA MU HOUSE CORP OF DELTA CLAIMANT : GAMMA MU HOUSE CORP OF DELTA GAMA FRATERNITY 234 OFFICE PLAZA DRIVE TALLAHASSEE,FL 323012808	AMOUNT CLAIMED : \$667.74 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102017-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062251 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : GARDEN SERVICES, INC. CLAIMANT : GARDEN SERVICES, INC. 5800 SW 110TH AVE FORT LAUDERDALE,FL 333286308	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102018-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000851310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : GARDEN SERVICES, INC. CLAIMANT : GARDEN SERVICES, INC. 5800 SW 110TH AVE FORT LAUDERDALE,FL 333286308	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102019-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093965 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : GARRETT BROTHERS & MARSH FARM CLAIMANT : GARRETT BROTHERS & MARSH FARM PO BOX 1208 BRANFORD,FL 320081208	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102024-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089112 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : GATEWAY ANIMAL HOSPITAL OF JAX CLAIMANT : GATEWAY ANIMAL HOSPITAL OF JAX 8268 ASHWORTH CT JACKSONVILLE,FL 32256	AMOUNT CLAIMED : \$691.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102025-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100070959 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : GATEWAY CENTER FOR ECONOMIC CLAIMANT : GATEWAY CENTER ECONOMIC DEVELOPMENT PARTNERSHIP 5184 NORWOOD AVE JACKSONVILLE,FL 322085003	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102031-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058659 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : GAZEBO LANDSCAPE DESIGN, INC. CLAIMANT : GAZEBO LANDSCAPE DESIGN, INC. 8892 152ND PL S DELRAY BEACH,FL 33446	AMOUNT CLAIMED : \$42,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102032-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042004101 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : GAZEBO LANDSCAPE DESIGN, INC. CLAIMANT : GAZEBO LANDSCAPE DESIGN, INC. ONE MILE ROAD 8892 152ND PL S DELRAY BEACH,FL 334469787	AMOUNT CLAIMED : \$42,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102037-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000545410 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : GEISINGER REALTY, INC. CLAIMANT : GEISINGER REALTY 2363 SE OCEAN BLVD STUART,FL 349963369	AMOUNT CLAIMED : \$546.38 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102038-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084535 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : GEISINGER REALTY, INC. CLAIMANT : GEISINGER REALTY 2363 SE OCEAN BLVD STUART,FL 349963369	AMOUNT CLAIMED : \$908.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102044-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042005057 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/13/1999	INSURED : GENE'S HOPE, INC. CLAIMANT : GENE'S HOPE, INC. SUITE 288 653 W 23RD ST PANAMA CITY,FL 324053922	AMOUNT CLAIMED : \$1,672.84 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102045-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074362 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/13/1999	INSURED : GENE'S HOPE, INC. CLAIMANT : GENE'S HOPE, INC. 653 W 23RD STREET #288 PANAMA CITY,FL 32405	AMOUNT CLAIMED : \$2,416.41 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102064-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075483 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : GEOGRAPHIC SOLUTIONS, INC. CLAIMANT : GEOGRAPHIC SOLUTIONS, INC. SUITE 301, 302, 315 2706 ALT 19 PALM HARBOR,FL 346832662	AMOUNT CLAIMED : \$445.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102081-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092259 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : GIDEONS PLUMBING, INC CLAIMANT : GIDEONS PLUMBING, INC SUITE D 401 333 N FALKENBURG RD TAMPA,FL 336197888	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102082-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063703 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/28/1998	INSURED : GIL GUTIERREZ MD & CLAIMANT : GIL GUTIERREZ MD & 9303 W SAMPLE RD CORAL SPRINGS,FL 330654101	AMOUNT CLAIMED : \$762.69 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102085-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075274 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : GILMORE WIMBERLY & ASSOC INC CLAIMANT : GILMORE WIMBERLY & ASSOC INC 4002 EMERSON ST JACKSONVILLE,FL 322074706	AMOUNT CLAIMED : \$825.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102087-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061627 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : GINO MICELI CLAIMANT : SOBIKS OF LEE ROAD 1010 LEE RD ORLANDO,FL 328105812	AMOUNT CLAIMED : \$1,138.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102088-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065818 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : GIRL FRIDAY OF FLORIDA KEYS, I CLAIMANT : GIRL FRIDAY OF FLORIDA KEYS INC 509 WHITEHEAD ST KEY WEST,FL 33040	AMOUNT CLAIMED : \$2,524.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102095-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059712 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/06/1999	INSURED : GLEN ST. MARY NURSERIES CO., I CLAIMANT : GLEN ST MARY NURSERIES CO RR 1 BOX 900 GLEN SAINT MARY,FL 320409714	AMOUNT CLAIMED : \$665.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102096-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085061 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/06/1999	INSURED : GLEN ST. MARY NURSERIES CO., I CLAIMANT : GLEN ST MARY NURSERIES CO INC RR 1 BOX 900 GLEN SAINT MARY,FL 320409714	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102105-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063176 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : GLOBAL SOLUTIONS NETWORK, INC. CLAIMANT : GLOBAL SOLUTIONS NETWORK, INC. 350 FAIRWAY DRIVE,SUITE 101 DEERFIELD,FL 33441	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102109-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079769 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : GOETHE FOREST MANAGEMENT, INC. CLAIMANT : GOETHE FOREST MANAGEMENT, INC. PO BOX 38 DUNNELLON,FL 344300038	AMOUNT CLAIMED : \$1,909.81 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102146-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089109 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : GRAPHIC APPLICATIONS CLAIMANT : GRAPHIC APPLICATION SYSTEMS 2202 N MAIN STREET JACKSONVILLE,FL 322414331	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102151-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081481 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : GRASSHOPPERS LANDSCAPING AND CLAIMANT : GRASSHOPPERS LANDSCAPING & DESIGN INC PO BOX 811826 BOCA RATON,FL 334811826	AMOUNT CLAIMED : \$247.73 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102156-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061418 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : GREEN MEADOWS LANDSCAPE CLAIMANT : GREEN MEADOWS LANDSCAPE 123 N CONGRESS AVE BOYNTON BEACH,FL 334264209	AMOUNT CLAIMED : \$2,617.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102159-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085296 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : GREEN'S PLUMBING SERVICES, INC CLAIMANT : GREEN'S PLUMBING SERVICES, INC PO BOX 12459 LAKE PARK,FL 334030459	AMOUNT CLAIMED : \$750.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102164-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094253 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : GREGG F MOSES DC PA CLAIMANT : GREGG F MOSES DC PA 1800 FOREST HILL BLVD STE A9 WEST PALM BEACH,FL 334066094	AMOUNT CLAIMED : \$435.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102167-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087147 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/15/1998	INSURED : GRN INDUSTRIES INC. CLAIMANT : DEFENSE STAMPINGS & ENGINEERING INC 653 SOUTH I STREET PENSACOLA,FL 325015233	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102169-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085349 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : GROUND HOUND DETECTION SERVICE CLAIMANT : GROUND HOUND DETECTION SERVICE 6444 COUNTRY FAIR CIR BOYNTON BEACH,FL 334372839	AMOUNT CLAIMED : \$337.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102225-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000513310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/23/1999	INSURED : HARBOUR RIDGE PROPERTY OWNERS CLAIMANT : HARBOUR RIDGE PROPERTY OWNERS ASSOC INC 12600 NW HARBOUR RIDGE BLVD PALM CITY,FL 349908007	AMOUNT CLAIMED : \$21,241.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102226-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051343 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/23/1999	INSURED : HARBOUR RIDGE YACHT & COUNTRY CLAIMANT : HARBOUR RIDGE YACHT & COUNTRY CLUB INC 12600 NW HARBOUR RIDGE BLVD PALM CITY,FL 349908007	AMOUNT CLAIMED : \$29,333.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102227-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062706 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/09/1999	INSURED : HARBOUR RIDGE, LTD ETAL CLAIMANT : HARBOUR RIDGE, LTD ETAL PO BOX 2451 STUART,FL 349952451	AMOUNT CLAIMED : \$5,210.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102231-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093756 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/01/1999	INSURED : HARLEY A PEBBLES CLAIMANT : HARLEY A PEBBLES #5 1859 RIVIERA PKWY JACKSONVILLE,FL 322058840	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102233-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065609 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/13/1998	INSURED : HARRIS ENTERPRISES CLAIMANT : HARRIS ENTERPRISES 9800 CHUMUCKLA SPRINGS RD JAY,FL 325659384	AMOUNT CLAIMED : \$8,097.81 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102237-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091625 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : HARVARD PRESCHOOL, INC. CLAIMANT : HARVARD PRESCHOOL, INC. 8955 NW 50TH ST SUNRISE,FL 333515343	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102243-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088866 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/01/1998	INSURED : HAWAIIAN HOSPITALITY, INC. CLAIMANT : THE WILLOWS 211 FEDERAL HWY LAKE PARK,FL 334033551	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102244-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057763 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/22/1998	INSURED : HAWAIIAN VILLAGE INN, INC. ETA CLAIMANT : HAWAIIAN VILAGE INN INC 5055 W IRLO BRONSON KISSIMMEE,FL 347465345	AMOUNT CLAIMED : \$32,321.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102260-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000549010 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : HELEN KOTTLE MEMORIAL DAY CARE CLAIMANT : HELEN KOTTLE MEMORIAL DAY CARE 769 SOUTH ST DAYTONA BEACH,FL 321145123	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102267-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053281 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/14/1998	INSURED : HERB BRIELER, INC. CLAIMANT : HERB BRIELER, INC. PO BOX 873 TAVERNIER,FL 330700873	AMOUNT CLAIMED : \$10,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102271-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051216 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/14/1998	INSURED : HHH MANAGEMENT, INC. CLAIMANT : HHH MANAGEMENT, INC. 6353 W ROGERS CR STE 1 BOCA RATON,FL 33487	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102272-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080913 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/14/1998	INSURED : HHH MANAGEMENT, INC. CLAIMANT : HHH MANAGEMENT, INC. 6353 W ROGERS CR STE 1 BOCA RATON,FL 33487	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102279-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094211 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/30/1998	INSURED : HIDALGO CONSTRUCTION, INC. CLAIMANT : HIDALGO CONSTRUCTION, INC. SUITE F-1 4275 AURORA ST CORAL GABLES,FL 331461851	AMOUNT CLAIMED : \$364.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102284-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055518 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/16/1998	INSURED : HIGH VOLTAGE, INC. CLAIMANT : HIGH VOLTAGE, INC. 5801 YUCATAN DR ORLANDO,FL 328074431	AMOUNT CLAIMED : \$1,738.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102286-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087327 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/21/1998	INSURED : HIGHLAND AUTO CENTER, INC. CLAIMANT : HIGHLAND AUTO CENTER, INC. 2691 NE 203RD ST MIAMI,FL 331801913	AMOUNT CLAIMED : \$1,200.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102290-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061283 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/02/1999	INSURED : HILE'S CURTAIN SPECIALTIES, CLAIMANT : HILE'S CURTAIN SPECIALTIES, 4504 TOWN N COUNTRY BLVD TAMPA,FL 336154522	AMOUNT CLAIMED : \$3,001.76 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102291-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063618 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : HILLEL COMMUNITY DAY SCHOOL CLAIMANT : HILLEL COMMUNITY DAY SCHOOL 21011 95 TH AVE S BOCA RATON,FL 33428	AMOUNT CLAIMED : \$967.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102292-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062584 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : HILLEL COMMUNITY DAY SCHOOL CLAIMANT : HILLEL COMMUNITY DAY SCHOOL 21011 95TH AVE S BOCA RATON,FL 33428	AMOUNT CLAIMED : \$969.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102300-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200301101 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : HIRSCH ENTERPRISES, INC. CLAIMANT : HIRSCH ENTERPRISES, INC. 3122 LAKE WASHINGTON RD MELBOURNE,FL 329347616	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102301-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071194 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : HIRSCH ENTERPRISES, INC. CLAIMANT : HIRSCH ENTERPRISES, INC. 3122 LAKE WASHINGTON RD MELBOURNE,FL 329347616	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102307-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055174 CLAIM NUMBER : INS/CLMT STATE : KS DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : HOIST-CO INCORPORATED CLAIMANT : HOIST-CO INCORPORATED 819 AMES STREET PO BOX 27 BALDWIN CITY,KS 660060027	AMOUNT CLAIMED : \$18,502.68 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102308-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000895310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/14/1998	INSURED : HOLDEN CONTRACTING COMPANY CLAIMANT : HOLDEN CONTRACTING COMPANY PO BOX 578 ORANGE PARK,FL 320670578	AMOUNT CLAIMED : \$2,105.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102318-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062235 CLAIM NUMBER : INS/CLMT STATE : TX DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : HOME DELIVERY NETWORK, INC. CLAIMANT : HOME DELIVERY NETWORK, INC. SUITE 280 3440 SOJOURN DR CARROLLTON,TX 750062252	AMOUNT CLAIMED : \$2,153.60 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102325-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059349 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : HOMES FOR HILLSBOROUGH, INC. CLAIMANT : HOMES FOR HILLSBOROUGH, INC. PO BOX 771 RUSKIN,FL 335700771	AMOUNT CLAIMED : \$1,719.95 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102328-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074264 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : HOMES FOR HILLSBOROUGH, INC. CLAIMANT : HOMES FOR HILLSBOROUGH, INC. PO BOX 771 RUSKIN,FL 335700771	AMOUNT CLAIMED : \$298.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102337-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076062 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/02/1998	INSURED : HORIZON VALVE & FITTING INC. CLAIMANT : HORIZON VALVE & FITTING INC. 5255 N FEDERAL HWY 2ND FLR JACKSONVILLE,FL 322268150	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102340-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090464 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : HOT HEADS CLAIMANT : HOT HEADS 4468 N UNIVERSITY DR SUNRISE,FL 333515789	AMOUNT CLAIMED : \$719.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102348-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000791910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : HUBBART CONSULTING, INC. CLAIMANT : HUBBART CONSULTING, INC. PO BOX 17277 WEST PALM BEACH,FL 334167277	AMOUNT CLAIMED : \$166.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102351-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075507 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : HUGHES CARPET CONTRACTORS CLAIMANT : BENRICH CORPORATION 1518 FLORIDA BLVD BRADENTON,FL 342075854	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102360-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088808 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/17/1998	INSURED : HY-LITE PRODUCTIONS INC CLAIMANT : HY-LITE PRODUCTIONS INC 2508 FLORIDA AVE WEST PALM BEACH,FL 334017814	AMOUNT CLAIMED : \$2,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102369-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100068599 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/09/1998	INSURED : IAN ESPLIN BUILDING CONTRACTO CLAIMANT : IAN ESPLIN BUILDING CONTRACTO 1022 PINEWAY DR WEST PALM BEACH,FL 334175826	AMOUNT CLAIMED : \$2,846.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102370-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100050748 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : IBF FOODS, INC. CLAIMANT : IBF FOODS, INC. 21667 STATE ROAD 7 BOCA RATON,FL 334281812	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102371-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072522 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : IBF FOODS, INC. CLAIMANT : IBF FOODS, INC. 21667 STATE ROAD 7 BOCA RATON,FL 334281812	AMOUNT CLAIMED : \$508.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102372-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089001 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : ICN MINISTRIES INC CLAIMANT : ICN MINISTRIES INC 8594 W HIGHWAY 98 PENSACOLA,FL 325068913	AMOUNT CLAIMED : \$1,044.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102373-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100056142 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/30/1999	INSURED : IDIS CORPORATION CLAIMANT : IDIS CORPORATION PO BOX 11436 FORT LAUDERDALE,FL 33339	AMOUNT CLAIMED : \$476.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102376-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085307 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/15/1998	INSURED : IMAGE ACCESS INC CLAIMANT : IMAGE ACCESS INC SUITE 210 543 NW 77TH ST BOCA RATON,FL 334871331	AMOUNT CLAIMED : \$157.92 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102377-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000834310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/11/1999	INSURED : IMAGE PHOTO SERVICES, INC. CLAIMANT : IMAGE PHOTO SERVICES, INC. 300 BISCAYNE BLVD MIAMI,FL 331322211	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102392-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069803 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : INDUSTRIAL ELECTRICAL & CLAIMANT : INDUSTRIAL ELECTRICAL & 957 SW 5TH ST BOCA RATON,FL 334864513	AMOUNT CLAIMED : \$1,016.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102394-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085476 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/08/1999	INSURED : INDUSTRIAL PAINTING CORPORATIO CLAIMANT : INDUSTRIAL PAINTING CORPORATION PO BOX 541 LAKE CITY,FL 320560541	AMOUNT CLAIMED : \$12,473.39 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102398-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087898 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/26/1999	INSURED : INLETS & ASSOC INC CLAIMANT : INLETS & ASSOC INC 816 N JEFFERSON AVE CLEARWATER,FL 337554317	AMOUNT CLAIMED : \$2,420.15 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102399-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092762 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : INNER LIGHT ELECTRIC OF SOUTH CLAIMANT : INNER LIGHT 4611 S UNIVERSITY DR DAVIE,FL 33928	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102404-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052395 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : INSTALLATION SYSTEMS, INC. CLAIMANT : INSTALLATION SYSTEMS, INC. 16 SHADOW CREEK WAY ORMOND BEACH,FL 321746770	AMOUNT CLAIMED : \$10,470.53 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102406-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087663 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : INSTITUTE FOR MATHEMATICS AND CLAIMANT : INSTITUTE FOR MATHEMATICS AND 7435 NW 4TH ST PLANTATION,FL 333172204	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102421-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080037 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/08/1999	INSURED : INTERNATIONAL COMPUTER EXCHANG CLAIMANT : INTERNATIONAL COMPUTER EXCHANG #101 350 CAMINO GARDENS BLVD BOCA RATON,FL 334325825	AMOUNT CLAIMED : \$783.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102422-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058757 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : INTERNATIONAL DESIGN & DISPLAY CLAIMANT : INTERNATIONAL DESIGN & DISPLAY 7855 NW 148TH ST MIAMI LAKES,FL 330161554	AMOUNT CLAIMED : \$7,770.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102424-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095914 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : INTERNATIONAL FOOD CONS. INC. CLAIMANT : INTERNATIONAL FOOD CONS. INC. 3274 SE RIVER VISTA DR PORT SAINT LUCIE,FL 349525927	AMOUNT CLAIMED : \$1,600.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102452-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100064879 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : ITSY BITSY LEARNING CENTER,INC CLAIMANT : ITSY BITSY LEARNING CENTER,INC 2474 N STATE RD 7 MARGATE,FL 330635743	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102463-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057136 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : J & J HOME CENTER, INC CLAIMANT : J & J HOME CENTER, INC 626 MARISH LANDING PARKWAY JACKSONVILLE,FL 322077939	AMOUNT CLAIMED : \$2,141.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102466-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100084104 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/01/1999	INSURED : J & M PUMP SERVICE,INC. CLAIMANT : J & M PUMP SERVICE,INC. 12065 METRO PKWY FORT MYERS,FL 339121368	AMOUNT CLAIMED : \$9,868.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102470-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100064435 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : J H NORMAN CONSTRUCTION CLAIMANT : J H NORMAN CONSTRUCTION 153 SE 1ST AVE BOCA RATON,FL 334324923	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102471-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000885210 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : J L SMITH CONSTRUCTION, INC CLAIMANT : J L SMITH CONSTRUCTION, INC 1848 PLANTATION OAKS DR JACKSONVILLE,FL 322235010	AMOUNT CLAIMED : \$437.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102481-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059796 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : J. E. ABERCROMBIE, INC. CLAIMANT : J E ABERCROMBIE INC 9111 GALVESTON AVE JACKSONVILLE,FL 322118070	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102482-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090739 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : J. E. ABERCROMBIE, INC. CLAIMANT : J E ABERCROMBIE INC 9111 GALVESTON AVE JACKSONVILLE,FL 322118070	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102483-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100070377 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : J. HOUSTON CONSTRUCTION OF DEL CLAIMANT : J. HOUSTON CONSTRUCTION OF DEL 225 NW 4TH AVE DELRAY BEACH,FL 334442715	AMOUNT CLAIMED : \$1,629.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102484-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056253 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/31/1999	INSURED : J. SCOTT HEINIGER, INC. CLAIMANT : J SCOTT HEINIGER INC 358 SE ASHLEY OAKS WAY STUART,FL 34997	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102488-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059074 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/04/1999	INSURED : J.D. BLIGH CONSTRUCTION INC. CLAIMANT : J.D. BLIGH CONSTRUCTION INC. 10821 NW 50TH ST SUNRISE,FL 333518091	AMOUNT CLAIMED : \$1,650.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102489-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082348 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/04/1999	INSURED : J.D. BLIGH CONSTRUCTION, INC. CLAIMANT : J.D. BLIGH CONSTRUCTION, INC. 10821 NW 50TH ST SUNRISE,FL 333518091	AMOUNT CLAIMED : \$1,015.07 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102493-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067227 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : J.R.'S RIB SHACK, INC. CLAIMANT : J.R.'S RIB SHACK, INC. 2403 S HIGHWAY 77 LYNN HAVEN,FL 324444721	AMOUNT CLAIMED : \$219.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102507-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092791 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : JACKSON MASONRY, INC. CLAIMANT : JACKSON MASONRY INC 2644 NW 25TH ST FORT LAUDERDALE,FL 333112830	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102515-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090419 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : JAMERSON MCLEAN CORPORATION CLAIMANT : JAMERSON MCLEAN CORPORATION 47 S CENTRAL AVE PO BOX 621149 OVIDO,FL 327621149	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102524-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051189 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : JAMES DAHL AND COMPANY CLAIMANT : JAMES DAHL AND COMPANY PO BOX 449 PONTE VEDRA,FL 320040449	AMOUNT CLAIMED : \$6,132.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102525-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081309 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : JAMES DAHL AND COMPANY CLAIMANT : JAMES DAHL AND COMPANY PO BOX 449 PONTE VEDRA,FL 320040449	AMOUNT CLAIMED : \$6,525.88 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102532-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076951 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/09/1998	INSURED : JAMES RANDI EDUCATIONAL CLAIMANT : JAMES RANDI EDUCATIONAL 201 SE 12TH ST. DAVIE BLVD FT. LAUDERDALE,FL 33316	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102535-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000911710 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/06/1999	INSURED : JAMES W WALTER, SR CLAIMANT : JAMES W WALTER SR 4320 W KENNEDY BLVD TAMPA,FL 336092127	AMOUNT CLAIMED : \$6,252.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102539-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072048 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : JARR, INC. CLAIMANT : JARR, INC. 6208 RIDGE RD PORT RICHEY,FL 346686742	AMOUNT CLAIMED : \$137.20 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102541-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081103 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/26/1998	INSURED : JAY ALPERIN D D S PA CLAIMANT : JAY ALPERIN D D S PA 2100 LAKE IDA RD DELRAY BEACH,FL 334452470	AMOUNT CLAIMED : \$1,071.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102547-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053183 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : JB NASE COMPANY, INC. CLAIMANT : JB NASE COMPANY, INC. 2124 EDISON AVE JACKSONVILLE,FL 322014814	AMOUNT CLAIMED : \$1,724.07 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102559-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000939110 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : JEFFERS BROTHERS CONTRUCTION CLAIMANT : JEFFERS BROTHERS CONTRUCTION 350 OLD JENNINGS RD ORANGE PARK,FL 320657314	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102566-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100050986 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : JERRIMOR, INC. CLAIMANT : JERRIMOR, INC. #7 6271 SAINT AUGUSTINE RD JACKSONVILLE,FL 322172508	AMOUNT CLAIMED : \$470.85 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102568-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055949 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : JERRY J. ABBAJAY CLAIMANT : JERRY J. ABBAJAY 4305 SW 6TH ST PLANTATION,FL 333174021	AMOUNT CLAIMED : \$1,821.71 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102574-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000937310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : JIFFY HITCH SYSTEMS, INC CLAIMANT : JIFFY HITCH SYSTEMS, INC 9100 W BEAVER ST JACKSONVILLE,FL 322201200	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102579-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091821 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/25/1998	INSURED : JIM'S DISCOUNT BEVERAGE'S CLAIMANT : JIM'S DISCOUNT BEVERAGE'S 410 ORANGE AVE S GREEN COVE SPRINGS,FL 320434134	AMOUNT CLAIMED : \$1,279.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102580-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089765 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : JIM'S LAWN SERVICE CLAIMANT : JIMS LAWN SERVICES 2471 NW 18TH CT FORT LAUDERDALE,FL 333114511	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102591-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000800410 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : JOEL I. KIMMEL & ASSOCIATES CLAIMANT : JOEL I. KIMMEL & ASSOCIATES #302 1890 N UNIVERSITY DR CORAL SPRINGS,FL 330718963	AMOUNT CLAIMED : \$558.60 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102596-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091294 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : JOHN ETMANCZYK CLAIMANT : JOHN ETMANCZYK PO BOX 539 BIG PINE KEY,FL 330436018	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102604-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059574 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : JOHN N. PUDER, INC. CLAIMANT : JOHN N. PUDER, INC. 1315 E MICHIGAN ST ORLANDO,FL 32806	AMOUNT CLAIMED : \$2,412.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102613-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074235 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : JORGENSEN CONSTRUCTION, INC. CLAIMANT : JORGENSEN CONSTRUCTION, INC. 12769 DEL RIO DR JACKSONVILLE,FL 322583449	AMOUNT CLAIMED : \$1,100.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102614-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088699 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : JOSE DAVILA D.D.S. CLAIMANT : JOSE DAVILA D.D.S. 4001 NEWBERRY RD STE B4 GAINESVILLE,FL 326072300	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102623-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077474 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : JR. SECURITY SERVICE CLAIMANT : CRAIG D GRAYBILL JR. SECURITY SERVICE PO BOX 1506 SEBRING,FL 338711506	AMOUNT CLAIMED : \$1,013.85 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102624-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053834 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : JRV INDUSTRIES, INC. CLAIMANT : JRV INDUSTRIES, INC. 9289 97TH LN LIVE OAK,FL 320607261	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102627-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100068975 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : JUDY SAFEWRIGHT TRAVEL CENTER, CLAIMANT : JUDY SAFEWRIGHT TRAVEL CENTER, 201 N OCEAN BLVD POMPANO BEACH,FL 330625028	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102631-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079089 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : JUNIOR LEAGUE OF DAYTONA BEACH CLAIMANT : JUNIOR LEAGUE OF DAYTONA BEACH 200 ORANGE AVE DAYTONA BEACH,FL 321144312	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102638-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085405 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/28/1998	INSURED : JUST FOR KIDS, INC. CLAIMANT : JUST FOR KIDS, INC. SUITE 5 1233 45TH ST WEST PALM BEACH,FL 334072160	AMOUNT CLAIMED : \$9,260.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102669-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076808 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : KB CONSTRUCTION INC OF CLAIMANT : KB CONSTRUCTION INC OF 7596 JOPPA ST NORTH PORT,FL 342875541	AMOUNT CLAIMED : \$1,099.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102672-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076075 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/23/1998	INSURED : KC PETROLEUM INC CLAIMANT : KC PETROLEUM INC 1008 FOUNTAIN RD JACKSONVILLE,FL 32205	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102682-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082295 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/22/1999	INSURED : KELLY'S KOACH CLAIMANT : KELLY'S KOACH PO BOX 5821 SARASOTA,FL 342775821	AMOUNT CLAIMED : \$366.94 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102691-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074695 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/08/1999	INSURED : KENDALL ELECTRIC, INC CLAIMANT : KENDALL ELECTRIC, INC 6705 SW 145 ST MIAMI,FL 33158	AMOUNT CLAIMED : \$1,567.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102695-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091569 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : KENDALL POOL & SUPPLY, INC. CLAIMANT : KENDALL POOL & SUPPLIES 10521 SW 185TH TERR NORTH MIAMI,FL 33157	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102697-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089501 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/27/1998	INSURED : KENNETH O GRAY CLAIMANT : KENNETH O GRAY 3935 CHAIRES CROSS RD TALLAHASSEE,FL 32311	AMOUNT CLAIMED : \$1,222.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102699-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053389 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : KENTON'S INSULATION CLAIMANT : KENTON'S INSULATION 3175 US HIGHWAY 1 SOUTH ST AUGUSTINE,FL 320866400	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102700-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087618 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : KENTON'S INSULATION CLAIMANT : KENTON'S INSULATION 3175 US HIGHWAY 1 SOUTH SAINT AUGUSTINE,FL 320866400	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102701-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086071 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : KENTON'S INSULATION CLAIMANT : KENTON'S INSULATION 3175 US HIGHWAY 1 SOUTH SAINT AUGUSTINE,FL 320866400	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102702-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/20/1998	INSURED : KENTUCKY FRIED CHICKEN CLAIMANT : KENTUCKY FRIED CHICKEN PO BOX 3288 SARASOTA,FL 342303288	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102704-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082168 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : KEVIN H. RUDD DDS & KEVIN H. R CLAIMANT : KEVIN H. RUDD DDS & KEVIN H. R 4301 NEPTUNE RD SAINT CLOUD,FL 347696746	AMOUNT CLAIMED : \$700.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102710-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000935510 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : KEY WEST LASER STORM CLAIMANT : KEY WEST LASER STORM 3232 N ROOSEVELT BLVD KEY WEST,FL 330404114	AMOUNT CLAIMED : \$477.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102713-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074931 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/26/1998	INSURED : KEYS ARMORED EXPRESS, INC. CLAIMANT : KEYS ARMORED EXPRESS, INC. PO BOX 1273 KEY WEST,FL 330411273	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102718-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075605 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : KIDDIE HAVEN DAY SCHOOL, INC. CLAIMANT : KIDDIE HAVEN DAY SCHOOL, INC. 4739 45TH ST WEST PALM BEACH,FL 334073005	AMOUNT CLAIMED : \$560.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102725-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079661 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : KIM & WOJO, INC. CLAIMANT : KIM & WOJO, INC. 735 GROUPEL LN KEY LARGO,FL 330373816	AMOUNT CLAIMED : \$429.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102728-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100064059 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : KINARD-JOHNSON CONSTRUCTION CO CLAIMANT : KINARD-JOHNSON CONSTRUCTION CO 569 BROWARD ST JACKSONVILLE,FL 32204	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102734-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085114 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/18/1999	INSURED : KINSHIP INVESTMENTS CLAIMANT : KINSHIP INVESTMENTS 1575 SARNO RD MELBOURNE,FL 329355209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102739-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065527 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/19/1999	INSURED : KISSIMMEE EXPRESS LUBE & TUBE CLAIMANT : KISSIMMEE EXPRESS LUBE & TUBE 1405 E VINE ST KISSIMMEE,FL 347443621	AMOUNT CLAIMED : \$4,401.87 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102740-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093092 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/19/1999	INSURED : KISSIMMEE EXPRESS LUBE & TUBE CLAIMANT : KISSIMMEE EXPRESS LUBE & TUBE 1405 E VINE ST KISSIMMEE,FL 347443621	AMOUNT CLAIMED : \$4,215.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102746-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060051 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : KOON'S PONTIAC GMC TRUCK, INC. CLAIMANT : KOON'S PONTIAC GMC TRUCK, INC. 500 HOWARD ST W LIVE OAK,FL 320602209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102747-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085447 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : KOON'S PONTIAC GMC TRUCK, INC. CLAIMANT : KOON'S PONTIAC GMC TRUCK, INC. 500 HOWARD ST W LIVE OAK,FL 320602209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102752-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095107 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : KOVACS & ASSOCIATES INC CLAIMANT : KOVACS & ASSOCIATES INC PO BOX 49055 JACKSONVILLE,FL 322409055	AMOUNT CLAIMED : \$364.61 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102759-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078373 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : KRUEGER-TAYLOR CONSTRUCTION CLAIMANT : KRUEGER-TAYLOR CONSTRUCTION 36117 EMERALDA AVE PO BOX 350423 GRAND ISLAND,FL 327350423	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102761-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056044 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : KUPFER, KUPFER, & SKOLNICK PA CLAIMANT : KUPFER, KUPFER, & SKOLNICK PA #110 1700 N UNIVERSITY DR CORAL SPRINGS,FL 330718970	AMOUNT CLAIMED : \$1,971.62 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102763-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071776 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/15/1998	INSURED : L & E DRYWALL, INC. CLAIMANT : L & E DRYWALL, INC. 10611 BRANDY BRYAN RD THONOTOSASSA,FL 335923911	AMOUNT CLAIMED : \$1,632.52 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102771-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082462 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : L P G MECHANICAL CLAIMANT : L P G MECHANICAL 20613 NW 190TH AVE HIGH SPRINGS,FL 326437199	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102778-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074526 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : L/R WILLIAMS & WILLIAMS INC CLAIMANT : L/R WILLIAMS & WILLIAMS INC 325 MEARS BLVD OLDSMAR,FL 346771399	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102790-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000952510 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/19/1998	INSURED : LABOR GIANT, INC. CLAIMANT : LABOR GIANT, INC. 2000 N DIXIE HIGHWAY HOLLYWOOD,FL 33020	AMOUNT CLAIMED : \$1,872.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102815-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100067063 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 05/16/2000	INSURED : LANDRY CONSTRUCTION, INC. CLAIMANT : LANDRY CONSTRUCTION, INC. PO BOX 1377 SANTA ROSA BEACH,FL 32459	AMOUNT CLAIMED : \$7,325.07 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102819-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054053 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : LANDS OF THE PRESIDENT CONDO 7 CLAIMANT : LANDS OF THE PRESIDENT CONDO 7 2425 PRESIDENTIAL WAY WEST PALM BEACH,FL 334011322	AMOUNT CLAIMED : \$1,104.91 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102822-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060633 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/05/1999	INSURED : LANDSCAPE MAINTENANCE CLAIMANT : LANDSCAPE MAINTENANCE #1093 1025 S SEMORAN BLVD WINTER PARK,FL 327925523	AMOUNT CLAIMED : \$119.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102832-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091056 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : LARRY JOHNSON INSURANCE CLAIMANT : LARRY JOHNSON INSURANCE STE G 2119 W BRANDON BLVD BRANDON,FL 335114731	AMOUNT CLAIMED : \$349.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102854-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085918 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : LE MAISONNEUVE CONDO ASSOC., I CLAIMANT : LE MAISONNEUVE CONDO ASSOC., I # 101 17700 N BAY RD NORTH MIAMI BEACH,FL 331602868	AMOUNT CLAIMED : \$2,246.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102866-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088951 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : LEIDNER CONSTRUCTION CO INC CLAIMANT : LEIDNER CONSTRUCTION CO INC 4110 CREIGHTON RD PENSACOLA,FL 325044664	AMOUNT CLAIMED : \$1,490.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102871-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054259 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : LENTZ & FAIR, P.A. CLAIMANT : LENTZ & FAIR, P.A. #30 35111 US HIGHWAY 19 N # U PALM HARBOR,FL 346841935	AMOUNT CLAIMED : \$782.81 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102875-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092328 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/05/1998	INSURED : LEON ROSS, INC CLAIMANT : LEON ROSS, INC 3013 PINE FOREST RD CANTONMENT,FL 32533	AMOUNT CLAIMED : \$625.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102879-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053987 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/02/1998	INSURED : LEONARD F. GROSS CLAIMANT : LEONARD F. GROSS 4521 BEE RIDGE RD SARASOTA,FL 342332517	AMOUNT CLAIMED : \$230.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102883-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063941 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : LESTER PAINTING, INC. CLAIMANT : LESTER PAINTING, INC. PO BOX 1143 WEIRSDALE,FL 321951143	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102887-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072884 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : LEVICO GROUP, INC. CLAIMANT : LEVICO GROUP, INC. SUITE M 4750 OAKES RD DAVIE,FL 333142236	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102913-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077223 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : LIGHTNING LAWN & TREE SERVICE, CLAIMANT : LIGHTNING LAWN & TREE SERVICE, 2986 LOWERY DR OVIEDO,FL 327659070	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102914-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000900210 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : LILLY POND MAINTENANCE, INC. CLAIMANT : LILLY POND LAWN MAINTENANCE, INC. PO BOX 220777 WEST PALM BEACH,FL 334220777	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102936-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085238 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : LIVE OAK PEST CONTROL, INC. CLAIMANT : LIVE OAK PEST CONTROL, INC. 17856 US HIGHWAY 129 MC ALPIN,FL 320622561	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102937-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088199 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : LLERENA PAINTING CLAIMANT : LLERENA PAINTING 12729 SW 69TH TER MIAMI,FL 331832452	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102943-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083845 CLAIM NUMBER : INS/CLMT STATE : AL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : LOMUN ENTERPRISES INC CLAIMANT : LOMUN ENTERPRISES INC 2720 BALSTAIN AVE SW PO BOX 110296 BIRMINGHAM,AL 352110296	AMOUNT CLAIMED : \$4,144.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102944-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090797 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : LONDON PAINTING CONTRACTORS, CLAIMANT : LONDON PAINTING CONTRACTORS 40 NE 86TH ST MIAMI,FL 331383038	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102953-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000959310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/09/1998	INSURED : LOVIK VASTA CONSTRUCTION INC CLAIMANT : LOVIK VASTA CONSTRUCTION INC 167 CARSWELL AVE HOLLY HILL,FL 321175009	AMOUNT CLAIMED : \$606.15 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102959-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083681 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : LUCIDO & ASSOCIATES CLAIMANT : LUCIDO & ASSOCIATES 322 GEORGIA AVE STUART,FL 349942591	AMOUNT CLAIMED : \$1,496.52 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102960-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060691 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/25/1999	INSURED : LUCIDO CABINETRY CLAIMANT : LUCIDO CABINETRY 1201 SILVER BEACH RD LAKE PARK,FL 334033031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102971-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073698 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/15/1998	INSURED : M & M DRIVE SERVICE, INC. CLAIMANT : M & M DRIVE SERVICE, INC. PO BOX 590414 ORLANDO,FL 328590414	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102979-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042005017 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : M C COOK PAINTING & DECORATING CLAIMANT : M C COOK PAINTING & DECORATING 4825 E DARTMOUTH LN HERNANDO,FL 344423444	AMOUNT CLAIMED : \$2,150.99 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 102982-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089598 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : M D MASONRY INC CLAIMANT : M D MASONRY INC 5676 LAKE GENEVA DR LAKE WORTH,FL 334616137	AMOUNT CLAIMED : \$724.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102990-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089072 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : M.H.S. CONTRACTORS, INC CLAIMANT : M.H.S. CONTRACTORS, INC STE C 1415 SW 21ST AVE FORT LAUDERDALE,FL 333123103	AMOUNT CLAIMED : \$1,773.94 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102996-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092746 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : MACKAY HOMES, INC CLAIMANT : MACKAY HOMES, INC 9818 LARITA PLACE PO BOX 1148 RIVERVIEW,FL 33569	AMOUNT CLAIMED : \$1,500.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 102997-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051314 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : MACKAY CONSTRUCTION, INC. CLAIMANT : MACKAY CONSTRUCTION, INC. SUITE #16 1499 SW 30TH AVE BOYNTON BEACH,FL 334269060	AMOUNT CLAIMED : \$2,073.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103000-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074402 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : MADEIRA COVE, INC. CLAIMANT : MADEIRA COVE, INC. 8870 N PORT WASHINGTON RD MILWAUKEE,WI 53217	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103006-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000905210 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : MAGICAL VILLAGE C/O CLAIMANT : MAGICAL VILLAGE 11531 SW 12TH CT FT LAUDERDALE,FL 33325	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103024-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092566 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/13/1998	INSURED : MANDARIN CARPETS INC CLAIMANT : MANDARIN CARPETS INC 11467 SAN JOSE BLVD JACKSONVILLE,FL 322237256	AMOUNT CLAIMED : \$679.71 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103027-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000734510 CLAIM NUMBER : INS/CLMT STATE : OH DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : MANPOWER TEMPORARY SERVICES CLAIMANT : MANCAN INC 48 1ST ST NE MASSILLON,OH 446468406	AMOUNT CLAIMED : \$6,311.60 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103034-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054984 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/01/1998	INSURED : MARCHBANKS, DAIELLO & LEIDER, CLAIMANT : MARCHBANKS, DAIELLO & LEIDER, SUITE 203 4710 NW BOCA RATON BLVD BOCA RATON,FL 334314879	AMOUNT CLAIMED : \$458.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103040-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052213 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/14/1998	INSURED : MARCUS A. HENCINSKI CLAIMANT : MARCUS A HENCINSKI 214 CHICAGO AVE VALPARAISO,FL 325801366	AMOUNT CLAIMED : \$1,645.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103048-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081367 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : MARINER COVE MARINA, INC. CLAIMANT : MARINER COVE MARINA, INC. 14603 BEACH BLVD JACKSONVILLE,FL 322502303	AMOUNT CLAIMED : \$1,034.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103050-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093145 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : MARINER SANDS CHAPEL CLAIMANT : MARINER SANDS CHAPEL 6500 SE CONGRESSIONAL WAY STUART,FL 349978664	AMOUNT CLAIMED : \$388.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103059-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100064922 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : MARK TIMOTHY INC CLAIMANT : MARK TIMOTHY INC STE 101 1177 GEORGE BUSH BLVD DELRAY BEACH,FL 334837201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103060-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093478 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : MARK TIMOTHY INC CLAIMANT : MARK TIMOTHY INC STE 101 1177 GEORGE BUSH BLVD DELRAY BEACH,FL 334837201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103061-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093129 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : MARK TIMOTHY INC CLAIMANT : MARK TIMOTHY INC STE 101 1177 GEORGE BUSH BLVD DELRAY BEACH,FL 334837201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103084-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082319 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : MATCHETT & SON LP GAS, INC. CLAIMANT : MATCHETT & SON LP GAS, INC. 1420 HIGHWAY 20 W INTERLACHEN,FL 321486807	AMOUNT CLAIMED : \$203.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103085-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061992 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/13/1998	INSURED : MATERIAL'S TRANSPORT SERVICE C CLAIMANT : MATERIAL'S TRANSPORT SERVICE C 8467 NO ROAD JACKSONVILLE,FL 32210	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103093-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093452 CLAIM NUMBER : INS/CLMT STATE : VA DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : MCCALLUM INSPECTION CO INC CLAIMANT : MCCALLUM INSPECTION CO INC 2536 CENTERVILLE TPKE S CHESAPEAKE,VA 233221912	AMOUNT CLAIMED : \$498.92 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103095-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100090102 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 07/06/1999	INSURED : MCCORMACK & KNOBLOCK, P.A. CLAIMANT : MCCORMACK & KNOBLOCK, P.A. DATRAN TWO-SUITE 1628 9130 S DADELAND BLVD MIAMI,FL 331567818	AMOUNT CLAIMED : \$1,668.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103098-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057607 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/02/1999	INSURED : MCCRIMON'S OFFICE SYSTEMS, INC CLAIMANT : MCCRIMON'S OFFICE SYSTEMS, INC 110 COURT STREET PO BOX B LIVE OAK,FL 320640057	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103099-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083747 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/02/1999	INSURED : MCCRIMON'S OFFICE SYSTEMS, INC CLAIMANT : MCCRIMON'S OFFICE SYSTEMS, INC 110 COURT STREET PO BOX B LIVE OAK,FL 320640057	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103107-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/22/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : GREENWAY FORD INC 9001 E COLONIAL DR ORLANDO,FL 32817	AMOUNT CLAIMED : \$15,630.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103108-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/22/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : GREENWAY FORD INC 9001 E COLONIAL DR ORLANDO,FL 32817	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103109-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087761 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/12/1999	INSURED : MCKENZIE INSURANCE ASSOCIATES CLAIMANT : MCKENZIE INSURANCE ASSOCIATES PO BOX 830 PANAMA CITY,FL 324020830	AMOUNT CLAIMED : \$385.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103110-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076366 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : MCLAIN & MCLAIN ENTERPRISES, CLAIMANT : MCLAIN & MCLAIN ENTERPRISES, 602 S AUDUBON AVE TAMPA,FL 336094163	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103115-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095792 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : MCNAB KINDERGARTEN & NURSERY, CLAIMANT : MCNAB KINDERGARTEN & NURSERY, 9460POINCIANA PL 307 FT LAURDERDALE,FL 33324	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103128-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089014 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : MEDICAL CENTER FOR CONTINUING CLAIMANT : MEDICAL CENTER FOR CONTINUING 964 AQUAMARINE DR GULF BREEZE,FL 325620063	AMOUNT CLAIMED : \$672.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103132-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062264 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : MEDICORF OF EAST BOCA CLAIMANT : MEDICORF OF EAST BOCA SUITE 2A 880 NW 13TH ST BOCA RATON,FL 334862342	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103133-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000862810 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : MEDICORF OF EAST BOCA CLAIMANT : MEDICORF OF EAST BOCA SUITE 2A 880 NW 13TH ST BOCA RATON,FL 334862342	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103143-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063758 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/19/1999	INSURED : MELLON SECURITY & SOUND SYSTEM CLAIMANT : MELLON SECURITY & SOUND 7922 CORAL ST LANTANA,FL 334626199	AMOUNT CLAIMED : \$2,721.60 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103158-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075523 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/19/1999	INSURED : METAL MAINTENANCE SERVICES INC CLAIMANT : METAL MAINTENANCE SERVICES INC PO BOX 953307 LAKE MARY,FL 327953307	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103159-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075689 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/19/1999	INSURED : METAL MAINTENANCE SERVICES,INC CLAIMANT : METAL MAINTENANCE SERVICES INC PO BOX 953307 LAKE MARY,FL 327953307	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103160-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085561 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/19/1998	INSURED : METAL MAINTENANCE SERVICES,INC CLAIMANT : METAL MAINTENANCE SERVICES INC PO BOX 953307 LAKE MARY,FL 327953307	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103163-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089892 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/26/1998	INSURED : METRO GROUP, INC. ETAL CLAIMANT : METRO GROUP, INC. ETAL 13899 BISCAYNE BLVD STE 110 NORTH MIAMI BEACH,FL 33181	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103171-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095845 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : MEYERS BUILDING COMPANY CLAIMANT : MEYERS BUILDING COMPANY #206 2061 NW BOCA RATON BLVD BOCA RATON,FL 334317411	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103173-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000864610 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : MIAMI AVIATION SERVICES, INC.& CLAIMANT : MIAMI AVIATION SERVICES, INC.& PO BOX 522232 MIAMI,FL 331522232	AMOUNT CLAIMED : \$530.99 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103180-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084715 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/15/1998	INSURED : MIAMI POLICE BENEVOLENT ASSOC. CLAIMANT : MIAMI POLICE BENEVOLENT ASSOC. 2300 NW 14TH ST MIAMI,FL 331252104	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103182-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093272 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : MICHAEL CHRISTIE PLUMBING CLAIMANT : MICHAEL CHRISTIE PLUMBING 110 E LAKE WORTH AVE LANTANA,FL 334623231	AMOUNT CLAIMED : \$849.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103190-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082351 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : MICHAELA G. SCOTT, M.D. CLAIMANT : MICHAELA G. SCOTT, M.D. 1460 36TH ST VERO BEACH,FL 329604849	AMOUNT CLAIMED : \$2,481.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103194-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079952 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/15/1998	INSURED : MICRO BIOLOGY ASSOCIATES CLAIMANT : MICRO BIOLOGY ASSOCIATES 800 NE 62 ST STE 202 FORT LAUDERDALE,FL 333345007	AMOUNT CLAIMED : \$682.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103207-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055505 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : MIKE BOTKIN CLAIMANT : MIKE BOTKIN 318 OAK FERN CIR ORMOND BEACH,FL 321744875	AMOUNT CLAIMED : \$918.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103209-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093592 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/15/1998	INSURED : MIKE PORTER STUCCO INC CLAIMANT : MIKE PORTER STUCCO INC 181 DESHAZO RD CRESTVIEW,FL 325399338	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103210-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0042005004 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 05/03/1999	INSURED : MIKE'S PIZZA & ITALIAN RESTAUR CLAIMANT : MIKE'S PIZZA & ITALIAN RESTAUR SUITE 62 3000 DUNN AVE JACKSONVILLE,FL 322184554	AMOUNT CLAIMED : \$845.09 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103214-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080442 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/06/1998	INSURED : MIL-LAKE CORPORATION CLAIMANT : MIL-LAKE CORPORATION 4613 LAKE WORTH RD LAKE WORTH,FL 334633451	AMOUNT CLAIMED : \$187.92 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103215-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075856 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/09/1998	INSURED : MILLENNIUM COLLECTIONS CORP CLAIMANT : MILLENNIUM COLLECTIONS CORP SUITE 302 2001 9TH AVE VERO BEACH,FL 329605300	AMOUNT CLAIMED : \$498.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103226-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074915 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : MINIX GLASS, INC. CLAIMANT : MINIX GLASS INC 1005 STATE RD 84 STE 184 FT LAUDERDALE,FL 33315	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103232-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100066543 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : MIZNER CORPORATE CENTER CLAIMANT : MIZNER CORPORATE CENTER STE 275 433 PLAZA REAL BOCA RATON,FL 334323932	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103233-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052366 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : MIZNER CORPORATE CENTER CLAIMANT : MIZNER CORPORATE CENTER STE 275 433 PLAZA REAL BOCA RATON,FL 334323932	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103234-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074624 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : MIZNER CORPORATE CENTER CLAIMANT : MIZNER CORPORATE CENTER STE 275 433 PLAZA REAL BOCA RATON,FL 334323932	AMOUNT CLAIMED : \$810.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103245-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089305 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : MONTEREY TIRE & AUTO CENTER CLAIMANT : MONTEREY TIRE & AUTO CENTER 877 SE MONTEREY RD STUART,FL 349944506	AMOUNT CLAIMED : \$919.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103249-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000823810 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : MOORE'S PRECISION COLLISION, I CLAIMANT : MOORE'S PRECISION COLLISION, I 420 N KIRKMAN RD ORLANDO,FL 328111106	AMOUNT CLAIMED : \$822.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103253-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000946010 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/01/1998	INSURED : MORRELL'S LAWN SERVICE CLAIMANT : MORRELL'S LAWN SERVICE 1481 NW 1ST CT BOYNTON BEACH,FL 334352609	AMOUNT CLAIMED : \$401.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103267-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076477 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : MULLIS CONSTRUCTION CLAIMANT : MULLIS CONSTRUCTION 6059 DUNN AVE JACKSONVILLE,FL 322184341	AMOUNT CLAIMED : \$345.21 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103268-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092664 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/02/1998	INSURED : MUNSHI CONSULTING GROUP INC CLAIMANT : MUNSHI CONSULTING GROUP INC 4332 BENT TREE BLVD SARASOTA,FL 342416059	AMOUNT CLAIMED : \$633.47 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103272-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200503211 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : MURPHY, NONPALESKI, PEACOCK & CLAIMANT : LAKELAND ORTHOPAEDIC CLINIC PO BOX 90249 LAKELAND,FL 338040249	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103274-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100064477 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : MURRAY HILL MOTORS, INC. CLAIMANT : MURRAY HILL MOTORS 1200 CASSAT AVE JACKSONVILLE,FL 322057099	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103276-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057401 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/03/1999	INSURED : MURRAY INSURANCE SERVICES, INC CLAIMANT : MURRAY INSURANCE SERVICES, INC PO BOX 367 PALM CITY,FL 349910367	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103277-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079132 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/03/1999	INSURED : MURRAY INSURANCE SERVICES, INC CLAIMANT : MURRAY INSURANCE SERVICES, INC PO BOX 367 PALM CITY,FL 349910367	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103279-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095721 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : MY GYM CHILDREN'S FITNESS CTR. CLAIMANT : MY GYM CHILDREN'S FITNESS CTR. 5357 NW 113TH PL MIAMI,FL 331783505	AMOUNT CLAIMED : \$787.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103295-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063412 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : NAILIZE, INC. CLAIMANT : NAILIZE, INC. STE. 7 9101 LAKERIDGE BLVD BOCA RATON,FL 334962181	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103296-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085947 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : NAILIZE, INC. CLAIMANT : NAILIZE, INC. STE. 7 9101 LAKERIDGE BLVD BOCA RATON,FL 334962181	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103301-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052964 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : NAPLES KENNEL, INC. CLAIMANT : NAPLES KENNEL, INC. 4186 DOMESTIC AVE NAPLES,FL 341047019	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103316-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085976 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : NATIONAL LEASE ADVISORS, INC. CLAIMANT : NATIONAL LEASE ADVISORS, INC. A210 9370 SUNSET DR MIAMI,FL 331733243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103319-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075549 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/16/1998	INSURED : NATIONAL TRUCKING CONSULTANTS CLAIMANT : NATIONAL TRUCKING CONSULTANTS #174 14629 SW 104TH ST MIAMI,FL 331862905	AMOUNT CLAIMED : \$304.42 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103320-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076797 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : NATIONWIDE SECURITY CLAIMANT : NATIONWIDE SECURITY 11850 NE 116 TH STREET PO BOX 1297 BRONSON,FL 326211297	AMOUNT CLAIMED : \$160.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103331-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065056 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : NCR CAPITOL, CORP. CLAIMANT : NCR CAPITOL, CORP. 2ND FLOOR 5255 N FEDERAL HWY BOCA RATON,FL 334874901	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103332-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091125 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : NCR CAPITOL, CORP. CLAIMANT : NCR CAPITOL, CORP. 2ND FLOOR 5255 N FEDERAL HWY BOCA RATON,FL 334874901	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103337-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057845 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : NEON DREAMS, INC. CLAIMANT : NEON DREAMS, INC. 3301 PRINCETON RD BROOKSVILLE,FL 346098110	AMOUNT CLAIMED : \$1,334.19 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103349-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086833 CLAIM NUMBER : INS/CLMT STATE : CO DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : NEVA A. SUTTON CLAIMANT : NEVA A. SUTTON C/O PAT DENNIS 6290 S COLORADO BLVD LITTLETON,CO 801213140	AMOUNT CLAIMED : \$427.97 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103351-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100070306 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/23/2000	INSURED : NEW AGE INSULATION, INC. CLAIMANT : NEW AGE INSULATION, INC. 5910 ADELE ST COCOA,FL 329278867	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103353-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076699 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : NEW DIMENSIONS ADULT DAY CARE CLAIMANT : NEW DIMENSIONS ADULT DAY CARE 4319 NEPTUNE RD SAINT CLOUD,FL 347696746	AMOUNT CLAIMED : \$438.43 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103354-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055978 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : NEW HERITAGE WOOD FLOORS, INC CLAIMANT : NEW HERITAGE WOOD FLOORS, INC 3094 PERRIWINKLE CIRCLE DAVIE,FL 33328	AMOUNT CLAIMED : \$3,020.31 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103355-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079809 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : NEW HERITAGE WOOD FLOORS, INC. CLAIMANT : NEW HERITAGE WOOD FLOORS, INC. 3094 PERRIWINKLE CIRCLE DAVIE,FL 33328	AMOUNT CLAIMED : \$3,020.31 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103356-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000887010 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : NEW IMAGE MARKETING LTD CLAIMANT : NEW IMAGE MARKETING LTD SUITE 101 43 BARKLEY CIR FORT MYERS,FL 339074510	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103359-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076644 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : NEW LIFE IN CHRIST & NEW LIFE CLAIMANT : NEW LIFE IN CHRIST & NEW LIFE 1633 SW 34TH ST PALM CITY,FL 349903315	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103360-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000896710 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : NEW MIRAWOOD SCHOOL & CHILD CLAIMANT : NEW MIRAWOOD SCHOOL & CHILD 110 ISLAND DRIVE KEY BISCAYNE,FL 33149	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103367-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093325 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/29/1998	INSURED : NICHOLS SOFFIT & SIDING CLAIMANT : NICHOLS SOFFIT & SIDING 2808 HOLLYBAY RD ORANGE PARK,FL 320736416	AMOUNT CLAIMED : \$1,044.62 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103371-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000914910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/09/1999	INSURED : NIGHTLINE BUILDING MAINTENANCE CLAIMANT : NIGHTLINE BUILDING MAINTENANCE 4920 W NASSAU STREET TAMPA,FL 33607	AMOUNT CLAIMED : \$1,600.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103380-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051147 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : NORPRO ORTHOTICS & PROSTHETICS CLAIMANT : NORPRO ORTHOTICS & PROSTHETICS 929 N.E. JENSEN BEACH BOULEVAR JENSEN BEACH,FL 34957	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103381-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083763 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : NORPRO ORTHOTICS & PROSTHETICS CLAIMANT : NORPRO ORTHOTICS & PROSTHETICS 929 N.E. JENSEN BEACH BOULEVAR JENSEN BEACH,FL 34957	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103391-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092635 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : NORTH RIVER BUILDERS & REALTY CLAIMANT : NORTH RIVER BUILDERS & REALTY 1020 10TH AVE W PALMETTO,FL 342213724	AMOUNT CLAIMED : \$50.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103396-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073241 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : NOTICE TO OWNER OF FLORIDA CLAIMANT : NOTICE TO OWNER OF FLORIDA 427 WHOOPING LOOP STE 1881 ALTAMONTE SPRINGS,FL 327013455	AMOUNT CLAIMED : \$192.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103399-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092717 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : NOZZLE NOLEN , INC. CLAIMANT : NOZZLE NOLEN 5400 BROADWAY WEST PALM BEACH,FL 334072699	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103405-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054579 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : NU-AIRE ENDUSTRE INC. CLAIMANT : NU-AIRE ENDUSTRE INC DBA VACUUM CENTER 722 NORTH BEAL PARKWAY UNIT D FT. WALTON BEACH,FL 32547	AMOUNT CLAIMED : \$727.56 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103406-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053585 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : NURAY BEACH PRODUCTS, INC. CLAIMANT : NURAY BEACH PRODUCTS, INC. 51 NORTH BEACH STREET PO BOX 6253 DAYTONA BEACH,FL 321226253	AMOUNT CLAIMED : \$427.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103413-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051134 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/26/1998	INSURED : O'BRIEN, RIEMENSCHNEIDER, KANC CLAIMANT : O'BRIEN RIEMENSCHNEIDER KANCILIA & LEMONIDIS 1686 W HIBISCUS BLVD MELBOURNE,FL 329012631	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103414-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082668 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/26/1998	INSURED : O'BRIEN, RIEMENSCHNEIDER, KANC CLAIMANT : O'BRIEN RIEMENSCHNEIDER KANCILIA & LEMONIDIS 1686 W HIBISCUS BLVD MELBOURNE,FL 329012631	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103421-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083358 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/09/1998	INSURED : OAKLAWN CEMETERY ASSOCIATION CLAIMANT : OAKLAWN CEMETARY 4801 SAN JOSE BLVD JACKSONVILLE,FL 322077898	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103430-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055423 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : OCEANS CLOVERLEAF NORTH CLAIMANT : OCEANS CLOVERLEAF NORTH 4 OCEANS WEST BLVD DAYTONA BEACH,FL 321185948	AMOUNT CLAIMED : \$386.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103431-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082684 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : OCEANS CLOVERLEAF NORTH CLAIMANT : OCEANS CLOVERLEAF NORTH 4 OCEANS WEST BLVD DAYTONA BEACH,FL 321185948	AMOUNT CLAIMED : \$386.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103434-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089834 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : ODD JOBS INC CLAIMANT : ODD JOBS INC PO BOX 4187 FORT WALTON BEACH,FL 325494187	AMOUNT CLAIMED : \$217.47 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103436-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088853 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/20/1998	INSURED : ODDY-PERFECTION RACE ENGINES CLAIMANT : ODDY-PERFECTION RACE ENGINES 2269 PORTER LAKE DR SARASOTA,FL 342408856	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103451-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086415 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : OKALOOSA CARDIOLOGY, P.A. CLAIMANT : OKALOOSA CARDIOLOGY, P.A. SUITE B 1001 COLLEGE BLVD W NICEVILLE,FL 325781099	AMOUNT CLAIMED : \$3,394.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103452-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090477 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/14/1998	INSURED : OLD SOUTH TITLE & ABSTRACT CO CLAIMANT : OLD SOUTH TITLE & ABSTRACT CO 409 JOHN SIMS PKWY E NICEVILLE,FL 325782025	AMOUNT CLAIMED : \$353.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103453-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092677 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/05/1998	INSURED : OLIVER EXTERMINATING CORP CLAIMANT : OLIVER EXTERMINATING CORP 658 NW 99TH ST MIAMI,FL 331501623	AMOUNT CLAIMED : \$22,021.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103464-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : ON THE WATER, INC. & DENNIS E. CLAIMANT : ON THE WATER INC 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103471-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059878 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/23/1999	INSURED : OPTEK, A DIVISION OF ASSOCIATE CLAIMANT : OPTEK A DIVISION OF ASSOCIATED DEV CORP 6825 38TH ST N PINELLAS PARK,FL 33781	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103472-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080926 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/23/1999	INSURED : OPTEK, A DIVISION OF ASSOCIATE CLAIMANT : OPTEK A DIVISION OF ASSOCIATED DEV CORP 6825 38TH ST N PINELLAS PARK,FL 337801170	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103473-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000562410 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/01/1998	INSURED : OPTIM PRODUCTS, INC. CLAIMANT : OPTIM PRODUCTS, INC. SUITE #30 5600 NW 12TH AVE FORT LAUDERDALE,FL 333096600	AMOUNT CLAIMED : \$565.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103477-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074584 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/22/1999	INSURED : ORGALOGIC MANAGEMENT INC CLAIMANT : ORGALOGIC MANAGEMENT INC 25 SEABREEZE AVE DELRAY BEACH,FL 334837014	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103480-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084051 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/02/1999	INSURED : ORTEGA INDUSTRIAL CONTRACTORS, CLAIMANT : ORTEGA INDUSTRIAL CONTRACTORS 6415 GREENLAND RD JACKSONVILLE,FL 322582409	AMOUNT CLAIMED : \$310.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103481-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054328 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : ORTHOPEDIC CENTER OF VOLUSIA CLAIMANT : ORTHOPEDIC CENTER OF VOLUSIA 1630 MASON AVE DAYTONA BEACH,FL 321174547	AMOUNT CLAIMED : \$1,095.56 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103489-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082779 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : OVIEDO CHILD CARE CENTER, INC. CLAIMANT : OVIEDO CHILD CARE CENTER, INC. 387 W BROADWAY ST OVIEDO,FL 327658388	AMOUNT CLAIMED : \$1,113.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103505-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087441 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/28/1999	INSURED : PAINT & PAPER CHASE OF CLAIMANT : PAINT & PAPER CHASE OF 701 SCOTLAND ST DUNEDIN,FL 346987124	AMOUNT CLAIMED : \$764.18 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103514-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000866410 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : PALM CITY PALMS AND TROPICALS CLAIMANT : PALM CITY PALMS AND TROPICALS 7390 SW MARTIN HWY PALM CITY,FL 349910456	AMOUNT CLAIMED : \$319.04 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103521-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093785 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/20/1998	INSURED : PALM PAINTING CLAIMANT : PALM PAINTING 620 N 56TH AVE HOLLYWOOD,FL 330215703	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103539-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077821 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : PANAMA CITY GYMNASTICS CLUB CLAIMANT : PANAMA CITY GYMNASTICS CLUB 709 W 13TH ST PANAMA CITY,FL 324012292	AMOUNT CLAIMED : \$807.52 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103545-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054357 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/14/1998	INSURED : PANKAJ P. CHOKHAWALA, M.D., P. CLAIMANT : PANKAJ P. CHOKHAWALA, M.D., P. PO BOX 14062 TALLAHASSEE,FL 323174062	AMOUNT CLAIMED : \$1,488.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103546-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079005 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/14/1998	INSURED : PANKAJ P. CHOKHAWALA, M.D., P. CLAIMANT : PANKAJ P. CHOKHAWALA, M.D., P. PO BOX 14062 TALLAHASSEE,FL 323174062	AMOUNT CLAIMED : \$1,338.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103551-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093661 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/07/1999	INSURED : PARADIGM APARTMENT CORP. CLAIMANT : PARADIGM APARTMENT CORP 8701 GROVE TER TEMPLE TERRACE,FL 336176115	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103555-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100091376 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/16/1999	INSURED : PARAMOUNT ENGINEERING GROUP IN CLAIMANT : PARAMOUNT ENGINEERING GROUP IN STE 2 5700 N FRDERAL HWY BOCA RATON,FL 334874011	AMOUNT CLAIMED : \$3,964.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103557-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059447 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : PARK & ASSOCIATES, INC. CLAIMANT : PARK AND ASSOCIATES 5255 N FEDERAL HWY BOCA RATON,FL 334874907	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103558-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083901 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : PARK & ASSOCIATES, INC. CLAIMANT : PARK AND ASSOCIATES 5255 N FEDERAL HWY BOCA RATON,FL 334874907	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103562-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051872 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : PARKER KNOWLES GAS SERVICE, IN CLAIMANT : PARKER KNOWLES GAS SERVICE, IN 5748 HIGHWAY 542, WEST WINTER HAVEN,FL 33880	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103563-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082835 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : PARKER KNOWLES GAS SERVICE,INC CLAIMANT : PARKER KNOWLES GAS SERVICE,INC 5748 HIGHWAY 542, WEST WINTER HAVEN,FL 33880	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103571-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055478 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/09/1998	INSURED : PARSONS & SONS, INC. CLAIMANT : PARSONS & SONS, INC. 9891 ADAMS RD WELLBORN,FL 320941905	AMOUNT CLAIMED : \$3,567.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103572-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082864 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/08/1998	INSURED : PARSONS & SONS, INC. CLAIMANT : PARSONS & SONS, INC. 9891 ADAMS RD WELLBORN,FL 320941905	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103576-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087703 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/25/1999	INSURED : PASADENA POOL HOMES ON CLAIMANT : PASADENA POOL HOMES ON 11311 SW 3RD ST PEMBROKE PINES,FL 330253406	AMOUNT CLAIMED : \$734.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103586-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081436 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : PATTAYA THAI RESTAURANT, INC CLAIMANT : PATTAYA THAI RESTAURANT, INC #12 10916 ATLANTIC BLVD JACKSONVILLE,FL 322252931	AMOUNT CLAIMED : \$528.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103595-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200505101 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : PAUL T. ROSE, MD PA CLAIMANT : PAUL T. ROSE, MD PA #5 5622 MARINE PKWY NEW PORT RICHEY,FL 346524330	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103600-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084411 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : PC SOFTWARE ACCOUNTING INC CLAIMANT : PC SOFTWARE ACCOUNTING INC 2199 PRINCETON STE A SARASOTA,FL 342304614	AMOUNT CLAIMED : \$647.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103607-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095329 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/20/1998	INSURED : PENCO WELDING, INC. CLAIMANT : PENCO WELDING, INC. 626 S ECHO DR BRANDON,FL 335116346	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103616-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094557 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/09/1998	INSURED : PERDIDO QUALITY FENCES INC CLAIMANT : PERDIDO QUALITY FENCES INC 1525 OAKLEIGH CT PENSACOLA,FL 325068179	AMOUNT CLAIMED : \$338.20 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103621-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071636 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : PERFECTION LANDSCAPING & MAINT CLAIMANT : PERFECTION LANDSCAPING & MAINT PO BOX 350521 JACKSONVILLE,FL 322350521	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103634-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062722 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/06/1998	INSURED : PETER DE LA ROSA PLS, INC. CLAIMANT : PETER DE LA ROSA PLS, INC. 959 SW 122ND AVE MIAMI,FL 331842406	AMOUNT CLAIMED : \$233.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103637-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056671 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : PETER JAMES DESIGN STUDIO CLAIMANT : PETER JAMES DESIGN STUDIO 7495 NW 4TH ST PLANTATION,FL 333172204	AMOUNT CLAIMED : \$11.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103638-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081383 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : PETER JAMES DESIGN STUDIO CLAIMANT : PETER JAMES DESIGN STUDIO 7495 NW 4TH ST PLANTATION,FL 333172204	AMOUNT CLAIMED : \$317.31 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103641-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095665 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : PETS USA, INC. CLAIMANT : PETS USA, INC. 6518 N STATE ROAD 7 COCONUT CREEK,FL 330733623	AMOUNT CLAIMED : \$980.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103649-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089416 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : PHASE III ELECTRIC, INC. CLAIMANT : PHASE III ELECTRIC, INC. 140 SUNSET RD KEY LARGO,FL 330372008	AMOUNT CLAIMED : \$1,250.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103650-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078566 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/11/1999	INSURED : PHASE TWO MASONARY CLAIMANT : PHASE TWO MASONARY PO BOX 16278 TAMPA,FL 336876278	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103652-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085169 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/31/1999	INSURED : PHIL MCCLURE FEEDS, INC. CLAIMANT : PHIL MCCLURE FEEDS, INC. PO BOX 432 LAKE HELEN,FL 327440432	AMOUNT CLAIMED : \$4.74 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103653-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085058 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/31/1999	INSURED : PHIL MCCLURE FEEDS, INC. CLAIMANT : PHIL MCCLURE FEEDS, INC. PO BOX 432 LAKE HELEN,FL 327440432	AMOUNT CLAIMED : \$130.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103665-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042004104 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : PHOENIX LANDSCAPE CLAIMANT : PHOENIX LANDSCAPE 1701 W 10TH ST PO BOX 10544 RIVIERA BEACH,FL 334190544	AMOUNT CLAIMED : \$36,633.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103666-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058522 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : PHOENIX PAINTING COMPANY CLAIMANT : PHOENIX PAINTING COMPANY 6303 POWERLINE RD FORT LAUDERDALE,FL 333092038	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103667-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092873 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : PHOENIX PAINTING COMPANY CLAIMANT : PHOENIX PAINTING COMPANY 6303 POWERLINE RD FORT LAUDERDALE,FL 333092038	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103668-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086248 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : PHOENIX PAINTING COMPANY CLAIMANT : PHOENIX PAINTING COMPANY 6303 POWERLINE RD FORT LAUDERDALE,FL 333092038	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103674-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200300101 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/23/1998	INSURED : PIDA, INC. CLAIMANT : PIDA INC 328 BROOKS ST FT WALTON BEACH,FL 32548	AMOUNT CLAIMED : \$666.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103680-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060659 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : PINES ELECTRICAL SERVICES, INC CLAIMANT : PINES ELECTRICAL SERVICES, INC 7167 PEMBROKE RD PEMBROKE PINES,FL 330232626	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103681-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079338 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : PINES ELECTRICAL SERVICES, INC CLAIMANT : PINES ELECTRICAL SERVICES, INC 7167 PEMBROKE RD PEMBROKE PINES,FL 330232626	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103686-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082988 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/15/1998	INSURED : PIZZA LOVER, INC. CLAIMANT : PIZZA LOVER, INC. #B12 2901 PARKWAY BLVD KISSIMMEE,FL 347474536	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103687-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053376 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : PIZZA LOVERS, INC. CLAIMANT : PIZZA LOVERS, INC. #B12 2901 PARKWAY BLVD KISSIMMEE,FL 347474536	AMOUNT CLAIMED : \$1,289.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103697-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073198 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : PLANTATION CLUB ASSOC., INC. CLAIMANT : PLANTATION CLUB ASSOC., INC. 6625 W BROWARD BLVD PLANTATION,FL 333173031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103698-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000838910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : PLANTATION CLUB ASSOC., INC. CLAIMANT : PLANTATION CLUB ASSOC., INC. 6625 W BROWARD BLVD PLANTATION,FL 333173031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103708-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087385 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : PODIATRY SERVICES OF FLORIDA CLAIMANT : PODIATRY SERVICES OF FLORIDA 13455 MILITARY TRL DELRAY BEACH,FL 334841347	AMOUNT CLAIMED : \$481.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103719-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100064631 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : POOL TENDERS, INC. CLAIMANT : POOL TENDERS, INC. 9442 LOTUS CT BOYNTON BEACH,FL 334362933	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103720-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087118 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : POOL TENDERS, INC. CLAIMANT : POOL TENDERS, INC. 9442 LOTUS CT BOYNTON BEACH,FL 334362933	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103722-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087078 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/14/1998	INSURED : POOLSIDE MAINTENANCE & REPAIR CLAIMANT : POOLSIDE MAINTENANCE & REPAIR PO BOX 1008 TAVERNIER,FL 330701008	AMOUNT CLAIMED : \$221.54 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103732-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094975 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : PRECISION FIXTURE CLAIMANT : PRECISION FIXTURE PO BOX 27609 PANAMA CITY,FL 324117609	AMOUNT CLAIMED : \$562.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103735-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051814 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : PREFERRED BUILDERS WARRANTY CO CLAIMANT : PREFERRED BUILDERS WARRANTY CO SUITE 202 4700 NW 2ND AVE BOCA RATON,FL 334314878	AMOUNT CLAIMED : \$124.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103736-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000818710 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : PREFERRED BUILDERS WARRANTY CO CLAIMANT : PREFERRED BUILDERS WARRANTY CO SUITE 202 4700 NW 2ND AVE BOCA RATON,FL 334314878	AMOUNT CLAIMED : \$198.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103738-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061709 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : PREFERRED SEATING, INC. CLAIMANT : PREFERRED SEATING, INC. 2701 N NEBRASKA AVE TAMPA,FL 336021725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103739-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083554 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : PREFERRED SEATING, INC. CLAIMANT : PREFERRED SEATING, INC. 2701 N NEBRASKA AVE TAMPA,FL 336021725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103743-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071358 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/29/1999	INSURED : PRESSLEY MECHANICAL SERVICE, I CLAIMANT : PRESSLEY MECHANICAL SERVICE, I 6200 17TH ST E # 2 BRADENTON,FL 342035041	AMOUNT CLAIMED : \$884.03 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103760-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060411 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/30/1998	INSURED : PRO HEALTH USA CLAIMANT : PRO HEALTH USA #102 3000 NE 30TH PL FORT LAUDERDALE,FL 333061928	AMOUNT CLAIMED : \$901.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103761-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078704 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/30/1998	INSURED : PRO HEALTH USA CLAIMANT : PRO HEALTH USA #102 3000 NE 30TH PL FORT LAUDERDALE,FL 333061928	AMOUNT CLAIMED : \$847.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103771-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : PRO-FRAME CONTRACTING, INC. SUITE 200 2101 NW 33RD ST POMPANO BEACH,FL 330691068	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103778-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078831 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : PROCTOR'S AIR CONDITIONING & CLAIMANT : PROCTOR'S AIR CONDITIONING & PO BOX 2825 OCALA,FL 344782825	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103779-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051496 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : PROCTOR'S AIR CONDITIONING & H CLAIMANT : PROCTOR'S AIR CONDITIONING & H PO BOX 2825 OCALA,FL 344782825	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103788-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071829 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/08/1999	INSURED : PROFESSIONAL PARTY HOSTS OF CLAIMANT : PROFESSIONAL PARTY HOSTS OF 7231 PLANTAIN DR ORLANDO,FL 328185869	AMOUNT CLAIMED : \$155.96 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103809-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087438 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : QUALITY CONSTRUCTION TECHNOLOG CLAIMANT : QUALITY CONSTRUCTION TECHNOLOG SUITE 827 1000 WEST AVE MIAMI BEACH,FL 331394759	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103821-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061712 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/07/1998	INSURED : R & J PROFESSIONAL PLASTERING, CLAIMANT : R & J PROFESSIONAL PLASTERING, 2410 NW 15TH ST FORT LAUDERDALE,FL 333115114	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103824-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057649 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : R & M GOLF CO., INC. CLAIMANT : R & M GOLF CO., INC. 7617 NARCOOSSEE RD ORLANDO,FL 328225541	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103832-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094319 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : R C A CONSTRUCTION, INC. CLAIMANT : R C A CONSTRUCTION, INC. 301 TARA DRIVE PLANTATION,FL 33325	AMOUNT CLAIMED : \$1,175.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103835-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071107 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/27/1999	INSURED : R G R MASONRY, INC. CLAIMANT : R G R MASONRY, INC. PO BOX 2547 BOCA RATON,FL 33427	AMOUNT CLAIMED : \$419.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103838-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065098 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : R J CUSTOM BUILDERS, INC. CLAIMANT : R J CUSTOM BUILDERS, INC. 231 COUNTRY CLUB RD SHALIMAR,FL 325792219	AMOUNT CLAIMED : \$1,443.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103840-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000636510 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : R L JOHNSON PLUMBING COMPANY, CLAIMANT : R L JOHNSON PLUMBING COMPANY, 14403 N MAIN ST JACKSONVILLE,FL 322181711	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103846-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058535 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : R.H.J CONTRACTING, INC. CLAIMANT : R.H.J. CONTRACTING, INC. 2020 NW 32 STREET POMPANO BEACH,FL 33064	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103847-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085796 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : R.H.J CONTRACTING, INC. CLAIMANT : R.H.J. CONTRACTING, INC. 2020 NW 32 STREET POMPANO BEACH,FL 33064	AMOUNT CLAIMED : \$2,328.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103848-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094031 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : R.H.J. CONTRACTING, INC. CLAIMANT : R.H.J. CONTRACTING, INC. 2020 NW 32 STREET POMPANO BEACH,FL 33064	AMOUNT CLAIMED : \$2,328.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103872-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093505 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : RAMADA INN CLAIMANT : RAMADA INN 8296 S ORANGE BLOSSOM TAL ORLANDO,FL 32811	AMOUNT CLAIMED : \$1,749.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103875-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087496 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/13/1998	INSURED : RAMALLAH AMERICAN CLUB CLAIMANT : RAMALLAH AMERICAN CLUB 3130 PARENTAL HOME RD JACKSONVILLE,FL 322165745	AMOUNT CLAIMED : \$413.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103880-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087912 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/26/1999	INSURED : RANDOLPH GRIFFIN, INC. CLAIMANT : RANDOLPH GRIFFIN, INC. #302A 1300 3RD ST S NAPLES,FL 341027239	AMOUNT CLAIMED : \$1,377.60 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103888-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042003019 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : RED CARPET INN CLAIMANT : RED CARPET INN 3101 N PONCE DE LEON BLVD SAINT AUGUSTINE,FL 320841644	AMOUNT CLAIMED : \$238.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103889-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069469 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : REDD'S CLEAN-UP & LANDSCAPING CLAIMANT : REDD'S CLEAN-UP & LANDSCAPING 6318 NORTHWOOD ST YOUNGSTOWN,FL 324662178	AMOUNT CLAIMED : \$406.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103891-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095361 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : REDWOLF TRANSPORT LINES, INC. CLAIMANT : REDWOLF TRANSPORT LINES, INC. 1206 MELROSE AVE GREEN COVE SPRINGS,FL 320430917	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103899-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087507 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/23/1999	INSURED : REGIONAL SELF STORAGE CLAIMANT : REGIONAL SELF STORAGE PO BOX 908 DESTIN,FL 325400908	AMOUNT CLAIMED : \$404.44 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103915-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042003014 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : RESOURCE MANAGEMENT INC CLAIMANT : RESOURCE MANAGEMENT INC 6920 GIRALDA CIR BOCA RATON,FL 334337736	AMOUNT CLAIMED : \$465.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103916-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200301401 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : RESOURCE MANAGEMENT, INC. CLAIMANT : RESOURCE MANAGEMENT, INC. 6920 GIRALDA CIR BOCA RATON,FL 334337736	AMOUNT CLAIMED : \$465.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103919-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042005025 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : RETTGER RESORTS OF FLORIDA, IN CLAIMANT : RETTGER RESORTS OF FLORIDA, IN 100 NE 20TH TER DEERFIELD BEACH,FL 334414555	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103920-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200502501 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : RETTGER RESORTS OF FLORIDA, IN CLAIMANT : RETTGER RESORTS OF FLORIDA, IN 100 NE 20TH TER DEERFIELD BEACH,FL 334414555	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103921-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074444 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : RETTGER RESORTS OF FLORIDA, IN CLAIMANT : RETTGER RESORTS OF FLORIDA, IN 100 NE 20TH TER DEERFIELD BEACH,FL 334414555	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103936-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062875 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : RICK JAY WILLIAMS CLAIMANT : RICK JAY WILLIAMS 17917 COUNTY ROAD 250 LIVE OAK,FL 320605550	AMOUNT CLAIMED : \$436.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103938-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000920410 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : RIDGE'S LANDSCAPING & LAWN CLAIMANT : RIDGE'S LANDSCAPING & LAWN PO BOX 223475 HOLLYWOOD,FL 330223475	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103939-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060908 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/08/1999	INSURED : RIEHL CEILINGS, INC. CLAIMANT : RIEHL CEILINGS, INC. 4930 W COMMERCE ST TAMPA,FL 336162704	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103940-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088284 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/08/1999	INSURED : RIEHL CEILINGS, INC. CLAIMANT : RIEHL CEILINGS, INC. 4930 W COMMERCE ST TAMPA,FL 336162704	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103961-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095969 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : RL JOHNSON PLUMBING CO. INC CLAIMANT : RL JOHNSON PLUMBING CO. INC 14403 N MAIN ST JACKSONVILLE,FL 322181711	AMOUNT CLAIMED : \$4,365.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103962-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071874 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : RMC, INC. CLAIMANT : RMC, INC. 6920 GIRALDA CIR BOCA RATON,FL 334337736	AMOUNT CLAIMED : \$465.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103964-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000859510 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : ROBBINS CAMPER SALES, INC. CLAIMANT : ROBBINS CAMPER SALES, INC. 1112 N US HIGHWAY 1 ORMOND BEACH,FL 321742997	AMOUNT CLAIMED : \$2,519.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103969-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042004042 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : ROBERT E. JOHNSTON CLAIMANT : ROBERT E. JOHNSTON 2925 SALERNO WAY DELRAY BEACH,FL 334457149	AMOUNT CLAIMED : \$475.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103972-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062486 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : ROBERT G CURRIE & ASSOC INC & CLAIMANT : ROBERT G CURRIE & ASSOC INC & 134 NE 1ST AVE DELRAY BEACH,FL 334443713	AMOUNT CLAIMED : \$1,648.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103975-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 01000865010 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 06/03/1999	INSURED : ROBERT KLEMEN CONSTRUCTION CLAIMANT : ROBERT KLEMEN CONSTRUCTION 102 COLONY HARBOUR RD PANAMA CITY BEACH,FL 324072829	AMOUNT CLAIMED : \$787.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103979-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077403 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/08/1999	INSURED : ROBERT'S LANDSCAPE MAINTENANCE CLAIMANT : ROBERT'S LANDSCAPE MAINTENANCE 10195 SW 103RD AVE MIAMI,FL 331763516	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 103980-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093481 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1999	INSURED : ROBERTS & SONS CONCRETE CLAIMANT : ROBERTS & SONS CONCRETE 3320 NW 18TH ST FORT LAUDERDALE,FL 333114232	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 103981-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074706 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/29/1999	INSURED : ROBINSON & ASSOCIATES CLAIMANT : ROBINSON & ASSOCIATES SUITE #35 4000 SAINT JOHNS AVE JACKSONVILLE,FL 322059357	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104004-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200300201 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/10/1999	INSURED : RONSARA ENTERPRISES, INC. CLAIMANT : DAYTONA INTERNATIONAL INC. 301 S ATLANTIC AVE DAYTONA BEACH,FL 321184503	AMOUNT CLAIMED : \$779.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104014-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056806 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : ROSENBLUM & CO. AND BUYER'S RE CLAIMANT : ROSENBLUM & CO. AND BUYER'S RE SUITE 201 27 PENNOCK LANE JUPITER,FL 33458	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104032-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091474 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : ROYAL PALMS MOTEL CLAIMANT : ROYAL PALMS MOTEL 627 S FEDERAL HWY STUART,FL 349942992	AMOUNT CLAIMED : \$1,390.34 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104034-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052004 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : RUCKLE PROPERTIES, INC. CLAIMANT : PALM PLAZA OF NW FLORIDA PO BOX 207 NICEVILLE,FL 32578	AMOUNT CLAIMED : \$89.02 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104041-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056433 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : S & J AUTOMOTIVE, INC. ET AL CLAIMANT : S & J AUTOMOTIVE, INC. ET AL 600 JOHN SIMS PKWY E NICEVILLE,FL 325782030	AMOUNT CLAIMED : \$1,058.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104043-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065305 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : S & R BUSINESS SERVICES, INC. CLAIMANT : S & R BUSINESS SERVICES, INC. 540 NW 165 ST ROAD SUITE #308 N. MIAMI,FL 33261	AMOUNT CLAIMED : \$9,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104063-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061061 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : S.O.S. DRIVERS, INC. CLAIMANT : S.O.S. DRIVERS, INC. 1035 HIGHLAND AVE NE LARGO,FL 337701610	AMOUNT CLAIMED : \$420.80 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104066-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091543 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/24/1998	INSURED : SAFE & SOUND, INC. CLAIMANT : SAFE & SOUND INC 192 10 NW 89TH CT HIALEAH,FL 33015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104067-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0420006020 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/12/1998	INSURED : SAFE AIR INTERNATIONAL, INC. CLAIMANT : SAFE AIR INTERNATIONAL, INC. 750 SW 34TH ST FORT LAUDERDALE,FL 333153632	AMOUNT CLAIMED : \$6,586.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104068-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200602001 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/12/1998	INSURED : SAFE AIR INTERNATIONAL, INC. CLAIMANT : SAFE AIR INTERNATIONAL, INC. 750 SW 34TH ST FORT LAUDERDALE,FL 333153632	AMOUNT CLAIMED : \$16,431.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104069-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071509 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/12/1998	INSURED : SAFE AIR INTERNATIONAL, INC. CLAIMANT : SAFE AIR INTERNATIONAL, INC. 750 SW 34TH ST FORT LAUDERDALE,FL 333153632	AMOUNT CLAIMED : \$7,589.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104070-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090062 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : SAFEHOME SECURITY SYSTEMS,. IN CLAIMANT : SAFEHOME SECURITY SYSTEMS,. IN 710 OAKFIELD DR., SUITE 135 BRANDON,FL 33511	AMOUNT CLAIMED : \$1,325.71 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104071-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092008 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : SAFETY SYSTEMS INC CLAIMANT : SAFETY SYSTEMS INC PO BOX R WHITE SPRINGS,FL 320960445	AMOUNT CLAIMED : \$1,298.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104073-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072162 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : SALA INDUSTRIAL SALES CLAIMANT : SALA INDUSTRIAL SALES 9999 NW 89 AVE BAY 7 MIAMI,FL 33178	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104074-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061738 CLAIM NUMBER : INS/CLMT STATE : MA DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/04/1999	INSURED : SALEM HOUSING CORP. & SALEM NU CLAIMANT : SALEM HOUSING & REHAB C/O OSCAR ROIZ 1330 NW 1ST AVENUE HOMESTEAD,FL 33030	AMOUNT CLAIMED : \$44,195.44 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104077-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080857 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : SALISBURY SERVICE CORPORATION CLAIMANT : SALISBURY SERVICE CORPORATION 5301 PINETREE RD POMPANO BEACH,FL 330674156	AMOUNT CLAIMED : \$366.45 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104082-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069456 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : SAM'S PAINTING CLAIMANT : SAM'S PAINTING 4356 MCDONALD GLEY RD APOPKA,FL 327125880	AMOUNT CLAIMED : \$2,450.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104084-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095538 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : SAMCO CONSTRUCTION, INC. CLAIMANT : SAMCO CONSTRUCTION, INC. 3617 CROWN POINT RD STE 8 JACKSONVILLE,FL 322579010	AMOUNT CLAIMED : \$787.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104092-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089818 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : SAN MARCO CLUB INC CLAIMANT : SAN MARCO CLUB INC 1423 SAN MARCO BLVD JACKSONVILLE,FL 322078535	AMOUNT CLAIMED : \$924.03 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104102-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087885 CLAIM NUMBER : INS/CLMT STATE : NJ DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : SANGIORGIO COLLECTIONS CORP CLAIMANT : SANGIORGIO COLLECTIONS CORP 30 CAMPTOWN RD MAPLEWOOD,NJ 07040	AMOUNT CLAIMED : \$843.34 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104111-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065027 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : SAVE ON FABRICS CORP CLAIMANT : SAVE ON FABRICS CORP 2595 S STATE ROAD 7 HOLLYWOOD,FL 330234170	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104122-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089889 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : SCHIPPER NATION'S CONSTRUCTION CLAIMANT : SCHIPPER NATION'S CONSTRUCTION 1366 W 15 TH ST PANAMA CITY,FL 32401	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104125-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000764810 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : SCHNEIDER'S FLORAL DESIGN & CLAIMANT : SCHNEIDER'S FLORAL DESIGN & 2225 E SILVER SPRINGS BLVD OCALA,FL 344706912	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104127-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057998 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : SCHWAB'S ENTERPRISES OF NW FLO CLAIMANT : SCHWAB'S ENTERPRISES OF NW FLO 489 HIGHWAY 190 VALPARAISO,FL 32580	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104128-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084424 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : SCHWABS ENTERPRISES OF NW FL CLAIMANT : SCHWABS ENTERPRISES OF NW FL 489 HIGHWAY 190 VALPARAISO,FL 32580	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104132-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056711 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : SCOMA CHIROPRACTIC, P.A. CLAIMANT : SCOMA CHIROPRACTIC, P.A. 3714 DEL PRADO BLVD S CAPE CORAL,FL 339047141	AMOUNT CLAIMED : \$193.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104133-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078939 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : SCOMA CHIROPRACTIC, P.A. CLAIMANT : SCOMA CHIROPRACTIC, P.A. 3714 DEL PRADO BLVD S CAPE CORAL,FL 339047141	AMOUNT CLAIMED : \$689.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104136-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075869 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/07/1998	INSURED : SCOTTY'S INSTALLED HOME IMPROV CLAIMANT : SCOTTY'S INSTALLED HOME IMPROV 9210 N PALAFOX HWY PENSACOLA,FL 32534	AMOUNT CLAIMED : \$943.95 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104143-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090686 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : SEA PLEASURES & TREASURES INC CLAIMANT : SEA PLEASURES & TREASURES 255 W VENICE AVE VENICE,FL 342852042	AMOUNT CLAIMED : \$343.57 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104144-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053001 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : SEABREEZE TRAVEL OF FT. LAUDER CLAIMANT : SEABREEZE TRAVEL OF FT. LAUDER 1402 SE 17TH ST FORT LAUDERDALE,FL 333161710	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104145-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084731 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : SEABREEZE TRAVEL OF FT. LAUDER CLAIMANT : SEABREEZE TRAVEL OF FT. LAUDER 1402 SE 17TH ST FORT LAUDERDALE,FL 333161710	AMOUNT CLAIMED : \$511.41 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104146-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076628 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/15/1998	INSURED : SEACOAST SPECIALTIES, INC. CLAIMANT : SEACOAST SPECIALTIES, INC. 1754 COSTA DEL SOL BOCA RATON,FL 334321747	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104147-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078148 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : SEAKOVE MOTEL CLAIMANT : SEAKOVE MOTEL 17851 FRONT BEACH RD PANAMA CITY BEACH,FL 324131926	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104150-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069472 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/14/1999	INSURED : SEALTEC, INC. CLAIMANT : SEALTEC INC PO BOX 937 SEFFNER,FL 335830937	AMOUNT CLAIMED : \$1,426.68 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104164-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080082 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/21/1998	INSURED : SERVICE ALLIANCE INC CLAIMANT : SERVICE ALLIANCE INC SUITE302 325 W ADAMS ST JACKSONVILLE,FL 322024320	AMOUNT CLAIMED : \$920.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104167-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058593 CLAIM NUMBER : INS/CLMT STATE : MA DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : SERVICING CONSTRUCTION INDUSTR CLAIMANT : SERVICING CONSTRUCTION INDUSTR 145 MARSTON ST LAWRENCE,MA 018411526	AMOUNT CLAIMED : \$1,116.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104172-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095901 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/19/1998	INSURED : SHAN MOTEL COMPANY CLAIMANT : SHAN MOTEL COMPANY 4104 W VINE ST KISSIMMEE,FL 347414502	AMOUNT CLAIMED : \$3,726.79 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104178-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092484 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : SHEAR CLASS HAIR STUDIO CLAIMANT : SHEAR CLASS HAIR STUDIO 110 NOKOMIS AVE N VENICE,FL 342851901	AMOUNT CLAIMED : \$730.84 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104179-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089749 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : SHEAR ELEGANCE COIFFURE, INC. CLAIMANT : SHEAR ELEGANCE COIFFURE, INC. 18284 CLEARBROOK CIR BOCA RATON,FL 334981945	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104180-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053847 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/09/1998	INSURED : SHEFFIELD AUTO BODY SHOP CLAIMANT : SHEFFIELD AUTO BODY SHOP 2195 W TENNESSEE ST TALLAHASSEE,FL 323043118	AMOUNT CLAIMED : \$9,077.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104189-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063007 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/13/2000	INSURED : SHIRLEE CARLSON CLAIMANT : SHIRLEE CARLSON 2407 W 13TH CT PANAMA CITY,FL 324011519	AMOUNT CLAIMED : \$2,943.90 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104205-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055309 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/13/1998	INSURED : SILCO CARRIER, INC. CLAIMANT : SILCO CARRIER, INC. 8467 NO ROAD JACKSONVILLE,FL 32210	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104206-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055312 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/13/1998	INSURED : SILCO TRUCK REPAIR, INC. CLAIMANT : SILCO TRUCK REPAIR, INC. 8467 NO ROAD JACKSONVILLE,FL 32210	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104207-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083234 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/13/1998	INSURED : SILCO TRUCK REPAIR, INC. CLAIMANT : SILCO TRUCK REPAIR, INC. 8467 NO ROAD JACKSONVILLE,FL 32210	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104209-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094475 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : SILVER EDGE, INC. CLAIMANT : SILVER EDGE, INC. 2344 SW 24TH TER MIAMI,FL 331453630	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104218-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100057387 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : SINGLETON'S SEAFOOD RESTAURANT CLAIMANT : SINGLETON'S SEAFOOD RESTAURANT 4728 OCEAN ST ATLANTIC BEACH,FL 322332426	AMOUNT CLAIMED : \$446.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104230-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083178 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/13/1999	INSURED : SNEAKER'S ENTERPRISES INC CLAIMANT : SNEAKER'S ENTERPRISES INC 10750 ATLANTIC BLVD STE 8 JACKSONVILLE,FL 322252941	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104250-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000719310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : SOUTH FLORIDA SALES & SERVICE CLAIMANT : SOUTH FLORIDA SALES & SERVICE 4182 S UNIVERSITY DR DAVIE,FL 333283006	AMOUNT CLAIMED : \$188.13 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104266-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063258 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 05/07/1999	INSURED : SOUTHERN COAST ENTERPRISES CLAIMANT : SOUTHERN COAST ENTERPRISES 273 NW 1ST AVE DEERFIELD BEACH,FL 334412005	AMOUNT CLAIMED : \$9,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104270-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100053072 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/29/1998	INSURED : SOUTHERN EQUIPMENT PAINTING CO CLAIMANT : SOUTHERN EQUIPMENT PAINTING CO PO BOX 541 LAKE CITY,FL 320560541	AMOUNT CLAIMED : \$8,955.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104279-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085823 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/27/1998	INSURED : SOUTHERN SIDING BLAIR CONSTRUC CLAIMANT : SOUTHERN SIDING BLAIR CONSTRUC PO BOX 1208 PERRY,FL 323481208	AMOUNT CLAIMED : \$140.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104280-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083165 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : SOUTHERN SITE & UNDERGROUND CLAIMANT : SOUTHERN SITE & UNDERGROUND 3863 RANCHO RD JACKSONVILLE,FL 32221	AMOUNT CLAIMED : \$828.08 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104287-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077834 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : SOUTHERN TAPS & TEST INC CLAIMANT : SOUTHERN TAPS & TEST INC 2037 DAHLIA RD JACKSONVILLE,FL 322541650	AMOUNT CLAIMED : \$323.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104300-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093883 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : SOUTHWEST SOCIAL SERVICES CLAIMANT : SOUTHWEST SOCIAL SERVICES 25 TAMIAMI BLVD MIAMI,FL 331442664	AMOUNT CLAIMED : \$2,996.60 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104301-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100066553 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : SOUTHWEST SOCIAL SERVICES PROG CLAIMANT : SOUTHWEST SOCIAL SERVICES PROG 25 TAMIAMI BLVD MIAMI,FL 331442664	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104321-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054497 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : SPERRY FRANK, INC. CLAIMANT : SPERRY FRANK, INC. 252 SW 12TH AVE DEERFIELD BEACH,FL 334423104	AMOUNT CLAIMED : \$483.83 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104324-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087163 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : SPORTS WHIRL MARKETING, INC. CLAIMANT : SPORTS WHIRL MARKETING, INC. #17 120 ALEXANDRIA BLVD OVIDO,FL 327656294	AMOUNT CLAIMED : \$382.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104335-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089778 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/16/1998	INSURED : ST. DENNIS MOVING & STORAGE CO CLAIMANT : ST. DENNIS MOVING & STORAGE CO 3060 SIVAN RD FORT MYERS,FL 339167611	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104336-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100064115 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/17/1999	INSURED : ST. JOHNS DESIGNER LANDSCAPE CLAIMANT : ST. JOHNS DESIGNER LANDSCAPE 1109 POND VIEW CT JACKSONVILLE,FL 322592950	AMOUNT CLAIMED : \$1,113.58 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104340-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000760210 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : STAFFING PROFESSIONALS, INC. CLAIMANT : STAFFING PROFESSIONALS, INC. 5881 WHITFIELD AVE SARASOTA,FL 342433125	AMOUNT CLAIMED : \$4,375.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104341-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055269 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : STAGE 22 IMAGING, INC. CLAIMANT : STAGE 22 IMAGING, INC. SUITE #101 2721 FORSYTH RD WINTER PARK,FL 327928220	AMOUNT CLAIMED : \$327.40 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104344-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055018 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : STAJAC INDUSTRIES, INC. CLAIMANT : STAJAC INDUSTRIES, INC. 1750 UNIVERSITY DR STE 230 CORAL SPRINGS,FL 33077	AMOUNT CLAIMED : \$417.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104347-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054148 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : STAMFORD AT THE VILLAGES OF P. CLAIMANT : STAMFORD AT THE VILLAGES OF P. % CHISHMARK & COMPANY 3900 WOODLAKE BLVD STE 201 LAKE WORTH,FL 334633045	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104350-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076631 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : STAR JARS, INC. CLAIMANT : STAR JARS, INC. BOB GRIESMAR 840US HIGHWAY 1 # 405 NORTH PALM BEACH,FL 334083812	AMOUNT CLAIMED : \$235.66 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104352-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078873 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : STAR STEEL FABRICATORS, INC. CLAIMANT : STAR STEEL FABRICATORS, INC. PO BOX 267685 WESTON,FL 333267685	AMOUNT CLAIMED : \$1,487.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104371-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090919 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : STERLING BUILDING & DEVELOP- CLAIMANT : STERLING BUILDING & DEVELOP- 9810 BOCA GARDENS PKWY APT D BOCA RATON,FL 334961720	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104376-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061032 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/30/1998	INSURED : STEVE DOUGHERTY CLAIMANT : STEVE DOUGHERTY 710 LAKE DR BOCA RATON,FL 334326227	AMOUNT CLAIMED : \$496.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104382-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095694 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : STEVEN GILSON D M D, P A CLAIMANT : STEVEN GILSON D M D, P A 1127 S UNIVERSITY DR PLANTATION,FL 333243323	AMOUNT CLAIMED : \$2,500.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104383-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090493 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : STEVEN N. AINBINDER, P A CLAIMANT : STEVEN N. AINBINDER, P A 125 CRAWFORD BLVD BOCA RATON,FL 334323728	AMOUNT CLAIMED : \$371.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104395-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073003 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : STONEY POWERS CLAIMANT : STONEY POWERS 10634 WIMBLEDON DR JACKSONVILLE,FL 322573353	AMOUNT CLAIMED : \$535.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104396-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091001 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : STRAIT-LINE CONSTRUCTION OF CLAIMANT : STRAIT-LINE CONSTRUCTION OF SUITE 278 8222 WILES RD CORAL SPRINGS,FL 330671900	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104414-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078151 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : SUN CITY CENTER SECURITY CLAIMANT : SUN CITY CENTER SECURITY 1005 PEEBLE BEACH BLVD N SUN CITY CENTER,FL 33573	AMOUNT CLAIMED : \$732.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104420-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073421 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : SUN RENTALS, INC. CLAIMANT : SUN RENTALS, INC. 206 ORANGE AVE S GREEN COVE SPRINGS,FL 320434130	AMOUNT CLAIMED : \$1,818.65 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104421-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089821 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : SUN TECH INDUSTRIES CLAIMANT : SUN TECH INDUSTRIES 5203 CRUZ RD JACKSONVILLE,FL 322477754	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104429-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059198 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : SUNLAND CONSTRUCTION OF THE CLAIMANT : SUNLAND CONSTRUCTION OF THE 6823 VISTA PKWY N WEST PALM BEACH,FL 334112709	AMOUNT CLAIMED : \$12,196.69 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104431-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089196 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/07/1999	INSURED : SUNLINE CASTERS & WHEELS CLAIMANT : SUNLINE CASTERS & WHEELS 337 PHILLIPPE PKWY SAFETY HARBOR,FL 346953654	AMOUNT CLAIMED : \$1,196.05 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104432-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100063843 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/07/1999	INSURED : SUNLINE EQUIPMENT INC. CLAIMANT : SUNLINE EQUIPMENT INC. 337 PHILLIPPE PKWY SAFETY HARBOR,FL 346953654	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104435-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094462 CLAIM NUMBER : INS/CLMT STATE : TN DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : SUNNY HILL PLANTATION LC CLAIMANT : SUNNY HILL PLANTATION LC 11500 COUNTY ROAD 59 MICCOSUKEE,FL 32309	AMOUNT CLAIMED : \$5,561.83 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104448-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078677 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : SUNWIND BEACH SERVICE OF CLAIMANT : SUNWIND BEACH SERVICE OF C-22 850 PALM ST MARCO ISLAND,FL 341452002	AMOUNT CLAIMED : \$587.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104452-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090297 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/30/1998	INSURED : SUPERB, INC. CLAIMANT : SUPERB, INC. 8077 W OAKLAND PARK BLVD SUNRISE,FL 333511119	AMOUNT CLAIMED : \$900.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104456-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060675 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : SUPERIOR IMAGING PRODUCTS, INC CLAIMANT : SUPERIOR IMAGING PRODUCTS, INC 6041 SIESTA LANE PO BOX 1119 PORT RICHEY,FL 346731119	AMOUNT CLAIMED : \$730.48 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104457-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075983 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : SUPERIOR IMAGING PRODUCTS, INC CLAIMANT : SUPERIOR IMAGING PRODUCTS, INC 6041 SIESTA LANE PO BOX 1119 PORT RICHEY,FL 346731119	AMOUNT CLAIMED : \$730.48 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104461-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000907010 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : SURE GAS COMPANY CLAIMANT : SURE GAS COMPANY 1702 W DERBY AVE AUBURNDALE,FL 338233904	AMOUNT CLAIMED : \$4,755.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104469-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075192 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : SURIN CONSTRUCTION INC CLAIMANT : SURIN CONSTRUCTION INC PO BOX 120953 CLERMONT,FL 347120953	AMOUNT CLAIMED : \$236.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104471-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067478 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : SUTRI INVESTMENT CLAIMANT : SUTRI INVESTMENT 209 MIRACLE STRIP PKWY SW FORT WALTON BEACH,FL 325486616	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104472-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055452 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/05/1999	INSURED : SUWANNEE RIVER ECONOMIC COUNCI CLAIMANT : SUWANNEE RIVER ECONOMIC COUNCI PO BOX 70 LIVE OAK,FL 320640070	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104473-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100085492 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/05/1999	INSURED : SUWANNEE RIVER ECONOMIC COUNCI CLAIMANT : SUWANNEE RIVER ECONOMIC COUNCI PO BOX 70 LIVE OAK,FL 320640070	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104481-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075121 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/22/1999	INSURED : SYLVIA'S SCHOOL CLAIMANT : SYLVIA'S SCHOOL 7091 W 14TH CT HIALEAH,FL 330144519	AMOUNT CLAIMED : \$372.68 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104494-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088239 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : T R S CONSULTANTS, INC. CLAIMANT : T R S CONSULTANTS, INC. 1700 NW 111 AVENUE CORAL SPRINGS,FL 33071	AMOUNT CLAIMED : \$6,350.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104497-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100092399 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/08/1998	INSURED : T. SKORMAN PRODUCTIONS CLAIMANT : T. SKORMAN PRODUCTIONS SUITE 250 3660 MAGUIRE BLVD ORLANDO,FL 328033072	AMOUNT CLAIMED : \$892.78 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104498-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000611310 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : T.G.I. YOGURT CLAIMANT : T.G.I. YOGURT 233 N OCEAN BLVD DEERFIELD BEACH,FL 334413802	AMOUNT CLAIMED : \$144.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104499-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084035 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : T.G.I. YOGURT CLAIMANT : T.G.I. YOGURT 233 N OCEAN BLVD DEERFIELD BEACH,FL 334413802	AMOUNT CLAIMED : \$310.33 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104500-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060191 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/16/1998	INSURED : T.J. POWELL, JR. CLAIMANT : MARGARET POWELL RENTALS PO BOX 310 NICEVILLE,FL 325880310	AMOUNT CLAIMED : \$455.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104514-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042004074 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : TAMPA BAY ORTHOPEDIC CLAIMANT : TAMPA BAY ORTHOPEDIC 4000 PARK ST N SAINT PETERSBURG,FL 337094034	AMOUNT CLAIMED : \$3,223.39 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104517-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094991 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : TAMPA G. MANUFACTURING CO. INC CLAIMANT : TAMPA G MANUFACTURING 1115 E TWIGGS ST TAMPA,FL 336023197	AMOUNT CLAIMED : \$788.49 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104519-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000539910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : TAMPA PITCHER SHOW, INC. CLAIMANT : TAMPA PITCHER SHOW, INC. 14416 N DALE MABRY HWY TAMPA,FL 336182020	AMOUNT CLAIMED : \$3,885.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104520-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080302 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : TAMPA PITCHER SHOW, INC. CLAIMANT : TAMPA PITCHER SHOW, INC. 14416 N DALE MABRY HWY TAMPA,FL 33624	AMOUNT CLAIMED : \$736.77 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104531-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086055 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/13/1998	INSURED : TDC ENGINEERING , INC CLAIMANT : TDC ENGINEERING , INC 7810 NW 185TH ST HIALEAH,FL 330152720	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104532-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054815 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/13/1998	INSURED : TDC ENGINEERING, INC. CLAIMANT : TDC ENGINEERING, INC. 7810 NW 185TH ST HIALEAH,FL 330152720	AMOUNT CLAIMED : \$2,832.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104533-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100061767 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/13/1998	INSURED : TDC ENGINEERING, INC. CLAIMANT : TDC ENGINEERING, INC. 7810 NW 185TH ST HIALEAH,FL 330152720	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104534-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060577 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : TDJ, INC. CLAIMANT : TDJ, INC. PO BOX 6955 LAKELAND,FL 338076955	AMOUNT CLAIMED : \$10,166.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104547-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067092 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/19/1998	INSURED : TEMPORARY OPTIONS, INC. CLAIMANT : TEMPORARY OPTIONS, INC. PO BOX 260938 TAMPA,FL 336850938	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104558-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056197 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/14/1999	INSURED : THE BEER GARDEN, INC. CLAIMANT : THE BEER GARDEN INC 1017 S 8TH ST FT PIERCE,FL 34950	AMOUNT CLAIMED : \$157.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104560-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100069583 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/14/1998	INSURED : THE BLUFFS SCHOOL, INC. CLAIMANT : THE BLUFFS SCHOOL, INC. 10358 RIVERSIDE DR PALM BEACH GARDENS,FL 334104216	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104563-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086513 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : THE CAR STORE OF WEST ORANGE CLAIMANT : THE CAR STORE OF WEST ORANGE 12811 W COLONIAL DR WINTER GARDEN,FL 347874119	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104564-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100052242 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : THE CAR STORE OF WEST ORANGE, CLAIMANT : THE CAR STORE OF WEST ORANGE, 12811 W COLONIAL DR WINTER GARDEN,FL 347874119	AMOUNT CLAIMED : \$6,141.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104569-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095358 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/01/1998	INSURED : THE FREEDOM FIGHTERS CORP CLAIMANT : THE FREEDOM FIGHTERS CORP #C 4275 OKEECHOBEE BLVD WEST PALM BEACH,FL 334093230	AMOUNT CLAIMED : \$593.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104583-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077125 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : THE INVERRARY SCHOOL CLAIMANT : THE INVERRARY SCHOOL 4939 N UNIVERSITY DR LAUNERHILL,FL 333514506	AMOUNT CLAIMED : \$459.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104584-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100065612 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : THE JOB PLACE, INC. CLAIMANT : THE JOB PLACE, INC. 428 JULIA ST TITUSVILLE,FL 327963523	AMOUNT CLAIMED : \$504.09 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104594-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054664 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : THE LUGGAGE SHOP, INC. CLAIMANT : THE LUGGAGE SHOP 305 N LAURA ST JACKSONVILLE,FL 322023583	AMOUNT CLAIMED : \$1,327.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104595-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079187 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : THE LUGGAGE SHOP, INC. CLAIMANT : THE LUGGAGE SHOP 305 N LAURA ST JACKSONVILLE,FL 322023583	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104604-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073185 CLAIM NUMBER : INS/CLMT STATE : GA DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : THE POOL DEPOT OF GA INC. CLAIMANT : THE POOL DEPOT OF GA INC. #426 120 INTERSTATE NORTH PKWY SE ATLANTA,GA 303392164	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104605-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059503 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/21/1999	INSURED : THE PUMPKIN SHARE #1, INC. CLAIMANT : THE PUMPKIN SHARE #1, INC. 714 NW 32ND AVE MIAMI,FL 331253904	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104606-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076657 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/21/1999	INSURED : THE PUMPKIN SHARE #1, INC. CLAIMANT : THE PUMPKIN SHARE #1, INC. 714 NW 32ND AVE MIAMI,FL 331253904	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104607-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059489 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/21/1999	INSURED : THE PUMPKIN SHELL #3, INC. CLAIMANT : THE PUMPKIN SHARE #3, INC. 3201 NW 7TH ST MIAMI,FL 331254101	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104608-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084659 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/21/1999	INSURED : THE PUMPKIN SHELL #3, INC. CLAIMANT : THE PUMPKIN SHARE #3, INC. 3201 NW 7TH ST MIAMI,FL 331254101	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104615-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051843 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : THE STEVENS ORGANIZATION CLAIMANT : THE STEVENS ORGANIZATION 3704 ASCOT BEND CT BONITA SPRINGS,FL 341341960	AMOUNT CLAIMED : \$2,603.08 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104621-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059963 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/15/1998	INSURED : THE WINDOW DOCTOR, INC. CLAIMANT : THE WINDOW DOCTOR, INC. 1133 OLD DIXIE HWY LAKE PARK,FL 334032327	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104622-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084979 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/15/1998	INSURED : THE WINDOW DOCTOR, INC. CLAIMANT : THE WINDOW DOCTOR, INC. 1133 OLD DIXIE HWY LAKE PARK,FL 334032327	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104627-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088477 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : THIN LINE INC CLAIMANT : THIN LINE INC 14284 ARDEL DR PALM BEACH GARDENS,FL 334101104	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104631-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081658 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : THOMAS W STONE COSMETIC & GENE CLAIMANT : THOMAS W STONE COSMETIC & GENE 406 N COVE BLVD PANAMA CITY,FL 324013726	AMOUNT CLAIMED : \$611.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104632-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090771 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : THOMPSON USED CARS CLAIMANT : THOMPSON USED CARS 3658 MARTIN LUTHER KING JR AVE OCALA,FL 34475	AMOUNT CLAIMED : \$459.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104634-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100078802 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/15/1998	INSURED : THREE BLONDE MICE CLAIMANT : THREE BLONDE MICE 4551 L B MCCLEOD RD ORLANDO,FL 328116405	AMOUNT CLAIMED : \$2,255.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104644-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067089 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : TILLERY & ASSOCIATES, INC. CLAIMANT : TILLERY & ASSOCIATES, INC. SUITE #2 4217 BAYMEADOWS RD JACKSONVILLE,FL 322174676	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104647-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094351 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : TIMBUKTU, INC CLAIMANT : TIMBUKTU, INC #C 755 STATE ROAD 434 LONGWOOD,FL 32750	AMOUNT CLAIMED : \$731.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104658-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088395 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/06/1998	INSURED : TLC DIVERSIFIED, INC. CLAIMANT : TLC DIVERSIFIED, INC. B-1 7233 SOUTHERN BLVD WEST PALM BEACH,FL 334131623	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104665-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077392 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/02/1999	INSURED : TODDLER TECH EXECUTIVE CORP. CLAIMANT : TODDLER TECH EXECUTIVE CORP. 7 MALLARD LANDING SARATOGA SPRINGS,NY 12866	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104668-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051912 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : TOM WINNER GLASS COMPANY, INC CLAIMANT : TOM WINNER GLASS CO 999 FLORIDA AVE S ROCKLEDGE,FL 329552190	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104669-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086304 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : TOM WINNER GLASS COMPANY, INC CLAIMANT : TOM WINNER GLASS CO 999 FLORIDA AVE S ROCKLEDGE,FL 329552190	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104678-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074888 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : TONY SAULS CLAIMANT : TONY SAULS 213 W 34TH PL PANAMA CITY,FL 324053305	AMOUNT CLAIMED : \$722.78 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104682-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088591 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : TOP INTERNATIONAL, INC. CLAIMANT : TOP INTERNATIONAL, INC. 4345 NW 97TH AVE MIAMI,FL 331783353	AMOUNT CLAIMED : \$318.48 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104683-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100066193 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/29/1998	INSURED : TOP LINE ELECTRIC, INC. CLAIMANT : TOP LINE ELECTRIC, INC. #11 4181 NW 1ST AVE BOCA RATON,FL 334314234	AMOUNT CLAIMED : \$288.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104686-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100080148 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : TOP TURF FARMS, INC. CLAIMANT : TOP TURF FARMS, INC. 14200 ASTER AVE WELLINGTON,FL 334148501	AMOUNT CLAIMED : \$11,805.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104703-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100073934 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/23/1998	INSURED : TPE VENTURES, INC CLAIMANT : TPE VENTURES, INC PO BOX 2066 KEY WEST,FL 330452066	AMOUNT CLAIMED : \$2,777.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104704-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100050293 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : TRACKING SYSTEMS OF AMERICA, I CLAIMANT : TRACKING SYSTEMS OF AMERICA, INC 8849 SAN JOSE BLVD JACKSONVILLE,FL 322174244	AMOUNT CLAIMED : \$269.04 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104706-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100071472 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/23/1998	INSURED : TRACKING SYSTEMS OF AMERICA, I CLAIMANT : TRACKING SYSTEMS OF AMERICA, INC 8849 SAN JOSE BLVD JACKSONVILLE,FL 322174244	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104716-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000808610 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/29/1999	INSURED : TRANSFLORIDA PLAZA-PLANTATION, CLAIMANT : TRANSFLORIDA PLAZA-PLANTATION, C/O BERNARD F. SILVER, P. 1725 S BAYSHORE DR MIAMI,FL 331333305	AMOUNT CLAIMED : \$1,870.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104718-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100093867 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/10/1998	INSURED : TRANSMISSION POWER, INC. CLAIMANT : TRANSMISSION POWER, INC. 1276 W ADAMS STREET JACKSONVILLE,FL 32204	AMOUNT CLAIMED : \$1,764.38 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104721-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059307 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/22/1999	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : TRANSPORTE AERO MERCANTILES PA PO BOX 524235 MIAMI,FL 331524235	AMOUNT CLAIMED : \$43,502.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104722-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000898510 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/22/1999	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : TRANSPORTE AERO MERCANTILES PA PO BOX 524235 MIAMI,FL 331524235	AMOUNT CLAIMED : \$13,646.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104732-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100065683 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 06/04/1999	INSURED : TRI COUNTY FENCE COMPANY CLAIMANT : TRI COUNTY FENCE COMPANY INC 7101 NW 5TH ST PLANTATION,FL 33317	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104733-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 01000931910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 06/04/1999	INSURED : TRI COUNTY FENCE COMPANY CLAIMANT : TRI COUNTY FENCE COMPANY INC 7101 NW 5TH ST PLANTATION,FL 33317	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104735-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100051618 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : TRI COUNTY HOME HEALTH CARE CLAIMANT : TRI COUNTY HOME HEALTH CARE 1890 N UNIVERSITY DR CORAL SPRINGS,FL 330718963	AMOUNT CLAIMED : \$20,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104758-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100087827 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : TRUMP CONSTRUCTORS INC CLAIMANT : TRUMP CONSTRUCTORS INC PO BOX 712 SAN MATEO,FL 321870712	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104766-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088226 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1993	INSURED : TWIN VALLEYS, INC. CLAIMANT : TWIN VALLEYS, INC. 15023 CARLTON LAKE RD LITHIA,FL 335030203	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104774-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056975 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/17/1998	INSURED : U. S. BUSINESS SERVICES, INC. CLAIMANT : U. S. BUSINESS SERVICES, INC. 1282 BUSINESS PARK PL JENSEN BEACH,FL 349575319	AMOUNT CLAIMED : \$5,970.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104775-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000816910 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/17/1998	INSURED : U. S. BUSINESS SERVICES, INC. CLAIMANT : USMR MARKETING INC 2700 W CYPRESS CREEK RD D-105 FT LAUDERDALE,FL 33309	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104776-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091683 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : U. S. TRUSS, INC. CLAIMANT : U. S. TRUSS, INC. 3400 45TH ST WEST PALM BEACH,FL 334071844	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104777-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100055896 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : U.N. EXPORT & IMPORT CORP. CLAIMANT : U.N. COMPUTERS 7476 UNIVERSAL BLVD ORLANDO,FL 328198910	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104778-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100084342 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : U.N. EXPORT & IMPORT CORP. CLAIMANT : U.N. COMPUTERS 7476 UNIVERSAL DR ORLANDO,FL 328198910	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104788-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058577 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : U.S. TRUSS, INC. CLAIMANT : U.S. TRUSS, INC. 3400 45TH ST WEST PALM BEACH,FL 334071844	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104789-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088131 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/28/1998	INSURED : U.S. TRUSS, INC. CLAIMANT : U.S. TRUSS, INC. 3400 45TH ST WEST PALM BEACH,FL 334071844	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104790-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0042004095 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : ULMER CONSTRUCTION, INC. CLAIMANT : ULMER CONSTRUCTION, INC. STE. #16 810 SATURN ST JUPITER,FL 334774402	AMOUNT CLAIMED : \$8,883.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104791-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100088311 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/17/1998	INSURED : ULMER CONSTRUCTION, INC. CLAIMANT : ULMER CONSTRUCTION, INC. STE. #16 810 SATURN ST JUPITER,FL 334774402	AMOUNT CLAIMED : \$23,454.15 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104793-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081629 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/02/1998	INSURED : ULTIMATE LAWN CARE CLAIMANT : ULTIMATE LAWN CARE SUITE 122 312 E VENICE AVE VENICE,FL 342922677	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104796-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056295 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : ULTRAMONT PROPERTIES, INC. N.V CLAIMANT : ULTRAMONT PROPERTIES, INC. N.V PO BOX 110239 MIAMI,FL 331110239	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104797-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100081354 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : ULTRAMONT PROPERTIES, INC. N.V CLAIMANT : ULTRAMONT PROPERTIES, INC. N.V PO BOX 110239 MIAMI,FL 331110239	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104801-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100066622 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/08/1998	INSURED : UNIQUE PLASTERING CLAIMANT : UNIQUE PLASTERING 19885 NW 54TH AVE OPA LOCKA,FL 330551682	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104802-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000927210 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/08/1998	INSURED : UNIQUE PLASTERING CLAIMANT : UNIQUE PLASTERING 19885 NW 54TH AVE OPA LOCKA,FL 330551682	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104803-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089585 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/14/1998	INSURED : UNITED AMERICAN CONTRACTORS IN CLAIMANT : UNITED AMERICAN CONTRACTORS IN C/O STEVEN J ALTHOFF 7041 SW 2ND CT PEMBROKE PINES,FL 330231001	AMOUNT CLAIMED : \$1,474.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104813-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100075454 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : USA SOFTWARE CLAIMANT : USA SOFTWARE #244 9900 STIRLING RD HOLLYWOOD,FL 330248065	AMOUNT CLAIMED : \$156.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104822-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000815510 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : VACUUM CENTER CLAIMANT : VACUUM CENTER 722 NORTH BEAL PARKWAY STE D FT. WALTON BEACH,FL 32547	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104831-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059418 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : VERNON BENNETT CLAIMANT : BENNETT ELECTRICAL CONTRACTORS 345 HARTFORD AVE DAYTONA BEACH,FL 321183315	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104832-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094028 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : VERNON BENNETT CLAIMANT : BENNETT ELECTRICAL CONTRACTORS 345 HARTFORD AVE DAYTONA BEACH,FL 321183315	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104833-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000766610 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : VERNON BENNETT CLAIMANT : BENNETT ELECTRICAL CONTRACTORS 345 HARTFORD AVE DAYTONA BEACH,FL 321183315	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104835-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095623 CLAIM NUMBER : INS/CLMT STATE : NY DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : VERSAILLES LIGHTING OF FLORIDA CLAIMANT : VERSAILLES LIGHTING OF FLORIDA 224 W 30TH ST FL 9 NEW YORK,NY 100014905	AMOUNT CLAIMED : \$645.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104836-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100068642 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/22/1998	INSURED : VERSATILE INSTALLATIONS CLAIMANT : VERSATILE INSTALLATIONS 283 ECHO CIR FT WALTON BEACH,FL 325486314	AMOUNT CLAIMED : \$555.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104837-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100074539 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : VERTEKS CONSULTING INC CLAIMANT : VERTEKS CONSULTING INC #2 2007 SW COLLEGE RD OCALA,FL 344743062	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104845-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076771 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : VILLAGE GROCERY CLAIMANT : VILLAGE GROCERY 6810 GULF OF MEXICO DR LONGBOAT KEY,FL 342281334	AMOUNT CLAIMED : \$1,582.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104869-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058368 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : VUTEC CORPORATION CLAIMANT : VUTEC CORPORATION 5900 STIRLING RD HOLLYWOOD,FL 330211528	AMOUNT CLAIMED : \$5,257.37 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104870-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100086137 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : VUTEC CORPORATION CLAIMANT : VUTEC CORPORATION 5900 STIRLING RD HOLLYWOOD,FL 330211528	AMOUNT CLAIMED : \$4,010.48 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104877-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100076533 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 11/01/1998	INSURED : WAAS CONSTRUCTION, INC. CLAIMANT : WAAS CONSTRUCTION 5582 NW 79TH AVE MIAMI,FL 331664195	AMOUNT CLAIMED : \$404.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104886-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054442 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : WALL STREET MONEY MANAGEMENT G CLAIMANT : WALL STREET MONEY MANAGEMENT GROUP INC #190 5301 N FEDERAL HWY BOCA RATON,FL 334874917	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104887-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083858 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : WALL STREET MONEY MANAGEMENT G CLAIMANT : WALL STREET MONEY MANAGEMENT GROUP INC #190 5301 N FEDERAL HWY BOCA RATON,FL 334874917	AMOUNT CLAIMED : \$898.33 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104892-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091167 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/06/1999	INSURED : WALTER PROPERTY INVESTMENTS LL CLAIMANT : WALTER PROPERTY INVESTMENTS LLC 4320 W KENNEDY BLVD TAMPA,FL 336092127	AMOUNT CLAIMED : \$1,352.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104893-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100077638 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : WARD CONSTRUCTION PRODUCTS, IN CLAIMANT : WARD CONSTRUCTION PRODUCTS, INC 418 MARGARET ST JACKSONVILLE,FL 322042757	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104906-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090088 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : WE, US & COMPANY, INC. CLAIMANT : WE, US & COMPANY, INC. 5721 SETON DRIVE MARGATE,FL 330611966	AMOUNT CLAIMED : \$549.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104909-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100059058 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/11/1998	INSURED : WEIDENER SURVEYING & MAPPING, CLAIMANT : WEIDENER SURVEYING & MAPPING, 10418 NW 31ST TER MIAMI,FL 331721200	AMOUNT CLAIMED : \$6,416.58 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104912-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067354 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/02/1998	INSURED : WEISS FAMILY CHIROPRACTIC CENT CLAIMANT : WEISS FAMILY CHIROPRACTIC CENT 4343 10TH AVE N LAKE WORTH,FL 334612312	AMOUNT CLAIMED : \$300.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104913-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100060342 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : WELDER SERVICES, INC CLAIMANT : WELDER SERVICES, INC 12123 N EDGEWATER DR WEST PALM BEACH,FL 334071027	AMOUNT CLAIMED : \$8,737.10 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104932-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100079161 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : WESTBAY LANDCARE CLAIMANT : WESTBAY LANDCARE PO BOX 82597 TAMPA,FL 336822597	AMOUNT CLAIMED : \$400.80 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104934-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082782 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/15/1998	INSURED : WESTERN FEED & SEED, INC. CLAIMANT : WESTERN FEED & SEED, INC. 21 PEBBLE BCH DRIVE NICEVILLE,FL 325781913	AMOUNT CLAIMED : \$700.56 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104945-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062042 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : WHILE-U-WAIT PRINTING, INC. CLAIMANT : WHILE-U-WAIT PRINTING 1230 S ANDREWS AVE FORT LAUDERDALE,FL 333161885	AMOUNT CLAIMED : \$335.60 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104946-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083887 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/12/1998	INSURED : WHILE-U-WAIT PRINTING, INC. CLAIMANT : WHILE-U-WAIT PRINTING 1230 S ANDREWS AVE FORT LAUDERDALE,FL 333161885	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104961-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 004200246801 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : WHITROCK ASSOCIATES,INC. CLAIMANT : WHITROCK ASSOCIATES,INC. 1793 F I M BLVD FORT WALTON BEACH,FL 325477050	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104962-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100072773 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : WHITROCK ASSOCIATES,INC. CLAIMANT : WHITROCK ASSOCIATES,INC. 1793 F I M BLVD FORT WALTON BEACH,FL 325477050	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104963-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089392 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : WICKS N STICKS CANDLEPOWER INC CLAIMANT : WICKS N STICKS CANDLEPOWER INC BOX 58 300 MARY ESTHER BLVD MARY ESTHER,FL 325691693	AMOUNT CLAIMED : \$1,144.61 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104967-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100058371 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/18/1998	INSURED : WILDLIFE CARE CENTER CLAIMANT : WILDLIFE CARE CENTER 3200 SW 4TH AVE FORT LAUDERDALE,FL 333153019	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104968-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082544 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : WILDLIFE CARE CENTER CLAIMANT : WILDLIFE CARE CENTER 3200 SW 4TH AVE FORT LAUDERDALE,FL 333153019	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104969-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100070322 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : WILFORD PROPANE GAS COMPANY CLAIMANT : WILFORD PROPANE GAS COMPANY 706 KINGSLEY AVE ORANGE PARK,FL 320735412	AMOUNT CLAIMED : \$7,988.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104970-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100062153 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : WILGUS NURSERY, INC. CLAIMANT : WILGUS NURSERY, INC. 5741 SW 109TH AVE FORT LAUDERDALE,FL 333286303	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104971-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000848010 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : WILGUS NURSERY, INC. CLAIMANT : WILGUS NURSERY, INC. 5741 SW 109TH AVE FORT LAUDERDALE,FL 333286303	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104972-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100054082 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/22/1998	INSURED : WILKINSON INSULATION COMPANY CLAIMANT : WILKINSON INSULATION COMPANY 1780 EMERSON ST JACKSONVILLE,FL 322076106	AMOUNT CLAIMED : \$4,911.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104980-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089543 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/25/1998	INSURED : WILLIAM H COLEMAN INC CLAIMANT : WILLIAM H COLEMAN INC SUITE 100 4519 BEACH BLVD JACKSONVILLE,FL 322074789	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104981-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000563810 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : WILLIAM PARKS JOHNSON CLAIMANT : WILLIAM PARKS JOHNSON PO BOX 429 LIVE OAK,FL 320640429	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104982-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100082795 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/24/1998	INSURED : WILLIAM PARKS JOHNSON CLAIMANT : WILLIAM PARKS JOHNSON PO BOX 429 LIVE OAK,FL 320640429	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104985-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100056168 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 12/09/1998	INSURED : WILLIAM WILLIS CLAIMANT : ATLANTIC CLAIMS & INVESTIGATIONS 1430 21ST STREET PO BOX 1225 VERO BEACH,FL 329611225	AMOUNT CLAIMED : \$614.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104990-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 01000822410 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/21/1998	INSURED : WILLIAMS INSULATION CLAIMANT : WILLIAMS INSULATION 17917 COUNTY ROAD 250 LIVE OAK,FL 320605550	AMOUNT CLAIMED : \$436.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 104991-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100091278 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/22/1998	INSURED : WILLIAMS PLASTERING & STUCCO CLAIMANT : WILLIAMS PLASTERING & STUCCO 1783 NW 34TH AVE FORT LAUDERDALE,FL 333114254	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104993-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100067854 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/16/1998	INSURED : WILLIAMS, BABBIT & WEISMAN, CLAIMANT : WILLIAMS, BABBIT & WEISMAN, SECOND FLOOR 5255 N FEDERAL HWY BOCA RATON,FL 334874901	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 104995-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083472 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/14/1999	INSURED : WILLIE KATE'S RESTAURANT CLAIMANT : WILLIE KATES RESTAURANT 214 CHICAGO AVE VALPARAISO,FL 325801366	AMOUNT CLAIMED : \$1,900.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 105009-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100083718 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 10/05/1998	INSURED : WINSTON PARK HOMEOWNERS CLAIMANT : WINSTON PARK ASSOCIATION INC 8100 SW 132ND AVE MIAMI,FL 33183	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 105010-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100095972 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/14/1998	INSURED : WOLF PAINTING COMPANY CLAIMANT : WOLF PAINTING COMPANY 10201 W BEAVER ST LOT #230 JACKSONVILLE,FL 322200664	AMOUNT CLAIMED : \$633.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 105018-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100089252 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/16/1999	INSURED : WOOTEN'S HEAVY EQUIPMENT CLAIMANT : WOOTEN'S HEAVY EQUIPMENT 1282 COUNTY HIGHWAY 1883 DEFUNIAK SPRINGS,FL 324335571	AMOUNT CLAIMED : \$120.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 105046-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100090173 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 01/05/1999	INSURED : ZADEN CONSTRUCTION INC CLAIMANT : ZADEN CONSTRUCTION INC ATTN DAVID ZADEN 1749 NE 26TH ST WILLINGTON,FL 33305	AMOUNT CLAIMED : \$3,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 105051-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : 0100094139 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 02/18/1999	INSURED : ZIRAFFAH VENTURES, PARTNERSHIP CLAIMANT : ZIRAFFAH VENTURES, PARTNERSHIP 1575 SARNO RD MELBOURNE,FL 329355209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 105054-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : B0047701 CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 03/31/1999	INSURED : DAVCO ELECTRICAL CONTRACTORS CORP CLAIMANT : DAVCO ELECTRICAL CONTRACTORS CORP C/O PREMIUM RESEARCH SERVICES 3131 NW 13TH STREET, SUITE 9 GAINESVILLE,FL 32609	AMOUNT CLAIMED : \$11,450.95 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 200003-1 PRIORITY : CLASS 5 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/12/1999	INSURED : CLAIMANT : HELEN A BELAND 18770 STEWART CIRCLE #1 BOCA RATON,FL 33496	AMOUNT CLAIMED : \$96.16 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 200009-1 PRIORITY : CLASS 5 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/24/1999	INSURED : CLAIMANT : NORMA R DEOTO APT 104 100 N OCEAN BLVD DELRAY BEACH,FL 334837013	AMOUNT CLAIMED : \$884.58 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 200013-1 PRIORITY : CLASS 5 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/11/1999	INSURED : CLAIMANT : MARIANNE HOLSTEIN 53 EGRET WAY BOYNTON BEACH,FL 33462	AMOUNT CLAIMED : \$889.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 200020-1 PRIORITY : CLASS 5 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/17/1999	INSURED : CLAIMANT : ROBERT T WALKER 801 W HARVARD ST ORLANDO,FL 328045203	AMOUNT CLAIMED : \$5,489.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 200021-1 PRIORITY : CLASS 5 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/16/1999	INSURED : CLAIMANT : WALTER W WILCZYNSKI 334 NE 6TH STREET BOCA RATON,FL 33432	AMOUNT CLAIMED : \$1,206.24 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300001-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000760210 CLAIM NUMBER : 019800000761 INS/CLMT STATE : FL DATE OF LOSS : 04/13/1998 DATE PROOF FILED : 07/20/1998	INSURED : STAFFING PROFESSIONALS, INC. CLAIMANT : STAFFING PROFESSIONALS, INC. 5881 WHITFIELD AVE SARASOTA,FL 342433125	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300004-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200229701 CLAIM NUMBER : 969159 INS/CLMT STATE : FL DATE OF LOSS : 08/03/1996 DATE PROOF FILED : 11/01/1998	INSURED : STEVE BLACK, INC CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$160.65 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300009-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100072257 CLAIM NUMBER : 019700002682 INS/CLMT STATE : FL DATE OF LOSS : 12/08/1997 DATE PROOF FILED : 09/08/1998	INSURED : S & S TEMPORARY LABOR CLAIMANT : DICESARE DAVIDSON & BARKER PA 5640 S. FLORIDA AVE FLORIDA,FL 338077160	AMOUNT CLAIMED : \$187.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300015-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090017 CLAIM NUMBER : 019800000579 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1998 DATE PROOF FILED : 11/02/1998	INSURED : CHILD CARE ASSOC. CLAIMANT : CHILD CARE ASSOCIATION OF BREVARD COUNTY INC 18 HARRISON ST COCOA,FL 329227934	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300015-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090017 CLAIM NUMBER : 019800000579 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1998 DATE PROOF FILED : 11/01/1998	INSURED : CHILD CARE ASSOC. CLAIMANT : CAROLYN ARCHER-TAYLOR 2713 MANOR DR PALM BAY,FL 329056280	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$2,765.48 AMOUNT GUARANTY PAID : \$2,765.48 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300016-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071038 CLAIM NUMBER : 019800000475 INS/CLMT STATE : FL DATE OF LOSS : 03/03/1998 DATE PROOF FILED : 07/29/1998	INSURED : CASUAL LINE CORPORATION CLAIMANT : CASUAL LINE CORPORATION 1065 E STORY RD WINTER GARDEN,FL 347873732	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300020-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100072257 CLAIM NUMBER : 019700002125 INS/CLMT STATE : FL DATE OF LOSS : 09/30/1997 DATE PROOF FILED : 09/08/1998	INSURED : S & S TEMPORARY LABOR CLAIMANT : DICESARE DAVIDSON & BARKER PA 5640 S. FLORIDA AVENUE LAKELAND,FL 33813	AMOUNT CLAIMED : \$890.49 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300024-3 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100067883 CLAIM NUMBER : 019700002645 INS/CLMT STATE : FL DATE OF LOSS : 11/25/1997 DATE PROOF FILED : 04/26/1999	INSURED : THE PARENTS INFORMATION & CLAIMANT : DEAN RINGER MORGAN & LAWTON PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$573.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300026-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000790 INS/CLMT STATE : FL DATE OF LOSS : 04/10/1998 DATE PROOF FILED : 07/19/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD, INC. 2601 BONNEVILLE ORLANDO,FL 328263315	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300028-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063163 CLAIM NUMBER : 019700001405 INS/CLMT STATE : FL DATE OF LOSS : 02/10/1997 DATE PROOF FILED : 09/16/1998	INSURED : FIRST STEPS LEARNING CENTER INC CLAIMANT : JANET BELL 275 SW 56TH AVE 7-107 BLDG APT MARGATE,FL 33068	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$5,000.00 AMOUNT GUARANTY PAID : \$5,000.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300030-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071083 CLAIM NUMBER : 019800000143 INS/CLMT STATE : FL DATE OF LOSS : 01/22/1998 DATE PROOF FILED : 08/12/1998	INSURED : YOUNG'S CONTRACTING CLAIMANT : YOUNG'S CONTRACTING DBA 315 KELLY RD NICEVILLE,FL 325781847	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300031-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088882 CLAIM NUMBER : 019800000029 INS/CLMT STATE : FL DATE OF LOSS : 01/08/1998 DATE PROOF FILED : 08/03/1998	INSURED : KELLY BROTHERS, INC. CLAIMANT : KELLY BROTHERS, INC. 15775 PINE RIDGE RD FORT MYERS,FL 339082632	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300031-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088882 CLAIM NUMBER : 019800000029 INS/CLMT STATE : FL DATE OF LOSS : 01/08/1998 DATE PROOF FILED : 08/03/1998	INSURED : KELLY BROTHERS, INC. CLAIMANT : JOSE RAUL BENITEZ 603 FRANCES STREET LABELLE,FL 339356058	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$380.75 AMOUNT GUARANTY PAID : \$380.75 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300032-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077723 CLAIM NUMBER : 019800000749 INS/CLMT STATE : FL DATE OF LOSS : 04/09/1998 DATE PROOF FILED : 09/04/1998	INSURED : NORSEMAN MARINE U S A, INC. CLAIMANT : NORSEMAN MARINE U S A, INC. 611 SW 39 TH COURT DAVIE,FL 33314	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300032-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077723 CLAIM NUMBER : 019800000749 INS/CLMT STATE : FL DATE OF LOSS : 04/09/1998 DATE PROOF FILED : 09/09/1998	INSURED : NORSEMAN MARINE U S A, INC. CLAIMANT : MITCHELL BENNETT 6111 SW 39TH CT DAVIE,FL 333143509	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$392.92 AMOUNT GUARANTY PAID : \$392.92 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300033-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000664010 CLAIM NUMBER : 019700001619 INS/CLMT STATE : FL DATE OF LOSS : 08/05/1997 DATE PROOF FILED : 08/03/1998	INSURED : LUKES, INC. CLAIMANT : LUKES, INC. 545 RIVERSIDE DR. PB GARDENS,FL 334053710	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300033-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000664010 CLAIM NUMBER : 019700001619 INS/CLMT STATE : FL DATE OF LOSS : 08/05/1997 DATE PROOF FILED : 08/08/1998	INSURED : LUKES, INC. CLAIMANT : NANCY BERSIN 545 RIVERSIDE DR WEST PALM BEACH,FL 334104844	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$26,879.32 AMOUNT GUARANTY PAID : \$27,752.32 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300035-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086304 CLAIM NUMBER : 019800000401 INS/CLMT STATE : FL DATE OF LOSS : 02/23/1998 DATE PROOF FILED : 07/14/1998	INSURED : TOM WINNER GLASS CLAIMANT : TOM WINNER GLASS CO 999 FLORIDA AVE S ROCKLEDGE,FL 329552190	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300035-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086304 CLAIM NUMBER : 019800000401 INS/CLMT STATE : FL DATE OF LOSS : 02/23/1998 DATE PROOF FILED : 07/15/1998	INSURED : TOM WINNER GLASS CLAIMANT : RICHARD P BIEBER 2316 MONTY LN ROCKLEDGE,FL 329553520	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$30,825.13 AMOUNT GUARANTY PAID : \$30,825.13 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300036-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200222001 CLAIM NUMBER : 019700000113 INS/CLMT STATE : FL DATE OF LOSS : 01/27/1997 DATE PROOF FILED : 07/21/1998	INSURED : WEST COAST TOMATO INC CLAIMANT : WEST COAST TOMATO, INC. MCCLUR 530 5TH AVENUE DR W PALMETTO,FL 342215154	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300037-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000669 INS/CLMT STATE : FL DATE OF LOSS : 03/18/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300040-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200220201 CLAIM NUMBER : 019700000123 INS/CLMT STATE : FL DATE OF LOSS : 01/21/1997 DATE PROOF FILED : 08/28/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : PALM BEACH COUNTY HEALTH CARE 324 DATURA ST STE 401 WEST PALM BEACH,FL 334015417	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300041-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065265 CLAIM NUMBER : 019700001681 INS/CLMT STATE : FL DATE OF LOSS : 08/15/1997 DATE PROOF FILED : 11/09/1998	INSURED : HANDI MAN CLAIMANT : LANGSTON HESS BOLTON ZNOSKO & HELM PA 111 S MAITLAND AVE MAITLAND,FL 327515647	AMOUNT CLAIMED : \$68.80 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300042-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100083025 CLAIM NUMBER : 019800000665 INS/CLMT STATE : FL DATE OF LOSS : 03/30/1998 DATE PROOF FILED : 07/20/1998	INSURED : HARBOR GLASS & MIRROR, INC. CLAIMANT : HARBOR GLASS & MIRROR, INC. 930 HARBOR LAKE COURT SAFETY HARBOR,FL 34695	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300042-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100083025 CLAIM NUMBER : 019800000665 INS/CLMT STATE : FL DATE OF LOSS : 03/30/1998 DATE PROOF FILED : 01/19/1999	INSURED : HARBOR GLASS & MIRROR, INC. CLAIMANT : LEONARD J BOYER 8161 W OCONNOR DR RIVER GROVE,IL 60171	AMOUNT CLAIMED : \$1,000.00 AMOUNT RECOMMENDED : \$2,775.28 AMOUNT GUARANTY PAID : \$2,775.28 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300043-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000551 INS/CLMT STATE : FL DATE OF LOSS : 03/12/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC RT 1 BOX 124AA BRUCE,FL 32455	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300043-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000551 INS/CLMT STATE : FL DATE OF LOSS : 03/12/1998 DATE PROOF FILED : 12/30/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : STEVEN BRACEWELL RR 1 BOX 124AA BRUCE,FL 324559801	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300044-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000656 INS/CLMT STATE : FL DATE OF LOSS : 03/30/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300044-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000656 INS/CLMT STATE : FL DATE OF LOSS : 03/30/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : STEVEN BRACEWELL RR 1 BOX 124-AA BRUCE,FL 32455	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300044-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000656 INS/CLMT STATE : FL DATE OF LOSS : 03/30/1998 DATE PROOF FILED : 10/06/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$605.25 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300045-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065945 CLAIM NUMBER : 019700002635 INS/CLMT STATE : FL DATE OF LOSS : 10/31/1997 DATE PROOF FILED : 09/14/1998	INSURED : CSC HOLDING CORP. CLAIMANT : CSC HOLDING CORP. 1455 BROOK AVE MELBOURNE,FL 32935	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300045-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065945 CLAIM NUMBER : 019700002635 INS/CLMT STATE : FL DATE OF LOSS : 10/31/1997 DATE PROOF FILED : 07/25/1998	INSURED : CSC HOLDING CORP. CLAIMANT : BENJAMIN BRAGGS 1455 BROOK DR MELBORN,FL 32935	AMOUNT CLAIMED : \$2,500.00 AMOUNT RECOMMENDED : \$2,500.00 AMOUNT GUARANTY PAID : \$2,500.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300046-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070737 CLAIM NUMBER : 019800000674 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1998 DATE PROOF FILED : 07/20/1998	INSURED : AMERICAN MEDICAL SVCS, INC. CLAIMANT : AMERICAN MEDICAL SVCS, INC. 215 N 2ND ST STE A LEESBURG,FL 347485102	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300048-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059352 CLAIM NUMBER : 019700002043 INS/CLMT STATE : FL DATE OF LOSS : 09/19/1997 DATE PROOF FILED : 07/20/1998	INSURED : PARRISH MANAGEMENT COMPANY CLAIMANT : PARRISH MANAGEMENT COMPANY 2900 PARRISH RD TITUSVILLE,FL 327961753	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300048-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059352 CLAIM NUMBER : 019700002043 INS/CLMT STATE : FL DATE OF LOSS : 09/19/1997 DATE PROOF FILED : 12/03/1998	INSURED : PARRISH MANAGEMENT COMPANY CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$180.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300049-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000355 INS/CLMT STATE : FL DATE OF LOSS : 02/16/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC 1400 MCCRORY LN BIRMINGHAM,AL 352164899	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300049-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000355 INS/CLMT STATE : FL DATE OF LOSS : 02/16/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : JONATHAN BROOKS 258 DR ROBERTS DR DEFUNIAK SPRINGS,FL 324334773	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300052-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052157 CLAIM NUMBER : 019700002688 INS/CLMT STATE : FL DATE OF LOSS : 12/05/1997 DATE PROOF FILED : 07/27/1998	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS, INC. 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300053-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100087565 CLAIM NUMBER : 019800000648 INS/CLMT STATE : FL DATE OF LOSS : 03/19/1998 DATE PROOF FILED : 07/20/1998	INSURED : TDJ, INC. CLAIMANT : TDJ, INC. PO BOX 6955 LAKELAND,FL 338076955	AMOUNT CLAIMED : \$106.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300054-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100095998 CLAIM NUMBER : 019800000705 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1998 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300055-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068557 CLAIM NUMBER : 019800000219 INS/CLMT STATE : FL DATE OF LOSS : 01/06/1998 DATE PROOF FILED : 07/19/1998	INSURED : W.H. PALMER, INC. CLAIMANT : W.H. PALMER, INC. 11251 YOUNG RD JACKSONVILLE,FL 322181543	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300056-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058228 CLAIM NUMBER : 019700001460 INS/CLMT STATE : FL DATE OF LOSS : 07/11/1997 DATE PROOF FILED : 01/11/1999	INSURED : FOSTER MARINE CONTRACTORS, INC CLAIMANT : FOSTER MARINE CONTRACTORS, INC 3650 N FEDERAL HWY STE 215 POMPANO BEACH,FL 330646649	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300058-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100070377 CLAIM NUMBER : 019700001710 INS/CLMT STATE : FL DATE OF LOSS : 08/18/1997 DATE PROOF FILED : 11/01/1998	INSURED : J. HOUSTON CONSTRUCTION OF DEL INC CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 370 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$187.43 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300059-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064062 CLAIM NUMBER : 019700001190 INS/CLMT STATE : FL DATE OF LOSS : 06/19/1997 DATE PROOF FILED : 08/03/1998	INSURED : SOUTHERN STAR FRAMING, INC. CLAIMANT : MICHAEL BYRNE 3585 PEBBLE HILL ROAD WAYCROSS,GA 315030274	AMOUNT CLAIMED : \$22,000.00 AMOUNT RECOMMENDED : \$10,070.00 AMOUNT GUARANTY PAID : \$10,070.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300059-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064062 CLAIM NUMBER : 019700001190 INS/CLMT STATE : FL DATE OF LOSS : 06/19/1997 DATE PROOF FILED : 10/06/1998	INSURED : SOUTHERN STAR FRAMING, INC. CLAIMANT : SCHUTT HUMPHRIES & BECKER N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$65.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300062-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200602101 CLAIM NUMBER : 019600000291 INS/CLMT STATE : DATE OF LOSS : 11/14/1996 DATE PROOF FILED : 07/23/1998	INSURED : C D INDUSTRIES CLAIMANT : OTHON CAMPUZANO 340 PERRY AVENUE GREEN ACRES,FL 334632235	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$149,761.45 AMOUNT GUARANTY PAID : \$149,761.45 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300064-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019800000253 INS/CLMT STATE : FL DATE OF LOSS : 02/08/1998 DATE PROOF FILED : 08/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20 AVENUE FT LAUDERDALE,FL 33304	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300065-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000731310 CLAIM NUMBER : 019800000723 INS/CLMT STATE : FL DATE OF LOSS : 04/07/1998 DATE PROOF FILED : 11/09/1998	INSURED : STAFF MASTER INC CLAIMANT : GRANGER & ASSOCIATES TERESA K GRANGER PO BOX 1377 GENEVA,FL 327321377	AMOUNT CLAIMED : \$254.60 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300066-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200089101 CLAIM NUMBER : 968498 INS/CLMT STATE : FL DATE OF LOSS : 04/03/1996 DATE PROOF FILED : 07/21/1998	INSURED : LASSETER PLUMBING, INC. CLAIMANT : LASSETER PLUMBING, INC. 865 NE 130TH ST NORTH MIAMI,FL 331614943	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300076-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000889810 CLAIM NUMBER : 019800000332 INS/CLMT STATE : FL DATE OF LOSS : 01/30/1998 DATE PROOF FILED : 10/06/1998	INSURED : WILCO ENTERPRISES CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$3.10 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300077-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074068 CLAIM NUMBER : 019700001872 INS/CLMT STATE : FL DATE OF LOSS : 08/29/1997 DATE PROOF FILED : 01/11/1999	INSURED : DENNIS DRUCK GENERAL CONTRACTORS INC CLAIMANT : DENNIS DRUCK GENERAL CONTRACTORS INC 921 W 46 ST MIAMI BEACH,FL 33140	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300077-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100074068 CLAIM NUMBER : 019700001872 INS/CLMT STATE : FL DATE OF LOSS : 08/29/1997 DATE PROOF FILED : 09/04/1998	INSURED : DENNIS DRUCK GENERAL CONTRACTORS INC CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,240.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300077-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100074068 CLAIM NUMBER : 019700001872 INS/CLMT STATE : FL DATE OF LOSS : 08/29/1997 DATE PROOF FILED : 11/16/1998	INSURED : DENNIS DRUCK GENERAL CONTRACTORS INC CLAIMANT : DONNA C HURTAQ ESQ 10800 BISCAYNE BLVD #520 MIAMI,FL 33161	AMOUNT CLAIMED : \$717.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300079-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100055298 CLAIM NUMBER : 019700002824 INS/CLMT STATE : FL DATE OF LOSS : 12/01/1997 DATE PROOF FILED : 09/17/1998	INSURED : HACIENDA GIRLS RANCH, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$666.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300081-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002303 INS/CLMT STATE : FL DATE OF LOSS : 10/20/1997 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300082-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 957242 INS/CLMT STATE : FL DATE OF LOSS : 11/08/1995 DATE PROOF FILED : 08/03/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : MID WEST BOTTLE GAS,ET AL PO BOX 429 LA CROSSE,WI 546020429	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300082-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 957242 INS/CLMT STATE : FL DATE OF LOSS : 11/08/1995 DATE PROOF FILED : 07/21/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : JAMES W COLLAR PO BOX 217 HIGH SPRINGS,FL 326550217	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$43,544.18 AMOUNT GUARANTY PAID : \$43,544.18 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300082-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 957242 INS/CLMT STATE : FL DATE OF LOSS : 11/08/1995 DATE PROOF FILED : 09/17/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$242.65 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300084-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : 019800000313 INS/CLMT STATE : FL DATE OF LOSS : 01/02/1998 DATE PROOF FILED : 07/21/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : PRO-FRAME CONTRACTING, INC. 2101 NW 33RD ST STE 200 POMPANO BEACH,FL 330691046	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300086-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019800000106 INS/CLMT STATE : FL DATE OF LOSS : 01/20/1998 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20 AVENUE FORT LAUDERDALE,FL 33304	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300089-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100054426 CLAIM NUMBER : 019700002641 INS/CLMT STATE : FL DATE OF LOSS : 11/26/1997 DATE PROOF FILED : 07/20/1998	INSURED : DANIEL INSULATION, INC. CLAIMANT : DANIEL INSULATION, INC. 12951 49TH ST N CLEARWATER,FL 337800830	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300092-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200040901 CLAIM NUMBER : 943341 INS/CLMT STATE : FL DATE OF LOSS : 03/28/1994 DATE PROOF FILED : 02/02/1999	INSURED : ALLSTAR BUILDERS CORPORATION CLAIMANT : HARRY CREMOSNIK 8441 NW 26TH ST SUNRISE,FL 333222909	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$2,730.02 AMOUNT GUARANTY PAID : \$2,730.02 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300093-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064451 CLAIM NUMBER : 019700000482 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1997 DATE PROOF FILED : 09/01/1998	INSURED : ATLAS PAPER MILLS, LTD. CLAIMANT : LOCKE DATA SERVICES 800 WESTWOOD SQUARE, STE C OVIEDO,FL 32765	AMOUNT CLAIMED : \$509.60 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300093-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064451 CLAIM NUMBER : 019700000482 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1997 DATE PROOF FILED : 09/17/1998	INSURED : ATLAS PAPER MILLS, LTD. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$94.57 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300093-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064451 CLAIM NUMBER : 019700000482 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1997 DATE PROOF FILED : 08/28/1998	INSURED : ATLAS PAPER MILLS, LTD. CLAIMANT : DONNA C HURTAQ ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$1,133.15 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300094-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 969773 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1996 DATE PROOF FILED : 08/03/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : MID WEST BOTTLE GAS,ET AL PO BOX 429 LA CROSSE,WI 546020429	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300094-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 969773 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1996 DATE PROOF FILED : 10/06/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$292.30 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300095-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064517 CLAIM NUMBER : 019700001213 INS/CLMT STATE : FL DATE OF LOSS : 06/18/1997 DATE PROOF FILED : 09/17/1998	INSURED : A-1 ORANGE CLEANING CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$613.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300097-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200112801 CLAIM NUMBER : 968084 INS/CLMT STATE : FL DATE OF LOSS : 02/08/1996 DATE PROOF FILED : 08/24/1998	INSURED : ABLE AIR, INC. CLAIMANT : ABLE AIR, INC. 5075 INDUSTRY DR MELBOURNE,FL 329407113	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300097-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200112801 CLAIM NUMBER : 968084 INS/CLMT STATE : FL DATE OF LOSS : 02/08/1996 DATE PROOF FILED : 08/26/1998	INSURED : ABLE AIR, INC. CLAIMANT : JOSEPH CUCCHIARA 1019 WYOMING DR SE PALM BAY,FL 329095832	AMOUNT CLAIMED : \$50,000.00 AMOUNT RECOMMENDED : \$76,966.60 AMOUNT GUARANTY PAID : \$76,966.60 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300097-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200112801 CLAIM NUMBER : 968084 INS/CLMT STATE : FL DATE OF LOSS : 02/08/1996 DATE PROOF FILED : 09/17/1998	INSURED : ABLE AIR, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$905.03 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300099-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : 019700002041 INS/CLMT STATE : FL DATE OF LOSS : 07/22/1997 DATE PROOF FILED : 07/21/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : PRO-FRAME CONTRACTING, INC. 2101 NW 33RD ST STE 200A POMPANO BEACH,FL 330691046	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300101-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002566 INS/CLMT STATE : FL DATE OF LOSS : 11/20/1997 DATE PROOF FILED : 08/04/1998	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 34230 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300102-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071927 CLAIM NUMBER : 019700002451 INS/CLMT STATE : FL DATE OF LOSS : 10/21/1997 DATE PROOF FILED : 11/23/1998	INSURED : CRITICAL CARE NURSING AGENCY INC CLAIMANT : CRITICAL CARE NURSING AGENCY INC 2000 SHADYBROOK LANE LEXINGTON,KY 40502	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300104-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100084384 CLAIM NUMBER : 01980000073 INS/CLMT STATE : FL DATE OF LOSS : 01/13/1998 DATE PROOF FILED : 10/28/1998	INSURED : U.S. GOLF LIQUIDATORS, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$552.79 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300111-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000241 INS/CLMT STATE : FL DATE OF LOSS : 02/04/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300113-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000587610 CLAIM NUMBER : 019700002541 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1997 DATE PROOF FILED : 07/24/1998	INSURED : HORIZON CONTRACTORS, INC. CLAIMANT : HORIZON CONTRACTORS, INC. 8175 W 32ND AVE STE 1 HIALEAH,FL 330185806	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300113-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000587610 CLAIM NUMBER : 019700002541 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1997 DATE PROOF FILED : 07/29/1998	INSURED : HORIZON CONTRACTORS, INC. CLAIMANT : IDALIA DOBAO 11460 SW 32ND ST MIAMI,FL 331652118	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$22,490.32 AMOUNT GUARANTY PAID : \$22,490.32 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300115-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0042006015 CLAIM NUMBER : 019700000930 INS/CLMT STATE : DATE OF LOSS : 05/22/1997 DATE PROOF FILED : 09/17/1998	INSURED : CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$868.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300126-3 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100069181 CLAIM NUMBER : 019700001206 INS/CLMT STATE : FL DATE OF LOSS : 06/18/1997 DATE PROOF FILED : 04/26/1999	INSURED : ACE AUTO PARTS CLAIMANT : DEAN RINGERS MORGAN & LAWTON PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$76.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300128-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042003023 CLAIM NUMBER : 019700000759 INS/CLMT STATE : FL DATE OF LOSS : 04/08/1997 DATE PROOF FILED : 07/21/1998	INSURED : COMPREHENSIVE COMMUNITY SERV. CLAIMANT : COMPREHENSIVE COMMUNITY SERV. 511 GOLD KIST AVE SW LIVE OAK,FL 320604980	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300128-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042003023 CLAIM NUMBER : 019700000759 INS/CLMT STATE : FL DATE OF LOSS : 04/08/1997 DATE PROOF FILED : 08/03/1998	INSURED : COMPREHENSIVE COMMUNITY SERV. CLAIMANT : DEBORAH EVANS RT 2 BOX 850 MAYO,FL 320629625	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$5,551.72 AMOUNT GUARANTY PAID : \$5,551.72 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300130-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000395 INS/CLMT STATE : FL DATE OF LOSS : 02/03/1998 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300131-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060479 CLAIM NUMBER : 019700001709 INS/CLMT STATE : FL DATE OF LOSS : 08/18/1997 DATE PROOF FILED : 08/17/1998	INSURED : COMMUNITY COORDINATED CARE FOR CLAIMANT : HOLLIE J FINLAY 1729 PAM CIR ORLANDO,FL 328096858	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$10,000.00 AMOUNT GUARANTY PAID : \$10,000.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300132-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200119301 CLAIM NUMBER : 969116 INS/CLMT STATE : FL DATE OF LOSS : 08/03/1996 DATE PROOF FILED : 11/18/1998	INSURED : SOUTHEASTERN REFRACTORIES, INC CLAIMANT : SOUTHEASTERN REFRACTORIES 2111 W BEAVER ST JACKSONVILLE,FL 322097575	AMOUNT CLAIMED : \$160,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300132-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200119301 CLAIM NUMBER : 969116 INS/CLMT STATE : FL DATE OF LOSS : 08/03/1996 DATE PROOF FILED : 11/18/1998	INSURED : SOUTHEASTERN REFRACTORIES, INC CLAIMANT : HARRY FISHER RR 1 BOX 179 WAVERLY,GA 315659622	AMOUNT CLAIMED : \$160,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300132-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200119301 CLAIM NUMBER : 969116 INS/CLMT STATE : FL DATE OF LOSS : 08/03/1996 DATE PROOF FILED : 10/06/1998	INSURED : SOUTHEASTERN REFRACTORIES, INC CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$30.82 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300133-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153902 CLAIM NUMBER : 019600000344 INS/CLMT STATE : FL DATE OF LOSS : 12/06/1996 DATE PROOF FILED : 07/20/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : DAVIS BROTHERS CONSTRUCTION CO 951 BROKEN SOUND PKWY BOCA RATON,FL 33487	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300134-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002761 INS/CLMT STATE : FL DATE OF LOSS : 12/05/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE WINTER PARK,FL 327923330	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300135-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059529 CLAIM NUMBER : 019700000048 INS/CLMT STATE : FL DATE OF LOSS : 01/15/1997 DATE PROOF FILED : 08/24/1998	INSURED : MINI-LACE, INC. CLAIMANT : CARLOS FLORES 2330 PONCE DE LEON BLVD. CORAL GLADES,FL 33134	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$180,862.83 AMOUNT GUARANTY PAID : \$180,862.83 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300136-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089321 CLAIM NUMBER : 019800000215 INS/CLMT STATE : FL DATE OF LOSS : 02/02/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY, INC. 1400 MCCRORY LN BIRMINGHAM,AL 352164899	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300137-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068155 CLAIM NUMBER : 019800000349 INS/CLMT STATE : FL DATE OF LOSS : 02/14/1998 DATE PROOF FILED : 07/20/1998	INSURED : SALESABILITY, INC. CLAIMANT : JAMES FORHOLT 9370 83RD ST LARGO,FL 337773235	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$64,990.05 AMOUNT GUARANTY PAID : \$64,990.05 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300137-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100068155 CLAIM NUMBER : 019800000349 INS/CLMT STATE : FL DATE OF LOSS : 02/14/1998 DATE PROOF FILED : 12/24/1998	INSURED : SALESABILITY, INC. CLAIMANT : S E A INCORPORATED 7349 WORTHINGTON GALENA RD COLUMBUS,OH 43085	AMOUNT CLAIMED : \$91.49 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300140-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200046401 CLAIM NUMBER : 931496 INS/CLMT STATE : FL DATE OF LOSS : 02/26/1993 DATE PROOF FILED : 08/27/1998	INSURED : CENTURY REHAB(GREENGALE,INC.) CLAIMANT : CENTURY REHAB(GREENGALE,INC.) 901 SOUTH STATE ROAD 7 #385 HOLLYWOOD,FL 33023	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300140-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200046401 CLAIM NUMBER : 931496 INS/CLMT STATE : FL DATE OF LOSS : 02/26/1993 DATE PROOF FILED : 07/28/1998	INSURED : CENTURY REHAB(GREENGALE,INC.) CLAIMANT : PAMELA L FOX 4819 NW 22ND PL COCONUT CREEK,FL 330637761	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$41,485.15 AMOUNT GUARANTY PAID : \$41,485.15 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300141-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019800000132 INS/CLMT STATE : FL DATE OF LOSS : 01/21/1998 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20 AVENUE FT LAUDERDALE,FL 33304	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300141-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019800000132 INS/CLMT STATE : FL DATE OF LOSS : 01/21/1998 DATE PROOF FILED : 08/10/1998	INSURED : NURSE CARE, INC. CLAIMANT : ADELINE FRANK 1500 NE 162ND STREET NORTH MIAMI BEACH,FL 33162	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$48,283.12 AMOUNT GUARANTY PAID : \$48,283.12 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300141-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019800000132 INS/CLMT STATE : FL DATE OF LOSS : 01/21/1998 DATE PROOF FILED : 11/12/1998	INSURED : NURSE CARE, INC. CLAIMANT : DONNA C HURTAK ESQ SUITE 520 10800 BISCAYNE BLVD MIAMI,FL 33161	AMOUNT CLAIMED : \$519.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300146-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094197 CLAIM NUMBER : 019800000325 INS/CLMT STATE : FL DATE OF LOSS : 02/16/1998 DATE PROOF FILED : 04/23/1999	INSURED : ALLSTAR BUILDERS CORPORATION CLAIMANT : JUAN FRANCISCO GARCIA 1398 NW 34TH ST MIAMI,FL 331425504	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$141,751.50 AMOUNT GUARANTY PAID : \$141,751.50 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300146-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100094197 CLAIM NUMBER : 019800000325 INS/CLMT STATE : FL DATE OF LOSS : 02/16/1998 DATE PROOF FILED : 08/28/1998	INSURED : ALLSTAR BUILDERS CORPORATION CLAIMANT : DONNA C HURTAK ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$337.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300150-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200116201 CLAIM NUMBER : 968172 INS/CLMT STATE : FL DATE OF LOSS : 03/29/1996 DATE PROOF FILED : 10/28/1998	INSURED : HACIENDA GIRLS RANCH, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$850.07 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300151-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061172 CLAIM NUMBER : 019700002252 INS/CLMT STATE : FL DATE OF LOSS : 10/16/1997 DATE PROOF FILED : 07/20/1998	INSURED : BERWIN, INC. DBA CLAIMANT : BERWIN, INC. DBA 200 SW 12TH AVE POMPANO BEACH,FL 330693224	AMOUNT CLAIMED : \$2,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300155-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068211 CLAIM NUMBER : 019700002941 INS/CLMT STATE : FL DATE OF LOSS : 10/17/1997 DATE PROOF FILED : 07/27/1998	INSURED : ATLANTIC PRIVATE SCHOOL CLAIMANT : ATLANTIC PRIVATE SCHOOL 6201 W ATLANTIC BLVD MARGATE,FL 330635128	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300156-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100054746 CLAIM NUMBER : 019700000206 INS/CLMT STATE : FL DATE OF LOSS : 02/07/1997 DATE PROOF FILED : 10/06/1998	INSURED : DISTINCT DESIGNS BY GIORGIO, I CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300156-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100054746 CLAIM NUMBER : 019700000206 INS/CLMT STATE : FL DATE OF LOSS : 02/07/1997 DATE PROOF FILED : 09/14/1998	INSURED : DISTINCT DESIGNS BY GIORGIO, I CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$2,006.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300156-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100054746 CLAIM NUMBER : 019700000206 INS/CLMT STATE : FL DATE OF LOSS : 02/07/1997 DATE PROOF FILED : 09/17/1998	INSURED : DISTINCT DESIGNS BY GIORGIO, I CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$104.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300157-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002643 INS/CLMT STATE : FL DATE OF LOSS : 11/22/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300158-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000026 INS/CLMT STATE : FL DATE OF LOSS : 01/07/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300160-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200201701 CLAIM NUMBER : 969467 INS/CLMT STATE : FL DATE OF LOSS : 09/04/1996 DATE PROOF FILED : 07/30/1998	INSURED : CONTRACTORS EXAM SCHOOL, INC CLAIMANT : EDGAR J GONZALEZ 4860 NW 9TH TER FORT LAUDERDALE,FL 333093851	AMOUNT CLAIMED : \$100,000.00 AMOUNT RECOMMENDED : \$20,930.35 AMOUNT GUARANTY PAID : \$20,930.35 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300161-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072884 CLAIM NUMBER : 019800000280 INS/CLMT STATE : FL DATE OF LOSS : 02/05/1998 DATE PROOF FILED : 07/21/1998	INSURED : LEVICO GROUP, INC. CLAIMANT : LEVICO GROUP, INC. 4750 OAKES RD, SUITE M PLANTATION,FL 333252538	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300162-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200118003 CLAIM NUMBER : 957463 INS/CLMT STATE : FL DATE OF LOSS : 12/05/1995 DATE PROOF FILED : 09/08/1998	INSURED : DISPOSALL, INC. - METRO RECYCL CLAIMANT : LUIS ANTHO GONZALEZ 16121 GARDENDALE DR TAMPA,FL 336241131	AMOUNT CLAIMED : \$500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300163-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019800000598 INS/CLMT STATE : FL DATE OF LOSS : 03/20/1998 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20TH AVE FORT LAUDERDALE,FL 333043035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300166-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100084191 CLAIM NUMBER : 019800000013 INS/CLMT STATE : FL DATE OF LOSS : 01/02/1998 DATE PROOF FILED : 10/12/1998	INSURED : DONAHUE RESTAURANTS, INC. CLAIMANT : MISUE GREENE 3069 SE KENSINGTON ST STUART,FL 349975236	AMOUNT CLAIMED : \$175.00 AMOUNT RECOMMENDED : \$172.36 AMOUNT GUARANTY PAID : \$172.36 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300167-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090311 CLAIM NUMBER : 019800000683 INS/CLMT STATE : FL DATE OF LOSS : 03/03/1998 DATE PROOF FILED : 12/07/1998	INSURED : LAKE COUNTY BOYS RANCH CLAIMANT : LAKE COUNTY BOYS RANCH PO BOX 129 ALTOONA,FL 327020129	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300168-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088771 CLAIM NUMBER : 019800000284 INS/CLMT STATE : FL DATE OF LOSS : 02/06/1998 DATE PROOF FILED : 07/27/1998	INSURED : ASHCO ENTERPRISES METRO SERVICES CLAIMANT : METRO SERVICES 571 W CHURCH ST ORLANDO,FL 328052268	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300168-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100088771 CLAIM NUMBER : 019800000284 INS/CLMT STATE : FL DATE OF LOSS : 02/06/1998 DATE PROOF FILED : 10/28/1998	INSURED : ASHCO ENTERPRISES METRO SERVICES CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$484.50 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300169-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042003028 CLAIM NUMBER : 019700001908 INS/CLMT STATE : FL DATE OF LOSS : 05/15/1997 DATE PROOF FILED : 07/22/1998	INSURED : BAY PAINTING & DECORATING, INC CLAIMANT : BAY PAINTING & DECORATING, INC 8400 LOST LAKE DR ORLANDO,FL 328171574	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300169-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0042003028 CLAIM NUMBER : 019700001908 INS/CLMT STATE : FL DATE OF LOSS : 05/15/1997 DATE PROOF FILED : 09/17/1998	INSURED : BAY PAINTING & DECORATING, INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$585.47 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300172-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000661 INS/CLMT STATE : FL DATE OF LOSS : 03/18/1998 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300175-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088422 CLAIM NUMBER : 019800000541 INS/CLMT STATE : FL DATE OF LOSS : 03/13/1998 DATE PROOF FILED : 07/10/1998	INSURED : FUEL TECH INC CLAIMANT : FUEL TECH INC PO BOX 1079 MIMS,FL 327541079	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300175-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088422 CLAIM NUMBER : 019800000541 INS/CLMT STATE : FL DATE OF LOSS : 03/13/1998 DATE PROOF FILED : 09/01/1998	INSURED : FUEL TECH INC CLAIMANT : RON GUITTER 2953 DENHAM RD COCOA,FL 329264405	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$6,404.71 AMOUNT GUARANTY PAID : \$6,404.71 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300179-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200076201 CLAIM NUMBER : 943531 INS/CLMT STATE : FL DATE OF LOSS : 05/24/1994 DATE PROOF FILED : 07/21/1998	INSURED : COAST TO COAST FORMING CLAIMANT : COAST TO COAST FORMING 10191 LANTANA RD LAKE WORTH,FL 334675402	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300179-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200076201 CLAIM NUMBER : 943531 INS/CLMT STATE : FL DATE OF LOSS : 05/24/1994 DATE PROOF FILED : 08/05/1998	INSURED : COAST TO COAST FORMING CLAIMANT : DERON HALL PO BOX 1232 WEST PALM BEACH,FL 334021232	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$41,109.82 AMOUNT GUARANTY PAID : \$41,109.82 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300183-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200199601 CLAIM NUMBER : 019600000535 INS/CLMT STATE : CA DATE OF LOSS : 05/12/1996 DATE PROOF FILED : 09/17/1998	INSURED : B & B CONTRACTING, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$1,229.15 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300185-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000413 INS/CLMT STATE : FL DATE OF LOSS : 02/15/1998 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD, INC. 3464 BURLINGTON DR. ORLANDO,FL 32837	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300185-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000413 INS/CLMT STATE : FL DATE OF LOSS : 02/15/1998 DATE PROOF FILED : 07/14/1998	INSURED : MCINERNEY FORD CLAIMANT : FAYEZ HARBY 3464 BURLINGTON DR ORLANDO,FL 328379088	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300185-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000413 INS/CLMT STATE : FL DATE OF LOSS : 02/15/1998 DATE PROOF FILED : 12/03/1998	INSURED : MCINERNEY FORD CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$269.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300186-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002745 INS/CLMT STATE : FL DATE OF LOSS : 12/15/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300186-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002745 INS/CLMT STATE : FL DATE OF LOSS : 12/15/1997 DATE PROOF FILED : 07/23/1998	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : CASSANDRA J HARDEE PO BOX 28 MULBERRY,FL 338603115	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$4,872.24 AMOUNT GUARANTY PAID : \$4,872.24 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300187-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067661 CLAIM NUMBER : 019800000302 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1998 DATE PROOF FILED : 08/03/1998	INSURED : CANTERBURY HOUSE, INC. CLAIMANT : BRENDA HARLAND 25379 BUSY BEE DR BONITA SPRINGS,FL 341358838	AMOUNT CLAIMED : \$2,500.00 AMOUNT RECOMMENDED : \$3,232.42 AMOUNT GUARANTY PAID : \$3,232.42 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300189-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086219 CLAIM NUMBER : 019800000543 INS/CLMT STATE : FL DATE OF LOSS : 03/13/1998 DATE PROOF FILED : 07/29/1998	INSURED : BALLET FLORIDA, INC. CLAIMANT : JANINE HARRIS 1701 N PALMWAY LAKE WORTH,FL 334606648	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$774.15 AMOUNT GUARANTY PAID : \$774.15 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300193-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100084146 CLAIM NUMBER : 019800000690 INS/CLMT STATE : FL DATE OF LOSS : 03/05/1998 DATE PROOF FILED : 07/20/1998	INSURED : CAPITAL PETROLEUM CO. & CAPITA CLAIMANT : CAPITAL PETROLEUM CO. & CAPITA 609 TALLEYRAND AVE JACKSONVILLE,FL 322021032	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300199-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071387 CLAIM NUMBER : 019700002323 INS/CLMT STATE : FL DATE OF LOSS : 10/16/1997 DATE PROOF FILED : 08/14/1998	INSURED : PASCO NURSING & REHAB CENTER CLAIMANT : PASCO NURSING & REHABILITATION 34630 MISSIONARY RD DADE CITY,FL 33525	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300200-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001703 INS/CLMT STATE : FL DATE OF LOSS : 08/18/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300200-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001703 INS/CLMT STATE : FL DATE OF LOSS : 08/18/1997 DATE PROOF FILED : 09/15/1998	INSURED : LABOR RITE CLAIMANT : RISSMAN WEISBERG BARRETT HURT 15TH FLOOR 201 E PINE ST ORLANDO,FL 328012729	AMOUNT CLAIMED : \$2,331.93 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300202-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088771 CLAIM NUMBER : 019800000516 INS/CLMT STATE : FL DATE OF LOSS : 03/02/1998 DATE PROOF FILED : 07/27/1998	INSURED : ASHCO ENTERPRISES METRO SERVICES CLAIMANT : METRO SERVICES 571 W CHURCH ST ORLANDO,FL 32805	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300203-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000361 INS/CLMT STATE : FL DATE OF LOSS : 02/05/1998 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 34995	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300204-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100095998 CLAIM NUMBER : 019800000673 INS/CLMT STATE : FL DATE OF LOSS : 03/25/1998 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300205-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061016 CLAIM NUMBER : 019700001890 INS/CLMT STATE : FL DATE OF LOSS : 07/15/1997 DATE PROOF FILED : 07/21/1998	INSURED : J & M PUMP SERVICE, INC. CLAIMANT : JAMES HODGES 2561 ZELIGRO RD ALVA,FL 339203626	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$1,275.48 AMOUNT GUARANTY PAID : \$1,275.48 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300208-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000902010 CLAIM NUMBER : 019800000330 INS/CLMT STATE : FL DATE OF LOSS : 02/10/1998 DATE PROOF FILED : 07/21/1998	INSURED : AEW, INC. CLAIMANT : ERMMA JEAN HOOPAUGH 6028 SOMERSET DR PENSACOLA,FL 325261515	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$2,500.28 AMOUNT GUARANTY PAID : \$2,500.28 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300209-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059796 CLAIM NUMBER : 019700002269 INS/CLMT STATE : FL DATE OF LOSS : 10/04/1997 DATE PROOF FILED : 10/06/1998	INSURED : J.E. ABERCROMBIE, INC. CLAIMANT : DENNIS R SCHUTT PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$544.53 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300212-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001820 INS/CLMT STATE : FL DATE OF LOSS : 08/27/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300213-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074944 CLAIM NUMBER : 019800000203 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1998 DATE PROOF FILED : 08/04/1998	INSURED : CCAR, INC. CLAIMANT : CCAR, INC. 1107 MIDDLEBURG AVE GREEN COVE SPRINGS,FL 320432321	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300214-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019800000432 INS/CLMT STATE : FL DATE OF LOSS : 02/21/1998 DATE PROOF FILED : 04/28/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER, INC. & DENNIS E. 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300217-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200226801 CLAIM NUMBER : 968867 INS/CLMT STATE : FL DATE OF LOSS : 06/28/1996 DATE PROOF FILED : 08/24/1998	INSURED : CANTERBURY HOUSE, INC. CLAIMANT : CANTERBURY HOUSE, INC. 551 NEAPOLITAN LN NAPLES,FL 341038532	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300218-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100056348 CLAIM NUMBER : 019700000258 INS/CLMT STATE : FL DATE OF LOSS : 02/15/1997 DATE PROOF FILED : 07/21/1998	INSURED : CONTRACT CLEANING ASSOCIATES, CLAIMANT : LUIS R. INFANTE-MARTINEZ 1075 NW 30TH ST APT 3 MIAMI,FL 331273662	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$10,450.00 AMOUNT GUARANTY PAID : \$10,450.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300218-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100056348 CLAIM NUMBER : 019700000258 INS/CLMT STATE : DATE OF LOSS : 02/15/1997 DATE PROOF FILED : 09/25/1998	INSURED : CONTRACT CLEANING ASSOCIATES, CLAIMANT : DONNA C HURTAK ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$645.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300219-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000678 INS/CLMT STATE : FL DATE OF LOSS : 03/31/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300220-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000370 INS/CLMT STATE : FL DATE OF LOSS : 02/18/1998 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 27162 STUART,FL 34995	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300221-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000534910 CLAIM NUMBER : 019700002253 INS/CLMT STATE : FL DATE OF LOSS : 10/09/1997 DATE PROOF FILED : 07/23/1998	INSURED : ADIOS GOLF & COUNTRY CLUB CLAIMANT : ADIOS GOLF & COUNTRY CLUB PO BOX 970310 COCONUT CREEK,FL 33097	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300223-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071665 CLAIM NUMBER : 019800000464 INS/CLMT STATE : FL DATE OF LOSS : 02/27/1998 DATE PROOF FILED : 09/02/1998	INSURED : ARBOR TREE & LANDSCAPE, INC CLAIMANT : ENOUSSARD JEAN-LOUIS 230 SW 1ST AVE BOYNTON BEACH,FL 334354406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$45,720.99 AMOUNT GUARANTY PAID : \$45,720.99 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300224-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100087618 CLAIM NUMBER : 019800000629 INS/CLMT STATE : FL DATE OF LOSS : 03/25/1998 DATE PROOF FILED : 07/20/1998	INSURED : KENTON'S INSULATION CLAIMANT : KENTON'S INSULATION 125 VILANO BCH, RD SAINT AUGUSTINE,FL 320866400	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300224-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100087618 CLAIM NUMBER : 019800000629 INS/CLMT STATE : FL DATE OF LOSS : 03/25/1998 DATE PROOF FILED : 08/09/1998	INSURED : KENTON'S INSULATION CLAIMANT : JAMES E JOHNSON PO BOX 2093 SAINT AUGUSTINE,FL 320852093	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$19,969.80 AMOUNT GUARANTY PAID : \$19,969.80 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300226-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019800000107 INS/CLMT STATE : FL DATE OF LOSS : 01/18/1998 DATE PROOF FILED : 08/04/1998	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 3288 SARASOTA,FL 342303288	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300230-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200101801 CLAIM NUMBER : 956471 INS/CLMT STATE : FL DATE OF LOSS : 08/04/1995 DATE PROOF FILED : 08/10/1998	INSURED : NEW HORIZONS OF THE TREASURE C CLAIMANT : PETRINNIA KEITH 3803 AVENUE I FORT PIERCE,FL 34947	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300232-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077098 CLAIM NUMBER : 019700002690 INS/CLMT STATE : FL DATE OF LOSS : 12/09/1997 DATE PROOF FILED : 07/28/1998	INSURED : BAYCO DEVELOPMENT CO., INC. CLAIMANT : BAYCO DEVELOPMENT CO., INC. P O BOX 10496 PANAMA CITY,FL 32404	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300234-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002341 INS/CLMT STATE : FL DATE OF LOSS : 10/27/1997 DATE PROOF FILED : 08/10/1998	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC PO BOX 7151 PORT SAINT LUCIE,FL 34985	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300241-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068737 CLAIM NUMBER : 019700001614 INS/CLMT STATE : FL DATE OF LOSS : 08/02/1997 DATE PROOF FILED : 07/20/1998	INSURED : COLONY OVER THE PARK SPECIALTY CLAIMANT : JACK LAMBERT 3406 W BEAUMONT ST TAMPA,FL 336112728	AMOUNT CLAIMED : \$10,000.00 AMOUNT RECOMMENDED : \$25,490.21 AMOUNT GUARANTY PAID : \$25,490.21 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300242-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000760210 CLAIM NUMBER : 019800000344 INS/CLMT STATE : FL DATE OF LOSS : 02/16/1998 DATE PROOF FILED : 07/20/1998	INSURED : STAFFING PROFESSIONALS, INC. CLAIMANT : STAFFING PROFESSIONALS, INC. 5881 WHITFIELD AVE SARASOTA,FL 342433125	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300243-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100050928 CLAIM NUMBER : 019600000512 INS/CLMT STATE : FL DATE OF LOSS : 04/07/1997 DATE PROOF FILED : 08/21/1998	INSURED : ALEC'S CAMPER CENTER, INC. CLAIMANT : ALEC'S CAMPER CENTER, INC. 16960 S DIXIE HWY MIAMI,FL 331574354	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300244-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002350 INS/CLMT STATE : FL DATE OF LOSS : 10/28/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE STE 101 WINTER PARK,FL 327923330	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300246-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059992 CLAIM NUMBER : 019700002857 INS/CLMT STATE : FL DATE OF LOSS : 12/20/1997 DATE PROOF FILED : 08/14/1998	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : WYNNE BUILDING CORPORATION 12804 SW 122 AVENUE MIAMI,FL 33186	AMOUNT CLAIMED : \$6,342.02 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300251-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058715 CLAIM NUMBER : 019700001716 INS/CLMT STATE : FL DATE OF LOSS : 08/16/1997 DATE PROOF FILED : 07/22/1998	INSURED : PERRET DAIRY CLAIMANT : PERRET DAIRY 6823 IRVIN RD CALLAHAN,FL 320119622	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300253-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058966 CLAIM NUMBER : 019700000584 INS/CLMT STATE : FL DATE OF LOSS : 04/08/1997 DATE PROOF FILED : 11/01/1998	INSURED : ASSOCIATED BUSINESS AND COMMER CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$714.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300254-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051192 CLAIM NUMBER : 019700001831 INS/CLMT STATE : FL DATE OF LOSS : 09/03/1997 DATE PROOF FILED : 08/03/1998	INSURED : ACT SERVICES, INC. CLAIMANT : RAYMOND E LODGE 8660 N LEXINGTON DR MIRAMAR,FL 33025	AMOUNT CLAIMED : \$300,000.00 AMOUNT RECOMMENDED : \$28,135.13 AMOUNT GUARANTY PAID : \$28,135.13 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300254-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100051192 CLAIM NUMBER : 019700001831 INS/CLMT STATE : FL DATE OF LOSS : 09/03/1997 DATE PROOF FILED : 09/25/1998	INSURED : ACT SERVICES, INC. CLAIMANT : DONNA C HURTAQ ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$669.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300255-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077098 CLAIM NUMBER : 019800000769 INS/CLMT STATE : FL DATE OF LOSS : 04/10/1998 DATE PROOF FILED : 07/28/1998	INSURED : BAYCO DEVELOPMENT CO., INC. CLAIMANT : BAYCO DEVELOPMENT CO., INC. 2100 W BEACH DRIVE #0-202 PANAMA CITY,FL 32401	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300257-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100050719 CLAIM NUMBER : 019700001377 INS/CLMT STATE : FL DATE OF LOSS : 07/15/1997 DATE PROOF FILED : 07/24/1998	INSURED : CRYSTAL PALMS ETAL CLAIMANT : BEVERLY LOSCHIAVO 91 SWEETWOOD DR AMHERST,NY 142283020	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$177,052.98 AMOUNT GUARANTY PAID : \$177,052.98 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300258-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059212 CLAIM NUMBER : 019700001247 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 09/02/1998	INSURED : ACCUFORM MANUFACTURING, INC. CLAIMANT : ACCUFORM MANUFACTURING, INC. 14378 SPRING HILL DR BROOKSVILLE,FL 346098101	AMOUNT CLAIMED : \$25,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300258-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059212 CLAIM NUMBER : 019700001247 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 10/15/1998	INSURED : ACCUFORM MANUFACTURING, INC. CLAIMANT : EDNA MALDONADO 27207 THORNCREST AVE BROOKSVILLE,FL 346027333	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300260-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000664010 CLAIM NUMBER : 019700002293 INS/CLMT STATE : FL DATE OF LOSS : 10/21/1997 DATE PROOF FILED : 09/04/1998	INSURED : LUKES, INC. CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,240.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300261-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065903 CLAIM NUMBER : 019800000602 INS/CLMT STATE : FL DATE OF LOSS : 02/24/1998 DATE PROOF FILED : 07/20/1998	INSURED : ANDERSON RENTALS, INC. CLAIMANT : ANDERSON RENTALS, INC. PO BOX 765 MIMS,FL 327540765	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300263-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088673 CLAIM NUMBER : 019800000773 INS/CLMT STATE : FL DATE OF LOSS : 04/15/1998 DATE PROOF FILED : 07/23/1998	INSURED : AM-CARE HOME HEALTH CARE OF MIAMI CLAIMANT : AM-CARE HOME HEALTH CARE OF MIAMI 3750 NW 87TH AVE STE 310 MIAMI,FL 331782430	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300267-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065278 CLAIM NUMBER : 019800000262 INS/CLMT STATE : FL DATE OF LOSS : 01/17/1998 DATE PROOF FILED : 09/04/1998	INSURED : TERM PERSONNEL OF SARASOTA,INC CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 33607	AMOUNT CLAIMED : \$1,280.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300267-4 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100065278 CLAIM NUMBER : 019800000262 INS/CLMT STATE : FL DATE OF LOSS : 01/17/1998 DATE PROOF FILED : 04/26/1999	INSURED : TERM PERSONNEL OF SARASOTA,INC CLAIMANT : HAYES ERACLIDES JOHNS HALL GREENE & GELMAN LLP PO BOX 49137 SARASOTA,FL 342306137	AMOUNT CLAIMED : \$525.45 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300270-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200143202 CLAIM NUMBER : 019600000510 INS/CLMT STATE : FL DATE OF LOSS : 11/11/1996 DATE PROOF FILED : 07/30/1998	INSURED : HARBOUR RIDGE COUNTRY CLUB CLAIMANT : ZOILA MAZARIEGOS 14997 S W MARTIN AVE INDIANTOWN,FL 349561559	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$4,622.50 AMOUNT GUARANTY PAID : \$4,622.50 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300274-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051869 CLAIM NUMBER : 019700002516 INS/CLMT STATE : FL DATE OF LOSS : 11/14/1997 DATE PROOF FILED : 07/20/1998	INSURED : JACK ALLEN, INC. CLAIMANT : HAROLD MILLER 3662 NW 52ND ST FORT LAUDERDALE,FL 333092424	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$15,001.92 AMOUNT GUARANTY PAID : \$15,001.92 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300277-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100081965 CLAIM NUMBER : 019800000032 INS/CLMT STATE : FL DATE OF LOSS : 01/01/1998 DATE PROOF FILED : 09/25/1998	INSURED : FL ASSOC. DEAF BLIND & MULTI-H CLAIMANT : FL ASSOC. DEAF BLIND & MULTI-H 119 W 8TH STREET JACKSONVILLE,FL 32206	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300278-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058548 CLAIM NUMBER : 019700002638 INS/CLMT STATE : FL DATE OF LOSS : 11/24/1997 DATE PROOF FILED : 09/25/1998	INSURED : FL ASSOC. DEAF BLIND & MULTI-H CLAIMANT : FL ASSOC. DEAF BLIND & MULTI-H 119 W 8TH ST JACKSONVILLE,FL 322063657	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300279-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000888410 CLAIM NUMBER : 019800000299 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1998 DATE PROOF FILED : 07/20/1998	INSURED : PARRISH MANAGEMENT COMPANY CLAIMANT : PARRISH MANAGEMENT COMPANY 2900 PARRISH RD TITUSVILLE,FL 327961753	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300281-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700001522 INS/CLMT STATE : FL DATE OF LOSS : 07/29/1997 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 1171 B CALLE-DEL-REY CASSELBERRY,FL 32707	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300281-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700001522 INS/CLMT STATE : FL DATE OF LOSS : 07/29/1997 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD, INC. CLAIMANT : STUART MIZRAHI 1171 CALLE DEL REY APT B CASSELBERRY,FL 327076413	AMOUNT CLAIMED : \$7,500.00 AMOUNT RECOMMENDED : \$13,259.78 AMOUNT GUARANTY PAID : \$13,259.78 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300283-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072411 CLAIM NUMBER : 019700001587 INS/CLMT STATE : FL DATE OF LOSS : 07/28/1997 DATE PROOF FILED : 07/22/1998	INSURED : D & B TILE DISTRIBUTORS ETAL CLAIMANT : DAVID MORALES 1401 SW 33RD ST APT 1 FORT LAUDERDALE,FL 333152835	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$32,323.25 AMOUNT GUARANTY PAID : \$32,323.25 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300284-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000760210 CLAIM NUMBER : 019800000662 INS/CLMT STATE : FL DATE OF LOSS : 03/23/1998 DATE PROOF FILED : 07/20/1998	INSURED : STAFFING PROFESSIONALS, INC. CLAIMANT : STAFFING PROFESSIONALS, INC. 5881 WHITFIELD AVE SARASOTA,FL 342433125	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300287-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700001404 INS/CLMT STATE : FL DATE OF LOSS : 07/17/1997 DATE PROOF FILED : 11/12/1998	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO., FLORID 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300292-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042006027 CLAIM NUMBER : 019700001840 INS/CLMT STATE : FL DATE OF LOSS : 09/03/1997 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20TH AVE FORT LAUDERDALE,FL 333043035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300292-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0042006027 CLAIM NUMBER : 019700001840 INS/CLMT STATE : FL DATE OF LOSS : 09/03/1997 DATE PROOF FILED : 09/25/1998	INSURED : NURSE CARE, INC. CLAIMANT : DONNA C HURTAK ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$575.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300293-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065834 CLAIM NUMBER : 019800000715 INS/CLMT STATE : FL DATE OF LOSS : 03/10/1998 DATE PROOF FILED : 10/02/1998	INSURED : ADMINISTRATIVE CONCEPTS, INC. CLAIMANT : WILLIE R NEAL 1988 24TH ST #102 SARASOTA,FL 342342551	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$64,207.66 AMOUNT GUARANTY PAID : \$64,207.66 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300295-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : 019700002781 INS/CLMT STATE : FL DATE OF LOSS : 12/12/1997 DATE PROOF FILED : 07/21/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : PRO-FRAME CONTRACTING, INC. 2101 NW 33RD ST STE 200 POMPANO BEACH,FL 330691046	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300297-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063618 CLAIM NUMBER : 019700000330 INS/CLMT STATE : FL DATE OF LOSS : 02/24/1997 DATE PROOF FILED : 08/18/1998	INSURED : HILLEL COMMUNITY DAY SCHOOL CLAIMANT : HILLEL COMMUNITY DAY SCHOOL 6261 SW 18TH ST BOCA RATON,FL 334337146	AMOUNT CLAIMED : \$5,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300297-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063618 CLAIM NUMBER : 019700000330 INS/CLMT STATE : FL DATE OF LOSS : 02/24/1997 DATE PROOF FILED : 08/18/1998	INSURED : HILLEL COMMUNITY DAY SCHOOL CLAIMANT : JAY NEUFELD 17375 NE 7TH AVE MIAMI,FL 331622037	AMOUNT CLAIMED : \$5,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300297-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100063618 CLAIM NUMBER : 019700000330 INS/CLMT STATE : FL DATE OF LOSS : 02/24/1997 DATE PROOF FILED : 11/01/1998	INSURED : HILLEL COMMUNITY DAY SCHOOL CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$696.15 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300307-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066011 CLAIM NUMBER : 019700001275 INS/CLMT STATE : FL DATE OF LOSS : 06/23/1997 DATE PROOF FILED : 04/22/1999	INSURED : LAWN MASTER, INC. CLAIMANT : LAWN MASTER INC 3200 E JOHNSON AVE PENSACOLA,FL 325146914	AMOUNT CLAIMED : \$10,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300307-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066011 CLAIM NUMBER : 019700001275 INS/CLMT STATE : FL DATE OF LOSS : 06/23/1997 DATE PROOF FILED : 04/22/1999	INSURED : LAWN MASTER, INC. CLAIMANT : RANDY MCMILLION 3556 VICTORY DR PACE,FL 325718301	AMOUNT CLAIMED : \$10,000.00 AMOUNT RECOMMENDED : \$19,330.44 AMOUNT GUARANTY PAID : \$19,330.44 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300309-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063941 CLAIM NUMBER : 019800000314 INS/CLMT STATE : FL DATE OF LOSS : 02/12/1998 DATE PROOF FILED : 08/10/1998	INSURED : LESTER PAINTING INC CLAIMANT : LESTER PAINTING, INC. 13851 S.E. 163 RD PL PO BOX 1143 WEIRSDALE,FL 321951143	AMOUNT CLAIMED : \$2,500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300310-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062526 CLAIM NUMBER : 019700001683 INS/CLMT STATE : FL DATE OF LOSS : 08/14/1997 DATE PROOF FILED : 04/19/1999	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : MYRA F O'BRYON 4600 FOREST LN LAKE WORTH,FL 334634604	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$13,893.47 AMOUNT GUARANTY PAID : \$13,893.47 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300318-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064517 CLAIM NUMBER : 019700001901 INS/CLMT STATE : FL DATE OF LOSS : 08/29/1997 DATE PROOF FILED : 09/17/1998	INSURED : A-1 ORANGE CLEANING CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$562.89 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300319-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000675 INS/CLMT STATE : FL DATE OF LOSS : 03/31/1998 DATE PROOF FILED : 08/13/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE WINTER PARK,FL 327923330	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300322-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019800000104 INS/CLMT STATE : FL DATE OF LOSS : 01/20/1998 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 1665 W 68TH ST HIALEAH,FL 330144400	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300322-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019800000104 INS/CLMT STATE : FL DATE OF LOSS : 01/20/1998 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : CYNTHIA PADRON 837 NE 20 AVENUE FT LAUDERDALE,FL 33304	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$264.21 AMOUNT GUARANTY PAID : \$264.21 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300326-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059058 CLAIM NUMBER : 019700001171 INS/CLMT STATE : FL DATE OF LOSS : 06/04/1997 DATE PROOF FILED : 07/21/1998	INSURED : WEIDENER SURVEYING & MAPPING, CLAIMANT : WEIDENER SURVEYING & MAPPING, 10418 NW 31 TERRACE MIAMI,FL 33172	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300327-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052157 CLAIM NUMBER : 019700001576 INS/CLMT STATE : FL DATE OF LOSS : 08/07/1997 DATE PROOF FILED : 07/30/1998	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS, INC. 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300327-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100052157 CLAIM NUMBER : 019700001576 INS/CLMT STATE : FL DATE OF LOSS : 08/07/1997 DATE PROOF FILED : 08/28/1998	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : DONNA C HURTAK LAW OFFICES 10800 BISCAYNE BLVD SUITE 520 MIAMI,FL 33161	AMOUNT CLAIMED : \$263.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300332-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100078426 CLAIM NUMBER : 019800000400 INS/CLMT STATE : FL DATE OF LOSS : 02/19/1998 DATE PROOF FILED : 07/20/1998	INSURED : RITZ PLAZA HOTEL CORP. CLAIMANT : GRACIEUSE PIERRE 210 NW 96TH ST MIAMI,FL 331501938	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$1,370.98 AMOUNT GUARANTY PAID : \$1,370.98 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300333-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090157 CLAIM NUMBER : 019800000782 INS/CLMT STATE : FL DATE OF LOSS : 03/29/1998 DATE PROOF FILED : 08/24/1998	INSURED : KRYSTAL CLAIMANT : KRYSTAL 1660 PRUDENTIAL DR JACKSONVILLE,FL 322078197	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300334-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200117201 CLAIM NUMBER : 968861 INS/CLMT STATE : FL DATE OF LOSS : 07/02/1996 DATE PROOF FILED : 10/06/1998	INSURED : NEWSOM FENCE CO INC. CLAIMANT : SCHUTT HUMPHRIES & BECKER ATTYS AT LAW N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$777.06 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300335-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062526 CLAIM NUMBER : 019700002470 INS/CLMT STATE : FL DATE OF LOSS : 11/13/1997 DATE PROOF FILED : 09/28/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : PALM BEACH COUNTY HEALTH CARE 324 DAHIAL ST STE.401 W.PALM BEACH,FL 33401	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300338-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200222601 CLAIM NUMBER : 019700000215 INS/CLMT STATE : FL DATE OF LOSS : 02/12/1997 DATE PROOF FILED : 07/21/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : PRO-FRAME CONTRACTING, INC. 2101 NW 33RD ST STE 200 POMPANO BEACH,FL 330691046	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300339-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200220201 CLAIM NUMBER : 019600000365 INS/CLMT STATE : FL DATE OF LOSS : 12/20/1996 DATE PROOF FILED : 08/28/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : PALM BEACH COUNTY HEALTH CARE 324 DATURA ST STE 401 WEST PALM BEACH,FL 334015417	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300340-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200173501 CLAIM NUMBER : 969416 INS/CLMT STATE : FL DATE OF LOSS : 09/04/1996 DATE PROOF FILED : 07/31/1998	INSURED : ALLIED TIRES, INC. CLAIMANT : DONALD PETERS 4860 48TH ST W APT 811 BRADENTON,FL 342102867	AMOUNT CLAIMED : \$2,500.00 AMOUNT RECOMMENDED : \$2,500.00 AMOUNT GUARANTY PAID : \$2,500.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300341-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019700002276 INS/CLMT STATE : FL DATE OF LOSS : 10/16/1997 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20TH AVE FORT LAUDERDALE,FL 333043035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300341-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019700002276 INS/CLMT STATE : FL DATE OF LOSS : 10/16/1997 DATE PROOF FILED : 09/25/1998	INSURED : NURSE CARE, INC. CLAIMANT : DONNA C HURTAK ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$427.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300342-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200048201 CLAIM NUMBER : 942970 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1994 DATE PROOF FILED : 02/03/1999	INSURED : NAVAL CONTIN. CARE RETIREMENT CLAIMANT : NAVAL CONTIN. CARE RETIREMENT 1 FLEET LANDING BLVD ATLANTIC BEACH,FL 322334599	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300342-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200048201 CLAIM NUMBER : 942970 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1994 DATE PROOF FILED : 07/28/1998	INSURED : NAVAL CONTIN. CARE RETIREMENT CLAIMANT : LINDA R MCGHEE 2347 INDIAN SPRINGS DR JACKSONVILLE,FL 322464197	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$107,194.57 AMOUNT GUARANTY PAID : \$107,194.57 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300342-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200048201 CLAIM NUMBER : 942970 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1994 DATE PROOF FILED : 09/14/1998	INSURED : NAVAL CONTIN. CARE RETIREMENT CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,386.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300342-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200048201 CLAIM NUMBER : 942970 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1994 DATE PROOF FILED : 10/06/1998	INSURED : NAVAL CONTIN. CARE RETIREMENT CLAIMANT : CCMC 402 SOUTH CENTRAL AVE OVIEDO,FL 327659032	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300344-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100066291 CLAIM NUMBER : 019700001010 INS/CLMT STATE : FL DATE OF LOSS : 06/03/1997 DATE PROOF FILED : 09/04/1998	INSURED : NAUGLES NURSERY, INC & CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,240.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300345-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060101 CLAIM NUMBER : 019600000247 INS/CLMT STATE : FL DATE OF LOSS : 12/03/1996 DATE PROOF FILED : 08/05/1998	INSURED : HEINTZELMAN'S TRUCK CENTER,INC CLAIMANT : KATHERINE BARNETT 212 WEEPING ELM LN LONGWOOD,FL 327794928	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$2,610.00 AMOUNT GUARANTY PAID : \$2,610.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300348-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100055354 CLAIM NUMBER : 019700002768 INS/CLMT STATE : FL DATE OF LOSS : 12/15/1997 DATE PROOF FILED : 07/22/1998	INSURED : CAYCE'S EXCAVATION, INC. CLAIMANT : VIRGIL DOUGHMAN 11105 1ST AVENUE OCEAN MARATHON,FL 330503401	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$52,206.47 AMOUNT GUARANTY PAID : \$53,278.33 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300351-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100050222 CLAIM NUMBER : 019600000362 INS/CLMT STATE : FL DATE OF LOSS : 12/13/1996 DATE PROOF FILED : 07/24/1998	INSURED : FLORIDA AQUASTORE & UTILITY CONSTRUCTION CLAIMANT : FLORIDA AQUASTORE & UTILITY CONSTRUCTION 4722 NW BOCA RATON SUITE C-102 BOCA RATON,FL 334316346	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300351-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100050222 CLAIM NUMBER : 019600000362 INS/CLMT STATE : FL DATE OF LOSS : 12/13/1996 DATE PROOF FILED : 11/09/1998	INSURED : FLORIDA AQUASTORE & UTILITY CONSTRUCTION CLAIMANT : A CLARK PARTINGTON HART LARRY BOND ATTORNEYS AT LAW POST OFFICE BOX 13010 PENSACOLA,FL 325913010	AMOUNT CLAIMED : \$394.90 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300352-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000734510 CLAIM NUMBER : 019800000372 INS/CLMT STATE : OH DATE OF LOSS : 02/18/1998 DATE PROOF FILED : 09/14/1998	INSURED : MANPOWER TEMPORARY SERVICES CLAIMANT : LOIS ANDERSON 5248 ALPACA DR WEEKI WACHEE,FL 346071401	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$21,951.40 AMOUNT GUARANTY PAID : \$21,951.40 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300355-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019800000482 INS/CLMT STATE : FL DATE OF LOSS : 03/04/1998 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20 AVENUE FORT LAUDERDALE,FL 333043036	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300357-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088882 CLAIM NUMBER : 019800000822 INS/CLMT STATE : FL DATE OF LOSS : 04/22/1998 DATE PROOF FILED : 08/03/1998	INSURED : KELLY BROTHERS, INC. CLAIMANT : KELLY BROTHERS, INC. 15775 PINE RIDGE RD FORT MYERS,FL 339082632	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300358-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089321 CLAIM NUMBER : 019800000095 INS/CLMT STATE : FL DATE OF LOSS : 01/14/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY, INC. PO BOX 1266 BIRMINGHAM,AL 352011266	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300358-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089321 CLAIM NUMBER : 019800000095 INS/CLMT STATE : FL DATE OF LOSS : 01/14/1998 DATE PROOF FILED : 07/27/1998	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : DAVID RANKIN 276 SCOTT BLVD KISSIMMEE,FL 34746	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$86,163.95 AMOUNT GUARANTY PAID : \$86,163.95 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300358-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100089321 CLAIM NUMBER : 019800000095 INS/CLMT STATE : FL DATE OF LOSS : 01/14/1998 DATE PROOF FILED : 03/10/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : AMERISYS INC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$155.40 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300359-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059852 CLAIM NUMBER : 019700002660 INS/CLMT STATE : FL DATE OF LOSS : 11/03/1997 DATE PROOF FILED : 10/06/1998	INSURED : MILLON AIR INC CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300364-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000632 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE WINTER PARK,FL 327923330	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300367-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 969149 INS/CLMT STATE : FL DATE OF LOSS : 08/06/1996 DATE PROOF FILED : 11/12/1998	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO., FLORID 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300370-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000514 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1998 DATE PROOF FILED : 08/13/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE STE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300372-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000212 INS/CLMT STATE : FL DATE OF LOSS : 02/02/1998 DATE PROOF FILED : 08/13/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE STE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300373-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062526 CLAIM NUMBER : 019700002126 INS/CLMT STATE : FL DATE OF LOSS : 10/06/1997 DATE PROOF FILED : 08/28/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : PALM BEACH COUNTY HEALTH CARE 324 DATURA ST STE 401 WEST PALM BEACH,FL 334015417	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300374-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068557 CLAIM NUMBER : 019700002935 INS/CLMT STATE : FL DATE OF LOSS : 11/27/1997 DATE PROOF FILED : 07/21/1998	INSURED : W.H. PALMER, INC. CLAIMANT : W.H. PALMER, INC. 11251 YOUNG RD JACKSONVILLE,FL 322181543	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300374-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100068557 CLAIM NUMBER : 019700002935 INS/CLMT STATE : FL DATE OF LOSS : 11/27/1997 DATE PROOF FILED : 10/06/1998	INSURED : W.H. PALMER, INC. CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$544.53 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300377-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066291 CLAIM NUMBER : 019700001955 INS/CLMT STATE : FL DATE OF LOSS : 09/16/1997 DATE PROOF FILED : 04/30/1999	INSURED : NAUGLES NURSERY, INC & CLAIMANT : OSCAR RODRIGUEZ C/O JONATHAN A KELLER ATTY 1011 S FEDERAL HIGHWAY HOLLYWOOD,FL 33020	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300382-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052157 CLAIM NUMBER : 019700000666 INS/CLMT STATE : FL DATE OF LOSS : 04/18/1997 DATE PROOF FILED : 07/27/1998	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS, INC. 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300389-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089321 CLAIM NUMBER : 019800000247 INS/CLMT STATE : FL DATE OF LOSS : 02/03/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY, INC. 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300389-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089321 CLAIM NUMBER : 019800000247 INS/CLMT STATE : FL DATE OF LOSS : 02/03/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : JOEL SAMUELS 500 POWELL AVE PANAMA CITY,FL 324015273	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$3,000.00 AMOUNT GUARANTY PAID : \$3,000.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300390-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002445 INS/CLMT STATE : FL DATE OF LOSS : 09/18/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300390-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002445 INS/CLMT STATE : FL DATE OF LOSS : 09/18/1997 DATE PROOF FILED : 11/12/1998	INSURED : LABOR RITE CLAIMANT : DONNA C HURTAQ ESQ SUITE 520 10800 BISCAYNE BLVD MIAMI,FL 33161	AMOUNT CLAIMED : \$315.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300393-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000279 INS/CLMT STATE : FL DATE OF LOSS : 01/30/1998 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD, INC. 144 HIDDEN LAKE DR ORLANDO,FL 32773	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300394-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059307 CLAIM NUMBER : 019700000353 INS/CLMT STATE : FL DATE OF LOSS : 03/05/1997 DATE PROOF FILED : 11/16/1998	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : DONNA C HURTAQ ESQ SUITE 520 10800 BISCAYNE BLVD MIAMI,FL 33161	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300395-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060982 CLAIM NUMBER : 019700001346 INS/CLMT STATE : FL DATE OF LOSS : 07/04/1997 DATE PROOF FILED : 07/22/1998	INSURED : A & R STUCCO, INC. CLAIMANT : DAVID SANDOVAL 10509 SYMMES RD LOT 15 RIVERVIEW,FL 335703300	AMOUNT CLAIMED : \$6,000.00 AMOUNT RECOMMENDED : \$7,832.18 AMOUNT GUARANTY PAID : \$7,832.18 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300397-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100087774 CLAIM NUMBER : 019800000077 INS/CLMT STATE : FL DATE OF LOSS : 01/13/1998 DATE PROOF FILED : 07/20/1998	INSURED : THERMO COOL CLAIMANT : PAUL SANTIAGO 14104 SE 45TH CT SUMMERFIELD,FL 344913026	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$42,119.83 AMOUNT GUARANTY PAID : \$42,119.83 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300399-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200183501 CLAIM NUMBER : 968128 INS/CLMT STATE : FL DATE OF LOSS : 03/25/1996 DATE PROOF FILED : 08/14/1998	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : JOSE SARDINAS 900 SW 104 #B109 MIAMI,FL 33174	AMOUNT CLAIMED : \$30,000.00 AMOUNT RECOMMENDED : \$19,643.49 AMOUNT GUARANTY PAID : \$19,643.49 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300400-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085172 CLAIM NUMBER : 019800000657 INS/CLMT STATE : FL DATE OF LOSS : 03/30/1998 DATE PROOF FILED : 01/11/1999	INSURED : FOSTER MARINE CONTRACTORS, INC CLAIMANT : FOSTER MARINE CONTRACTORS, INC 3650 N FEDERAL HWY STE 215 POMPANO BEACH,FL 330646649	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300401-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200176401 CLAIM NUMBER : 957431 INS/CLMT STATE : FL DATE OF LOSS : 11/29/1995 DATE PROOF FILED : 03/08/1999	INSURED : UNITED SPORTS SPECIALISTS CORP CLAIMANT : MARY R SCHROEDER 3701 TYLER ST HOLLYWOOD,FL 330216862	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$2,382.41 AMOUNT GUARANTY PAID : \$2,382.41 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300402-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070904 CLAIM NUMBER : 019800000803 INS/CLMT STATE : FL DATE OF LOSS : 04/13/1998 DATE PROOF FILED : 09/02/1998	INSURED : FLORIDA AQUASTORE CLAIMANT : FLORIDA AQUASTORE 4722 NW BOCA RATON BLVD BOCA RATON,FL 334314802	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300402-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070904 CLAIM NUMBER : 019800000803 INS/CLMT STATE : FL DATE OF LOSS : 04/13/1998 DATE PROOF FILED : 07/29/1998	INSURED : FLORIDA AQUASTORE CLAIMANT : WILLIAM A SEEMAN 511 SHELL HARBOR RD PIERSON,FL 32180	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$6,093.50 AMOUNT GUARANTY PAID : \$6,093.50 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300404-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200081301 CLAIM NUMBER : 932887 INS/CLMT STATE : FL DATE OF LOSS : 12/03/1993 DATE PROOF FILED : 07/20/1998	INSURED : C.L. WHITESIDE & ASSOCIATES, I CLAIMANT : CLAUDIO FERNANDES 3200 STIRLING RD # L HOLLYWOOD,FL 330212066	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$156,861.59 AMOUNT GUARANTY PAID : \$156,861.59 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300405-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019700002637 INS/CLMT STATE : FL DATE OF LOSS : 11/29/1997 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20TH AVE FORT LAUDERDALE,FL 333043035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300406-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000582610 CLAIM NUMBER : 019700002589 INS/CLMT STATE : FL DATE OF LOSS : 11/26/1997 DATE PROOF FILED : 07/21/1998	INSURED : QUALITY CARE PROFESSIONAL CLAIMANT : QUALITY CARE PROFESSIONAL 19 E ACRE DR PLANTATION,FL 333172640	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300406-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000582610 CLAIM NUMBER : 019700002589 INS/CLMT STATE : FL DATE OF LOSS : 11/26/1997 DATE PROOF FILED : 09/01/1998	INSURED : QUALITY CARE PROFESSIONAL CLAIMANT : LOCKE DATA SERVICES 800 WESTWOOD SQUARE, STE I' OVIEDO,FL 32765	AMOUNT CLAIMED : \$703.40 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300410-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100081116 CLAIM NUMBER : 019800000220 INS/CLMT STATE : FL DATE OF LOSS : 02/03/1998 DATE PROOF FILED : 08/10/1998	INSURED : KEY POWER TECHNICAL INSTITUTE, CLAIMANT : CARLOS DONESTEVEZ 111 SW THIRD ST PH-1 MIAMI BEACH,FL 331398730	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$35,242.83 AMOUNT GUARANTY PAID : \$35,242.83 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300411-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200154901 CLAIM NUMBER : 968720 INS/CLMT STATE : FL DATE OF LOSS : 06/17/1996 DATE PROOF FILED : 04/22/1999	INSURED : PANHANDLE BORING & TRENCHING, CLAIMANT : EDDIE O SENTERFITT 611 BREMEN AVE PENSACOLA,FL 325072913	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$107,287.57 AMOUNT GUARANTY PAID : \$107,287.57 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300414-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065014 CLAIM NUMBER : 019700001509 INS/CLMT STATE : FL DATE OF LOSS : 07/30/1997 DATE PROOF FILED : 08/24/1998	INSURED : CUSTOM HOMES BY PRESTON JOHNSON INC CLAIMANT : CUSTOM HOMES BY PRESTON JOHNSON INC 121 BRANDY BRANCH RD JACKSONVILLE,FL 32234	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300415-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085447 CLAIM NUMBER : 019800000162 INS/CLMT STATE : FL DATE OF LOSS : 01/27/1998 DATE PROOF FILED : 07/20/1998	INSURED : KOON'S PONTIAC GMC TRUCK, INC. CLAIMANT : KOON'S PONTIAC GMC TRUCK, INC. 500 HOWARD ST W LIVE OAK,FL 320602209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300416-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000637 INS/CLMT STATE : FL DATE OF LOSS : 02/18/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC PO BOX 1266 BIRMINGHAM,AL 352011266	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300416-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000637 INS/CLMT STATE : FL DATE OF LOSS : 02/18/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : JACK SHECKTON 229 BUCK DR NE FORT WALTON BEACH,FL 325485059	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$680.52 AMOUNT GUARANTY PAID : \$680.52 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300417-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072051 CLAIM NUMBER : 019700001720 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1997 DATE PROOF FILED : 07/20/1998	INSURED : T & M CONSTRUCTION CLAIMANT : T & M CONSTRUCTION 694 OAK PARK RD SOPCHOPPY,FL 323580875	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300417-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072051 CLAIM NUMBER : 019700001720 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1997 DATE PROOF FILED : 07/20/1998	INSURED : T & M CONSTRUCTION CLAIMANT : MICHAEL WAYNE SHREWSBURY 76 STRINGER RD WIGGINS,MS 395770161	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$22,490.93 AMOUNT GUARANTY PAID : \$22,490.93 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300419-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200214201 CLAIM NUMBER : 968398 INS/CLMT STATE : FL DATE OF LOSS : 05/03/1996 DATE PROOF FILED : 09/30/1998	INSURED : COYOTES OF TAMPA, INC. CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE S SAINT PETERSBURG,FL 337014360	AMOUNT CLAIMED : \$329.16 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300420-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088422 CLAIM NUMBER : 019800000008 INS/CLMT STATE : FL DATE OF LOSS : 01/06/1998 DATE PROOF FILED : 07/10/1998	INSURED : FUEL TECH INC CLAIMANT : FUEL TECH INC PO BOX 1079 MIMS,FL 327541079	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300421-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002806 INS/CLMT STATE : FL DATE OF LOSS : 12/23/1997 DATE PROOF FILED : 08/04/1998	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300421-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002806 INS/CLMT STATE : FL DATE OF LOSS : 12/23/1997 DATE PROOF FILED : 07/24/1998	INSURED : KFC CLAIMANT : ESTELLA SMITH 1104 59TH AVE CIRCLE EAST BRADENTON,FL 342036926	AMOUNT CLAIMED : \$1,000.00 AMOUNT RECOMMENDED : \$1,029.00 AMOUNT GUARANTY PAID : \$1,029.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300425-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100095985 CLAIM NUMBER : 019800000585 INS/CLMT STATE : FL DATE OF LOSS : 02/26/1998 DATE PROOF FILED : 08/28/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : PALM BEACH COUNTY HEALTH CARE 324 DATURA ST STE 401 WEST PALM BEACH,FL 334015417	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300425-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100095985 CLAIM NUMBER : 019800000585 INS/CLMT STATE : FL DATE OF LOSS : 02/26/1998 DATE PROOF FILED : 07/20/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : GEORGINA SPINNEY 4294 SW EARNEST ST PORT SAINT LUCIE,FL 34953	AMOUNT CLAIMED : \$26.82 AMOUNT RECOMMENDED : \$2,715.26 AMOUNT GUARANTY PAID : \$2,715.26 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300429-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000788610 CLAIM NUMBER : 019800000720 INS/CLMT STATE : FL DATE OF LOSS : 01/14/1998 DATE PROOF FILED : 07/20/1998	INSURED : LAUDERDALE OAKS MANAGEMENT COR CLAIMANT : LAUDERDALE OAKS MANAGEMENT COR 3060 NW 47TH TER LAUDERDALE LAKES,FL 333131710	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300429-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000788610 CLAIM NUMBER : 019800000720 INS/CLMT STATE : FL DATE OF LOSS : 01/14/1998 DATE PROOF FILED : 07/20/1998	INSURED : LAUDERDALE OAKS MANAGEMENT COR CLAIMANT : JOHN SWEITZER 7300 SW 8 ST N. LAUDERDALE,FL 33068	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$155,217.55 AMOUNT GUARANTY PAID : \$155,217.55 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300431-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076059 CLAIM NUMBER : 019700002289 INS/CLMT STATE : FL DATE OF LOSS : 08/25/1997 DATE PROOF FILED : 12/10/1998	INSURED : ALLIED ENVIRONMENTAL CONSULTAN CLAIMANT : ALLIED ENVIRONMENTAL CONSULTAN STE 201 4715 NW 157 STREET MIAMI,FL 33014	AMOUNT CLAIMED : \$500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300432-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200022001 CLAIM NUMBER : 920877 INS/CLMT STATE : FL DATE OF LOSS : 10/21/1992 DATE PROOF FILED : 10/12/1998	INSURED : DAE SHIN ENTERPRISES, INC. CLAIMANT : ENDRE W SZIGETI C/O B SUTTER ESQ. 18501 MURDOCK CIR PORT CHARLOTTE,FL 339481039	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$20,195.00 AMOUNT GUARANTY PAID : \$20,195.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300432-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200022001 CLAIM NUMBER : 920877 INS/CLMT STATE : FL DATE OF LOSS : 10/21/1992 DATE PROOF FILED : 12/03/1998	INSURED : DAE SHIN ENTERPRISES, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$123.50 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300434-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200208401 CLAIM NUMBER : 019600000229 INS/CLMT STATE : FL DATE OF LOSS : 11/27/1996 DATE PROOF FILED : 07/09/1998	INSURED : ITD INDUSTRIES INCORPORATED CLAIMANT : ITD INDUSTRIES INCORPORATED 2544 TERMINAL DR S SAINT PETERSBURG,FL 337121669	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300436-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100071789 CLAIM NUMBER : 019700001760 INS/CLMT STATE : FL DATE OF LOSS : 08/03/1997 DATE PROOF FILED : 10/06/1998	INSURED : PANAMA CITY BREWERY COMPANY & CAFE INC CLAIMANT : SCHUTT HUMPHRIES & BECKER ATTYS AT LAW N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$490.47 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300437-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085725 CLAIM NUMBER : 019800000555 INS/CLMT STATE : FL DATE OF LOSS : 03/13/1998 DATE PROOF FILED : 07/21/1998	INSURED : V&M ERECTORS INC CLAIMANT : V&M ERECTORS INC 9806 PINES BLVD PEMBROKE PINES,FL 330246141	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300438-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059127 CLAIM NUMBER : 019700000660 INS/CLMT STATE : FL DATE OF LOSS : 04/17/1997 DATE PROOF FILED : 07/20/1998	INSURED : AAA MODERN AIR CLAIMANT : AAA MODERN AIR 901 PHIPPEN RD DANIA,FL 330043822	AMOUNT CLAIMED : \$580.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300439-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060159 CLAIM NUMBER : 019700000331 INS/CLMT STATE : FL DATE OF LOSS : 03/05/1997 DATE PROOF FILED : 07/20/1998	INSURED : STAGE PAYMASTERS, INC CLAIMANT : PETER A. THOMSON 4319 74TH RD N # 511 RIVIERA BEACH,FL 334043965	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$22,875.19 AMOUNT GUARANTY PAID : \$22,875.19 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300442-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200169501 CLAIM NUMBER : 019600000098 INS/CLMT STATE : FL DATE OF LOSS : 11/12/1996 DATE PROOF FILED : 08/14/1998	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : WYNNE BUILDING CORPORATION 12804 SW 122 AVE MIAMI,FL 33186	AMOUNT CLAIMED : \$11,050.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300443-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : 019800000420 INS/CLMT STATE : FL DATE OF LOSS : 02/20/1998 DATE PROOF FILED : 07/21/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : PRO-FRAME CONTRACTING, INC. 2101 NW 33RD ST STE 200 POMPANO BEACH,FL 330691046	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300444-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000658510 CLAIM NUMBER : 019800000639 INS/CLMT STATE : FL DATE OF LOSS : 03/10/1998 DATE PROOF FILED : 07/20/1998	INSURED : ABCO VAN LINES INC CLAIMANT : ABCO VAN LINES INC 413 OAK PL DAYTONA BEACH,FL 321274375	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300446-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 019800000733 INS/CLMT STATE : FL DATE OF LOSS : 04/03/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300448-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088004 CLAIM NUMBER : 019800000627 INS/CLMT STATE : FL DATE OF LOSS : 03/27/1998 DATE PROOF FILED : 07/24/1998	INSURED : ARLINGTON ELECTRIC INC. CLAIMANT : ARLINGTON ELECTRIC INC. 3251 SE DIXIE HWY STUART,FL 34997	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300450-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100054426 CLAIM NUMBER : 019700002640 INS/CLMT STATE : FL DATE OF LOSS : 12/02/1997 DATE PROOF FILED : 07/20/1998	INSURED : DANIEL INSULATION, INC. CLAIMANT : DANIEL INSULATION, INC. 12951 49 TH N CLEARWATER,FL 34622	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300450-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100054426 CLAIM NUMBER : 019700002640 INS/CLMT STATE : FL DATE OF LOSS : 12/02/1997 DATE PROOF FILED : 07/20/1998	INSURED : DANIEL INSULATION, INC. CLAIMANT : JEFFREY SCOTT VELVIN 15556 59TH ST N CLEARWATER,FL 337602116	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$10,258.62 AMOUNT GUARANTY PAID : \$10,258.62 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300451-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200130901 CLAIM NUMBER : 019500000003 INS/CLMT STATE : FL DATE OF LOSS : 12/11/1995 DATE PROOF FILED : 09/17/1998	INSURED : EDUCARE OF BREVARD, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$57.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300452-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071038 CLAIM NUMBER : 019800000216 INS/CLMT STATE : FL DATE OF LOSS : 02/02/1998 DATE PROOF FILED : 07/29/1998	INSURED : CASUAL LINE CORPORATION CLAIMANT : PALM CASUAL FURNITURE PRODUCTS 1065 E STORY RD WINTER GARDEN,FL 347873732	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300453-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002756 INS/CLMT STATE : FL DATE OF LOSS : 10/24/1997 DATE PROOF FILED : 08/13/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE STE201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300455-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085725 CLAIM NUMBER : 019800000605 INS/CLMT STATE : FL DATE OF LOSS : 03/14/1998 DATE PROOF FILED : 07/21/1998	INSURED : V&M ERECTORS INC CLAIMANT : V&M ERECTORS INC 9806 PINES BLVD PEMBROKE PINES,FL 330246141	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300456-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052157 CLAIM NUMBER : 019700002328 INS/CLMT STATE : FL DATE OF LOSS : 10/20/1997 DATE PROOF FILED : 07/27/1998	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS, INC. 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300457-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200226301 CLAIM NUMBER : 968634 INS/CLMT STATE : FL DATE OF LOSS : 06/01/1996 DATE PROOF FILED : 08/24/1998	INSURED : CANTERBURY HOUSE AT THE VINEYA CLAIMANT : CANTERBURY HOUSE AT THE VINEYA 551 NEAPOLITAN LN NAPLES,FL 341038532	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300459-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200104702 CLAIM NUMBER : 969115 INS/CLMT STATE : FL DATE OF LOSS : 08/03/1996 DATE PROOF FILED : 08/03/1998	INSURED : BESTWAY REFRIGERATED SERVICE, CLAIMANT : RANDY L WATSON 4020 AZALEA DR MOUNT DORA,FL 327574602	AMOUNT CLAIMED : \$40,000.00 AMOUNT RECOMMENDED : \$11,750.00 AMOUNT GUARANTY PAID : \$11,750.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300459-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200104702 CLAIM NUMBER : 969115 INS/CLMT STATE : FL DATE OF LOSS : 08/03/1996 DATE PROOF FILED : 09/17/1998	INSURED : BESTWAY REFRIGERATED SERVICE, CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$906.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300460-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019800000437 INS/CLMT STATE : FL DATE OF LOSS : 02/27/1998 DATE PROOF FILED : 04/28/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER INC & DENNIS E 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300461-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071401 CLAIM NUMBER : 019800000306 INS/CLMT STATE : FL DATE OF LOSS : 02/10/1998 DATE PROOF FILED : 07/24/1998	INSURED : GAMMA IOTA CLAIMANT : GAMMA IOTA 820 W PANHELLENIC DR GAINESVILLE,FL 326017863	AMOUNT CLAIMED : \$400.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300462-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100051438 CLAIM NUMBER : 019700000208 INS/CLMT STATE : FL DATE OF LOSS : 02/05/1997 DATE PROOF FILED : 10/06/1998	INSURED : WENTCO, INC. CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIDEO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300463-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200051101 CLAIM NUMBER : 957330 INS/CLMT STATE : FL DATE OF LOSS : 11/20/1995 DATE PROOF FILED : 09/17/1998	INSURED : LANE PONTIAC-BUICK, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$484.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300464-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077098 CLAIM NUMBER : 019800000778 INS/CLMT STATE : FL DATE OF LOSS : 04/14/1998 DATE PROOF FILED : 07/28/1998	INSURED : BAYCO DEVELOPMENT CO., INC. CLAIMANT : BAYCO DEVELOPMENT CO., INC. 2709 NAPLES AVE PANAMA CITY,FL 324049799	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300469-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088004 CLAIM NUMBER : 019800000316 INS/CLMT STATE : FL DATE OF LOSS : 02/12/1998 DATE PROOF FILED : 07/24/1998	INSURED : ARLINGTON ELECTRIC INC. CLAIMANT : ARLINGTON ELECTRIC INC. 3251 SE DIXIE HWY STUART,FL 349950063	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300471-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019800000839 INS/CLMT STATE : FL DATE OF LOSS : 04/19/1998 DATE PROOF FILED : 08/17/1998	INSURED : KFC CLAIMANT : KFC 918 N WASHINGTON BLVD SARASOTA,FL 34236	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300474-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069901 CLAIM NUMBER : 019700001169 INS/CLMT STATE : FL DATE OF LOSS : 06/20/1997 DATE PROOF FILED : 07/23/1998	INSURED : ASSOCIATED PROPERTY MANAGEMENT CLAIMANT : DAVID WOLFSON 13861 FOLKSTONE CIR D WELLINGTON,FL 33414	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$54,715.04 AMOUNT GUARANTY PAID : \$54,715.04 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300476-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000063 INS/CLMT STATE : FL DATE OF LOSS : 01/14/1998 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD, INC. 2619 E JACKSON ST ORLANDO,FL 32803	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300477-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051121 CLAIM NUMBER : 019700002890 INS/CLMT STATE : FL DATE OF LOSS : 11/21/1997 DATE PROOF FILED : 10/13/1998	INSURED : VIC'S PAINTING, INC. CLAIMANT : VIC'S PAINTING, INC. 5420 DIVISION DR FORT MYERS,FL 339055010	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300478-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064157 CLAIM NUMBER : 019700002519 INS/CLMT STATE : FL DATE OF LOSS : 11/04/1997 DATE PROOF FILED : 10/01/1998	INSURED : I M SULZBACHER CENTER FOR THE CLAIMANT : I M SULZBACHER CENTER FOR THE 611 E ADAMS ST JACKSONVILLE,FL 322022847	AMOUNT CLAIMED : \$149.50 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300479-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100082155 CLAIM NUMBER : 019800000758 INS/CLMT STATE : FL DATE OF LOSS : 04/09/1998 DATE PROOF FILED : 08/26/1998	INSURED : STATE TEMPERATURE SERVICE, INC CLAIMANT : STATE TEMPERATURE SERVICE, INC 1611 BANKS RD MARGATE,FL 330637743	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300479-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100082155 CLAIM NUMBER : 019800000758 INS/CLMT STATE : FL DATE OF LOSS : 04/09/1998 DATE PROOF FILED : 08/04/1998	INSURED : STATE TEMPERATURE SERVICE, INC CLAIMANT : BRIAN W. YOUNGBLOOD 2110 NW 74TH AVE SUNRISE,FL 333133854	AMOUNT CLAIMED : \$30.00 AMOUNT RECOMMENDED : \$469.38 AMOUNT GUARANTY PAID : \$469.38 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300480-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100083414 CLAIM NUMBER : 019800000548 INS/CLMT STATE : FL DATE OF LOSS : 03/16/1998 DATE PROOF FILED : 08/03/1998	INSURED : NORTH BAY HARDWARE & LUMBER CO CLAIMANT : NORTH BAY HARDWARE & LUMBER CO 4690 E HIGHWAY 20 NICEVILLE,FL 325789794	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300481-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052673 CLAIM NUMBER : 019700001514 INS/CLMT STATE : FL DATE OF LOSS : 07/10/1997 DATE PROOF FILED : 07/20/1998	INSURED : AMERICAN GIFT CORPORATION CLAIMANT : BELKIS ZAMORA 2655 SW 36TH AVE MIAMI,FL 331332721	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$35,255.42 AMOUNT GUARANTY PAID : \$35,255.42 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300482-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058633 CLAIM NUMBER : 019700000389 INS/CLMT STATE : FL DATE OF LOSS : 03/11/1997 DATE PROOF FILED : 04/21/1998	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300482-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058633 CLAIM NUMBER : 019700000389 INS/CLMT STATE : FL DATE OF LOSS : 03/11/1997 DATE PROOF FILED : 07/29/1998	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : IGNACIO ZARAGOZA 142 NW 10 ST HOMESTEAD,FL 330331843	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$15,177.02 AMOUNT GUARANTY PAID : \$15,177.02 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300483-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058104 CLAIM NUMBER : 019700001132 INS/CLMT STATE : FL DATE OF LOSS : 05/27/1997 DATE PROOF FILED : 07/20/1998	INSURED : ARTISAN TILE & MARBLE CLAIMANT : ARTISAN TILE & MARBLE 206 N OLD DIKE JUPITER,FL 334584911	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300483-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058104 CLAIM NUMBER : 019700001132 INS/CLMT STATE : FL DATE OF LOSS : 05/27/1997 DATE PROOF FILED : 07/20/1998	INSURED : ARTISAN TILE & MARBLE CLAIMANT : LOU ZOLLO 1921 E OAK KNOLL CIR DAVIE,FL 333246429	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$115,431.03 AMOUNT GUARANTY PAID : \$115,431.03 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300484-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065278 CLAIM NUMBER : 019700001534 INS/CLMT STATE : FL DATE OF LOSS : 07/31/1997 DATE PROOF FILED : 12/02/1998	INSURED : TERM PERSONNEL OF SARASOTA, INC CLAIMANT : VINCENT ZAVALA C/O FT. MEYERS RESCUE MISSION 3985 DR MARTIN LUTHER KING BLV FORT MYERS,FL 339164805	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$27,566.39 AMOUNT GUARANTY PAID : \$27,566.39 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300485-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 956049 INS/CLMT STATE : FL DATE OF LOSS : 06/26/1995 DATE PROOF FILED : 07/31/1998	INSURED : S.I. NICHOLAS, INC. CLAIMANT : S.I. NICHOLAS, INC. 1600 S FEDERAL HWY STE 811 POMPANO BEACH,FL 330627500	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300485-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 956049 INS/CLMT STATE : FL DATE OF LOSS : 06/26/1995 DATE PROOF FILED : 10/21/1998	INSURED : S.I. NICHOLAS, INC. CLAIMANT : DAVID HERNANDEZ 7841 SW 152ND AVE APT 4 MIAMI,FL 331933203	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$64,754.85 AMOUNT GUARANTY PAID : \$64,754.85 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300485-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 956049 INS/CLMT STATE : FL DATE OF LOSS : 06/26/1995 DATE PROOF FILED : 09/04/1998	INSURED : S.I. NICHOLAS, INC. CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 ROCKY POINTE DR SUITE 145 TAMPA,FL 33607	AMOUNT CLAIMED : \$2,480.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300486-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065278 CLAIM NUMBER : 019700002164 INS/CLMT STATE : FL DATE OF LOSS : 09/17/1997 DATE PROOF FILED : 09/17/1998	INSURED : TERM PERSONNEL OF SARASOTA, INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$702.96 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300488-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000679110 CLAIM NUMBER : 019700001210 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 03/17/1999	INSURED : ELITE PROTECTION SERVICES CLAIMANT : ELITE PROTECTION SERVICES, INC 220 CONGRESS PARK DR DELRAY BEACH,FL 334454670	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300488-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000679110 CLAIM NUMBER : 019700001210 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 03/17/1999	INSURED : ELITE PROTECTION SERVICES CLAIMANT : WILLIAM SMITH 2735 WINDHAM CT DELRAY BEACH,FL 334457110	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$30,699.43 AMOUNT GUARANTY PAID : \$30,599.43 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 482 ID NO : 300489-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062499 CLAIM NUMBER : 019700002385 INS/CLMT STATE : FL DATE OF LOSS : 08/01/1997 DATE PROOF FILED : 08/21/1998	INSURED : FIRST FEDERAL SAVINGS - PALM B CLAIMANT : CONCHITA ROYSTER 1105-D1 GREEN PINE BLVD W.PALM BEACH,FL 33409	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300490-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200061401 CLAIM NUMBER : 019600000371 INS/CLMT STATE : FL DATE OF LOSS : 12/19/1996 DATE PROOF FILED : 10/06/1998	INSURED : INSULATING & WEATHERSTRIPPING, CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$271.84 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300493-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200212101 CLAIM NUMBER : 969207 INS/CLMT STATE : FL DATE OF LOSS : 08/12/1996 DATE PROOF FILED : 07/23/1998	INSURED : FOREVER GREEN LAWN CARE C/O ED CLAIMANT : FOREVER GREEN LAWN CARE C/O ED PO BOX 650786 VERO BEACH,FL 32965	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300493-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200212101 CLAIM NUMBER : 969207 INS/CLMT STATE : FL DATE OF LOSS : 08/12/1996 DATE PROOF FILED : 10/28/1998	INSURED : FOREVER GREEN LAWN CARE C/O ED CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$47.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300494-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053723 CLAIM NUMBER : 019700000072 INS/CLMT STATE : FL DATE OF LOSS : 01/14/1997 DATE PROOF FILED : 08/06/1998	INSURED : K.D. CONSTRUCTION CLAIMANT : PAUL GERARD 4164 INVERRARY DR #1005 POMPANO BEACH,FL 330627047	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$275,819.95 AMOUNT GUARANTY PAID : \$275,819.95 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300494-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053723 CLAIM NUMBER : 019700000072 INS/CLMT STATE : FL DATE OF LOSS : 01/14/1997 DATE PROOF FILED : 10/06/1998	INSURED : K.D. CONSTRUCTION CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$805.28 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300495-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200125401 CLAIM NUMBER : 944553 INS/CLMT STATE : FL DATE OF LOSS : 11/03/1994 DATE PROOF FILED : 07/30/1998	INSURED : OLYMPIC INDUSTRIES, INC. CLAIMANT : PAUL ROGERS C/O RICHARD GOLDMAN, ESQ. P O BOX 39782 GREENSBORO,NC 274389782	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$47,685.92 AMOUNT GUARANTY PAID : \$47,685.92 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300497-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000679110 CLAIM NUMBER : 019700001217 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 08/20/1998	INSURED : ELITE PROTECTION SERVICES, INC CLAIMANT : PAUL BENT 28 DARTMOUTH RD PO BOX 1078 SHOREHAM,NY 117860966	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$329,808.59 AMOUNT GUARANTY PAID : \$329,708.59 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 482 ID NO : 300499-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002867 INS/CLMT STATE : FL DATE OF LOSS : 12/31/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300499-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002867 INS/CLMT STATE : FL DATE OF LOSS : 12/31/1997 DATE PROOF FILED : 08/18/1998	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : SOPHIA BERNSTEIN 228 HARVEY ST PUNTA GORDA,FL 339504411	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$13,861.96 AMOUNT GUARANTY PAID : \$13,861.96 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300500-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100072257 CLAIM NUMBER : 019700002718 INS/CLMT STATE : FL DATE OF LOSS : 12/09/1997 DATE PROOF FILED : 09/08/1998	INSURED : S & S TEMPORARY LABOR CLAIMANT : DICESARE DAVIDSON & BARKER PA 5640 S. FLORIDA AVENUE LAKELAND,FL 33813	AMOUNT CLAIMED : \$292.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300502-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000549 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300503-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100072257 CLAIM NUMBER : 019700002197 INS/CLMT STATE : FL DATE OF LOSS : 10/07/1997 DATE PROOF FILED : 09/08/1998	INSURED : S & S TEMPORARY LABOR CLAIMANT : DICESARE DAVIDSON & BARKER PA PO BOX 7160 LAKELAND,FL 338077160	AMOUNT CLAIMED : \$562.50 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300507-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100073114 CLAIM NUMBER : 019800000517 INS/CLMT STATE : FL DATE OF LOSS : 03/11/1998 DATE PROOF FILED : 09/21/1998	INSURED : BABY BOOMERS CHILD CARE CENTER EAST INC CLAIMANT : BABY BOOMERS CHILD CARE CENTER EAST INC 301 SE 10TH AVE #B POMPANO BEACH,FL 330607410	AMOUNT CLAIMED : \$22.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300507-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100073114 CLAIM NUMBER : 019800000517 INS/CLMT STATE : FL DATE OF LOSS : 03/11/1998 DATE PROOF FILED : 09/21/1998	INSURED : BABY BOOMERS CHILD CARE CENTER EAST INC CLAIMANT : NELLY HEATON 301 SE 10TH AVE APT F POMPANO BEACH,FL 330607323	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$36.19 AMOUNT GUARANTY PAID : \$36.19 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300510-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100080595 CLAIM NUMBER : 019800000415 INS/CLMT STATE : FL DATE OF LOSS : 02/18/1998 DATE PROOF FILED : 07/21/1998	INSURED : LASSETER PLUMBING, INC. CLAIMANT : LASSETER PLUMBING, INC. 865 NE 130TH ST NORTH MIAMI,FL 331614943	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300512-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200066801 CLAIM NUMBER : 956875 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1995 DATE PROOF FILED : 10/06/1998	INSURED : MARTEX INSULATION, INC. CLAIMANT : ERS CONSULTANTS INC 140 ALEXANDRIA BLVD SUITE I OVIEDO,FL 327650004	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300512-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200066801 CLAIM NUMBER : 956875 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1995 DATE PROOF FILED : 09/17/1998	INSURED : MARTEX INSULATION, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$377.69 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300513-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 943104 INS/CLMT STATE : FL DATE OF LOSS : 03/02/1994 DATE PROOF FILED : 08/03/1998	INSURED : MIDDLETON PEST CONTROL CLAIMANT : MIDDLETON PEST CONTROL 1600 33RD ST ORLANDO,FL 328104706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300513-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 943104 INS/CLMT STATE : FL DATE OF LOSS : 03/02/1994 DATE PROOF FILED : 10/26/1998	INSURED : MIDDLETON PEST CONTROL CLAIMANT : PYLE JONES HURLEY & HAND PA 1069 W MORSE BLVD WINTER PARK,FL 327893711	AMOUNT CLAIMED : \$623.99 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300514-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200206201 CLAIM NUMBER : 019600000009 INS/CLMT STATE : FL DATE OF LOSS : 11/12/1996 DATE PROOF FILED : 10/07/1998	INSURED : BEND N STRETCH, INC. CLAIMANT : ADRIANA SCHAKED TRANSLATIONS PO BOX 630635 N MIAMI,FL 331630635	AMOUNT CLAIMED : \$140.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300517-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072257 CLAIM NUMBER : 019700002529 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1997 DATE PROOF FILED : 04/22/1999	INSURED : S & S TEMPORARY LABOR CLAIMANT : LLOYD AUSTIN PO BOX 4086 WINTER HAVEN,FL 338854086	AMOUNT CLAIMED : \$250,000.00 AMOUNT RECOMMENDED : \$218,701.45 AMOUNT GUARANTY PAID : \$218,701.45 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300517-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100072257 CLAIM NUMBER : 019700002529 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1997 DATE PROOF FILED : 10/28/1998	INSURED : S & S TEMPORARY LABOR CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$276.99 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300519-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 019600000150 INS/CLMT STATE : FL DATE OF LOSS : 10/29/1996 DATE PROOF FILED : 09/17/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON SUITE 1020 ORLANDO,FL 32801	AMOUNT CLAIMED : \$85.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300521-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100057665 CLAIM NUMBER : 019700002615 INS/CLMT STATE : FL DATE OF LOSS : 11/30/1997 DATE PROOF FILED : 10/06/1998	INSURED : SCUFFY'S PETROLEUM, INC. CLAIMANT : CCMC 402 SOUTH CENTRAL AVE OVIEDO,FL 327659032	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300522-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100075761 CLAIM NUMBER : 019700002884 INS/CLMT STATE : FL DATE OF LOSS : 10/30/1997 DATE PROOF FILED : 09/04/1998	INSURED : GLENN ROGERS LANDSCAPE SUPPLY CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE S SAINT PETERSBURG,FL 337014360	AMOUNT CLAIMED : \$817.51 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300523-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200043101 CLAIM NUMBER : 968777 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1996 DATE PROOF FILED : 07/27/1998	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS, INC. 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300524-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000699310 CLAIM NUMBER : 019800000098 INS/CLMT STATE : FL DATE OF LOSS : 01/19/1998 DATE PROOF FILED : 07/23/1998	INSURED : E.F. AUTO ELECTRIC, INC CLAIMANT : AZARIAS CHAGAS 477 RIVERSIDE DR STUART,FL 34994	AMOUNT CLAIMED : \$100,000.00 AMOUNT RECOMMENDED : \$33,388.63 AMOUNT GUARANTY PAID : \$33,388.63 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300525-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062248 CLAIM NUMBER : 019700001733 INS/CLMT STATE : FL DATE OF LOSS : 08/21/1997 DATE PROOF FILED : 07/20/1998	INSURED : JAFFER ASSOCIATES, LTD. CLAIMANT : DAVID CHAVEZ 4162 W 11TH LN HIALEAH,FL 330124165	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$31,389.03 AMOUNT GUARANTY PAID : \$31,389.03 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300527-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066913 CLAIM NUMBER : 019700002817 INS/CLMT STATE : FL DATE OF LOSS : 12/20/1997 DATE PROOF FILED : 09/28/1998	INSURED : WEST COAST TOMATO, INC. CLAIMANT : WEST COAST TOMATO, INC. 530 5TH AVENUE DR W PALMETTO,FL 342215154	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300527-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100066913 CLAIM NUMBER : 019700002817 INS/CLMT STATE : FL DATE OF LOSS : 12/20/1997 DATE PROOF FILED : 04/24/1999	INSURED : WEST COAST TOMATO, INC. CLAIMANT : HAYES ERACLIDES JOHNS HALL GREENE & GELMAN LLP PO BOX 49137 SARASOTA,FL 342306137	AMOUNT CLAIMED : \$1,995.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300528-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100086653 CLAIM NUMBER : 019800000282 INS/CLMT STATE : FL DATE OF LOSS : 02/03/1998 DATE PROOF FILED : 11/13/1998	INSURED : A 1 SUNRISE CONSTRUCTION CLAIMANT : SEA INCORPORATED 7349 WORTHINGTON GALENA RD COLUMBUS,OH 43085	AMOUNT CLAIMED : \$67.70 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300531-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200128002 CLAIM NUMBER : 969463 INS/CLMT STATE : FL DATE OF LOSS : 09/06/1996 DATE PROOF FILED : 09/23/1998	INSURED : THE G.K. FISHER CO. CLAIMANT : BEDOLE DERISSE 4161 32ND AVE VERO BEACH,FL 32967	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$165,077.82 AMOUNT GUARANTY PAID : \$165,077.82 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300531-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200128002 CLAIM NUMBER : 969463 INS/CLMT STATE : FL DATE OF LOSS : 09/06/1996 DATE PROOF FILED : 11/12/1998	INSURED : THE G.K. FISHER CO. CLAIMANT : MOSS HENDERSON BLANTON LANIER & DEVONMILLE PA PO BOX 3406 VERO BEACH,FL 329643406	AMOUNT CLAIMED : \$774.48 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300532-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059307 CLAIM NUMBER : 019700000531 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1997 DATE PROOF FILED : 07/27/1998	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : TRANSPORTE AERO MERCANTILES PA 9641 CARIBBEAN BLVD MIAMI,FL 33189	AMOUNT CLAIMED : \$300,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300532-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059307 CLAIM NUMBER : 019700000531 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1997 DATE PROOF FILED : 07/27/1998	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : GUILLERMO DIAZ 9641 CARIBBEAN BLVD MIAMI,FL 331891516	AMOUNT CLAIMED : \$300,000.00 AMOUNT RECOMMENDED : \$121,885.51 AMOUNT GUARANTY PAID : \$121,885.51 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300533-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000630 INS/CLMT STATE : FL DATE OF LOSS : 03/05/1998 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD, INC. 5465 CURRY RD APT E13 ORLANDO,FL 32812	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300533-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000630 INS/CLMT STATE : FL DATE OF LOSS : 03/05/1998 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD CLAIMANT : MELVIN CARL FISHER 5465 CURRY FORD RD APT E13 ORLANDO,FL 328128511	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$5,661.11 AMOUNT GUARANTY PAID : \$5,661.11 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300534-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063814 CLAIM NUMBER : 019700002220 INS/CLMT STATE : FL DATE OF LOSS : 09/25/1997 DATE PROOF FILED : 07/20/1998	INSURED : BOB'S BUDGET LAWN CARE CLAIMANT : MICHAEL E BRANDT PO BOX 2018 HIGH SPRINGS,FL 326552018	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$38,179.61 AMOUNT GUARANTY PAID : \$38,179.61 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300538-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066913 CLAIM NUMBER : 019800000362 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1998 DATE PROOF FILED : 07/21/1998	INSURED : WEST COAST TOMATO, INC. CLAIMANT : WEST COAST TOMATO, INC. 530 5TH AVENUE DR W PALMETTO,FL 342215154	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300539-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071665 CLAIM NUMBER : 019700002818 INS/CLMT STATE : FL DATE OF LOSS : 12/17/1997 DATE PROOF FILED : 07/20/1998	INSURED : ARBOR TREE & LANDSCAPE, INC CLAIMANT : THOMAS GRIMES 2559 KING AVE AUBURNDALE,FL 338234814	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$110,534.02 AMOUNT GUARANTY PAID : \$110,534.02 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300540-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000898510 CLAIM NUMBER : 019800000211 INS/CLMT STATE : FL DATE OF LOSS : 01/29/1998 DATE PROOF FILED : 09/04/1998	INSURED : TAMPA AIRLINES CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,240.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300540-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000898510 CLAIM NUMBER : 019800000211 INS/CLMT STATE : FL DATE OF LOSS : 01/29/1998 DATE PROOF FILED : 08/28/1998	INSURED : TAMPA AIRLINES CLAIMANT : DONNA C HURTAK ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$963.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300543-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100073489 CLAIM NUMBER : 019700002865 INS/CLMT STATE : FL DATE OF LOSS : 12/15/1997 DATE PROOF FILED : 09/04/1998	INSURED : J. WHITE ALUMINUM , INC. CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,240.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300550-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200026101 CLAIM NUMBER : 956562 INS/CLMT STATE : FL DATE OF LOSS : 08/12/1995 DATE PROOF FILED : 07/16/1998	INSURED : TREAS.ISLAND FUN CTR&MADEIRA B CLAIMANT : TREAS.ISLAND FUN CTR&MADEIRA B 7770 SEMINOLE BLVD SEMINOLE,FL 337724822	AMOUNT CLAIMED : \$6,500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300550-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200026101 CLAIM NUMBER : 956562 INS/CLMT STATE : FL DATE OF LOSS : 08/12/1995 DATE PROOF FILED : 07/30/1998	INSURED : TREAS.ISLAND FUN CTR&MADEIRA B CLAIMANT : KAREN KEHRER 1009 CANTERBURY RD CLEARWATER,FL 337644811	AMOUNT CLAIMED : \$100,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300550-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200026101 CLAIM NUMBER : 956562 INS/CLMT STATE : FL DATE OF LOSS : 08/12/1995 DATE PROOF FILED : 09/17/1998	INSURED : TREAS.ISLAND FUN CTR&MADEIRA B CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$442.84 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300552-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200176601 CLAIM NUMBER : 019600000321 INS/CLMT STATE : FL DATE OF LOSS : 12/05/1996 DATE PROOF FILED : 09/02/1998	INSURED : ACCUFORM MANUFACTURING INC CLAIMANT : ACCUFORM MANUFACTURING, INC. 14378 SPRING HILL DR BROOKSVILLE,FL 346098101	AMOUNT CLAIMED : \$30,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300552-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200176601 CLAIM NUMBER : 019600000321 INS/CLMT STATE : FL DATE OF LOSS : 12/05/1996 DATE PROOF FILED : 09/04/1998	INSURED : ACCUFORM MANUFACTURING INC CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE SOUTH ST PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$397.42 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300553-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053125 CLAIM NUMBER : 019700002497 INS/CLMT STATE : FL DATE OF LOSS : 11/11/1997 DATE PROOF FILED : 07/14/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : DAVIS BROTHERS CONSTRUCTION CO 161 NW 4TH ST BOCA RATON,FL 334323832	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300553-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053125 CLAIM NUMBER : 019700002497 INS/CLMT STATE : FL DATE OF LOSS : 11/11/1997 DATE PROOF FILED : 07/31/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : KEVIN L MAITLAND 8220 NW 47TH CT SUNRISE,FL 333515537	AMOUNT CLAIMED : \$50,000.00 AMOUNT RECOMMENDED : \$23,193.51 AMOUNT GUARANTY PAID : \$23,193.51 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300556-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100092677 CLAIM NUMBER : 019800000176 INS/CLMT STATE : FL DATE OF LOSS : 01/29/1998 DATE PROOF FILED : 07/29/1998	INSURED : OLIVER EXTERMINATING CORP CLAIMANT : EASTON MASSEY 612 NW 15TH AVE FORT LAUDERDALE,FL 333117968	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$43,515.69 AMOUNT GUARANTY PAID : \$43,515.69 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300557-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100054008 CLAIM NUMBER : 019700000305 INS/CLMT STATE : FL DATE OF LOSS : 02/25/1997 DATE PROOF FILED : 11/09/1998	INSURED : WESTERN SIZZLIN OF CRESTVIEW, CLAIMANT : J CLARK PARTINGTON HART LARRY BOND ATTORNEYS AT LAW PO BOX 13010 PENSACOLA,FL 325913010	AMOUNT CLAIMED : \$164.80 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300558-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059307 CLAIM NUMBER : 019700000957 INS/CLMT STATE : FL DATE OF LOSS : 05/20/1997 DATE PROOF FILED : 08/21/1998	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : TRANSPORTE AERO MERCANTILES PA 5335 S.W. 115 AVENUE MIAMI,FL 33165	AMOUNT CLAIMED : \$564.10 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300560-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700000779 INS/CLMT STATE : FL DATE OF LOSS : 04/28/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300560-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700000779 INS/CLMT STATE : FL DATE OF LOSS : 04/28/1997 DATE PROOF FILED : 01/25/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : W DEAN RINGERS MORGAN AND LAWTON PA PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$206.46 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300562-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000338 INS/CLMT STATE : FL DATE OF LOSS : 02/07/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE WINTER PARK,FL 327923330	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300563-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200118005 CLAIM NUMBER : 019500000021 INS/CLMT STATE : FL DATE OF LOSS : 12/20/1995 DATE PROOF FILED : 09/17/1998	INSURED : DISPOSALL, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$585.71 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300565-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000621410 CLAIM NUMBER : 019700001160 INS/CLMT STATE : FL DATE OF LOSS : 06/17/1997 DATE PROOF FILED : 09/17/1998	INSURED : HONEY TRANSPORT, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$594.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300568-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019700002783 INS/CLMT STATE : FL DATE OF LOSS : 12/19/1997 DATE PROOF FILED : 04/28/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER INC & DENNIS E 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300569-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700001575 INS/CLMT STATE : FL DATE OF LOSS : 08/06/1997 DATE PROOF FILED : 08/10/1998	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING, INC. PO BOX 7151 PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300570-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200127301 CLAIM NUMBER : 019600000024 INS/CLMT STATE : FL DATE OF LOSS : 10/31/1996 DATE PROOF FILED : 10/06/1998	INSURED : OCEANFRONT ASSOCIATES, INC. CLAIMANT : SCHUTT HUMPHRIES BECKER 6015 CHESTER CIR STE 210 JACKSONVILLE,FL 322172214	AMOUNT CLAIMED : \$544.53 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300575-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058482 CLAIM NUMBER : 019700001283 INS/CLMT STATE : FL DATE OF LOSS : 06/26/1997 DATE PROOF FILED : 10/06/1998	INSURED : SOUTHEASTERN REFRACTORIES, INC CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$15.76 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300576-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200150701 CLAIM NUMBER : 957467 INS/CLMT STATE : FL DATE OF LOSS : 12/05/1995 DATE PROOF FILED : 07/31/1998	INSURED : MILLON AIR, INC. CLAIMANT : CELIN G PONCE 17221 NW 53RD CT CAROL CITY,FL 330554040	AMOUNT CLAIMED : \$18,000.00 AMOUNT RECOMMENDED : \$10,030.00 AMOUNT GUARANTY PAID : \$10,030.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300581-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000760210 CLAIM NUMBER : 019800000492 INS/CLMT STATE : FL DATE OF LOSS : 03/05/1998 DATE PROOF FILED : 07/20/1998	INSURED : STAFFING PROFESSIONALS, INC. CLAIMANT : STAFFING PROFESSIONALS, INC. 5881 WHITFIELD AVE SARASOTA,FL 342433125	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300583-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069181 CLAIM NUMBER : 019800000546 INS/CLMT STATE : FL DATE OF LOSS : 03/03/1998 DATE PROOF FILED : 07/20/1998	INSURED : ACE AUTO PARTS CLAIMANT : RHONDA RENEE THOMAS PO BOX 361 DADE CITY,FL 335260361	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$3,919.88 AMOUNT GUARANTY PAID : \$3,919.88 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300584-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019800000504 INS/CLMT STATE : FL DATE OF LOSS : 03/06/1998 DATE PROOF FILED : 08/10/1998	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC PO BOX 7151 PORT ST LUCIE,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300590-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200120401 CLAIM NUMBER : 956429 INS/CLMT STATE : FL DATE OF LOSS : 06/06/1995 DATE PROOF FILED : 02/19/1999	INSURED : PARK PLACE THERAPEUTIC CENTER CLAIMANT : PARK PLACE THERAPUTIC CENTER 301 NW 84TH AVE PLANTATION,FL 333241841	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300591-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100072257 CLAIM NUMBER : 019700002418 INS/CLMT STATE : FL DATE OF LOSS : 11/04/1997 DATE PROOF FILED : 09/08/1998	INSURED : S & S TEMPORARY LABOR CLAIMANT : DICESARE DAVIDSON & BARKER PA PO BOX 7160 LAKELAND,FL 338077160	AMOUNT CLAIMED : \$729.58 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300592-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019800000336 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1998 DATE PROOF FILED : 08/04/1998	INSURED : KFC CLAIMANT : KENTUCKY FRIED CHICKEN PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300593-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053056 CLAIM NUMBER : 019700002424 INS/CLMT STATE : FL DATE OF LOSS : 11/01/1997 DATE PROOF FILED : 10/28/1998	INSURED : ALECK T. & SULA S. GREENWOOD CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$200.46 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300595-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100080082 CLAIM NUMBER : 019800000757 INS/CLMT STATE : FL DATE OF LOSS : 02/06/1998 DATE PROOF FILED : 09/09/1998	INSURED : SERVICE ALLIANCE INC CLAIMANT : SERVICE ALLIANCE INC 325 W ADAMS ST STE 302 JACKSONVILLE,FL 322024324	AMOUNT CLAIMED : \$5,320.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300596-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077612 CLAIM NUMBER : 019800000214 INS/CLMT STATE : FL DATE OF LOSS : 01/21/1998 DATE PROOF FILED : 08/19/1998	INSURED : ALL RIBBONS EXPRESS INC CLAIMANT : ALL RIBBONS EXPRESS INC 8030 PHILIPS HWY STE 15 JACKSONVILLE,FL 322567463	AMOUNT CLAIMED : \$12,500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300601-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200104701 CLAIM NUMBER : 944566 INS/CLMT STATE : FL DATE OF LOSS : 11/26/1994 DATE PROOF FILED : 10/28/1998	INSURED : HONEY TRANSPORT INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$76.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300602-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000550 INS/CLMT STATE : FL DATE OF LOSS : 03/16/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC 5680 ROMA EOS EBRO,FL 32437	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300606-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086277 CLAIM NUMBER : 019800000023 INS/CLMT STATE : FL DATE OF LOSS : 01/06/1998 DATE PROOF FILED : 07/29/1998	INSURED : ADVENTURE BAY EARLY LEARNING CENTERS INC CLAIMANT : ADVENTURE BAY EARLY LEARNING CENTERS INC 4500 W SAMPLE RD COCONUT CREEK,FL 33063	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300608-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061807 CLAIM NUMBER : 019800000462 INS/CLMT STATE : FL DATE OF LOSS : 02/21/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY, INC. 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300609-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000722 INS/CLMT STATE : FL DATE OF LOSS : 04/07/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300610-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100050499 CLAIM NUMBER : 019700000945 INS/CLMT STATE : FL DATE OF LOSS : 05/20/1997 DATE PROOF FILED : 07/20/1998	INSURED : SERVICE TRUCKING, INC. CLAIMANT : FRANKLIN HOLLEY 31801 HUFF RD EUSTIS,FL 327369671	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$497,529.21 AMOUNT GUARANTY PAID : \$497,529.21 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300610-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100050499 CLAIM NUMBER : 019700000945 INS/CLMT STATE : FL DATE OF LOSS : 05/20/1997 DATE PROOF FILED : 09/17/1998	INSURED : SERVICE TRUCKING, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$613.96 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300611-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100068279 CLAIM NUMBER : 019700001014 INS/CLMT STATE : FL DATE OF LOSS : 05/13/1997 DATE PROOF FILED : 04/24/1999	INSURED : GALV-TECH & TRUSS CO. CLAIMANT : HAYES ERACLIDES JOHNS HALL GREENE & GELMAN LLP C BRADLEY HALL JR PO BOX 49137 SARASOTA,FL 342306137	AMOUNT CLAIMED : \$842.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300613-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060593 CLAIM NUMBER : 019700001802 INS/CLMT STATE : FL DATE OF LOSS : 08/27/1997 DATE PROOF FILED : 09/17/1998	INSURED : ALPHA PERSONNEL CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$625.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300614-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200034201 CLAIM NUMBER : 967970 INS/CLMT STATE : FL DATE OF LOSS : 03/04/1996 DATE PROOF FILED : 09/08/1998	INSURED : CMA CONTRACTING CLAIMANT : DICESARE DAVIDSON & BARKER PA 5640 SOUTH FLORIDA AVE LAKELAND,FL 33813	AMOUNT CLAIMED : \$337.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300615-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200240701 CLAIM NUMBER : 019700000355 INS/CLMT STATE : FL DATE OF LOSS : 02/25/1997 DATE PROOF FILED : 07/31/1995	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : FLAGLER COUNTY COA COMMUNITY 1000 BELLE TERRE BLVD PALM COAST,FL 321645238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300618-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071083 CLAIM NUMBER : 019700001543 INS/CLMT STATE : FL DATE OF LOSS : 07/31/1997 DATE PROOF FILED : 08/12/1998	INSURED : YOUNG'S CONTRACTING CLAIMANT : YOUNG'S CONTRACTING DBA 315 KELLY RD NICEVILLE,FL 325781847	AMOUNT CLAIMED : \$17,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300618-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100071083 CLAIM NUMBER : 019700001543 INS/CLMT STATE : FL DATE OF LOSS : 07/31/1997 DATE PROOF FILED : 10/28/1998	INSURED : YOUNG'S CONTRACTING CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$136.82 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300619-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000634 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300620-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200177301 CLAIM NUMBER : 969388 INS/CLMT STATE : AL DATE OF LOSS : 08/26/1996 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY, INC. PO BOX 1266 BIRMINGHAM,AL 352011266	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300620-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200177301 CLAIM NUMBER : 969388 INS/CLMT STATE : AL DATE OF LOSS : 08/26/1996 DATE PROOF FILED : 02/25/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : CHARLES MARICLE 2261 JANEY ST NAVARRE,FL 325663382	AMOUNT CLAIMED : \$350,000.00 AMOUNT RECOMMENDED : \$110,994.22 AMOUNT GUARANTY PAID : \$110,994.22 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300623-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000636 INS/CLMT STATE : FL DATE OF LOSS : 03/19/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300624-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100091445 CLAIM NUMBER : 019800000649 INS/CLMT STATE : FL DATE OF LOSS : 03/27/1998 DATE PROOF FILED : 08/10/1998	INSURED : SUNCOAST ROOFERS SUPPLY CLAIMANT : WILLIAM WANSER 4404 W IOWA AVE TAMPA,FL 336161005	AMOUNT CLAIMED : \$500,000.00 AMOUNT RECOMMENDED : \$256,275.61 AMOUNT GUARANTY PAID : \$256,275.61 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300624-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100091445 CLAIM NUMBER : 019800000649 INS/CLMT STATE : FL DATE OF LOSS : 03/27/1998 DATE PROOF FILED : 10/12/1998	INSURED : SUNCOAST ROOFERS SUPPLY CLAIMANT : S E A INCORPORATED 7349 WORTHINGTON GALENA RD COLUMBUS,OH 430851519	AMOUNT CLAIMED : \$1,254.31 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300625-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070737 CLAIM NUMBER : 019800000681 INS/CLMT STATE : FL DATE OF LOSS : 03/05/1998 DATE PROOF FILED : 07/20/1998	INSURED : AMERICAN MEDICAL SVCS, INC. CLAIMANT : AMERICAN MEDICAL SVCS, INC. 215 N 2ND ST STE A LEESBURG,FL 347485102	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300625-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100070737 CLAIM NUMBER : 019800000681 INS/CLMT STATE : FL DATE OF LOSS : 03/05/1998 DATE PROOF FILED : 07/20/1998	INSURED : AMERICAN MEDICAL SVCS, INC. CLAIMANT : DEAN RINGER MORGAN & LAWTON PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300628-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000547 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300628-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000547 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : FELIX PUERTO-PAL 15 MORIARITY ST NW FORT WALTON BEACH,FL 325484360	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$98.00 AMOUNT GUARANTY PAID : \$98.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300629-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071083 CLAIM NUMBER : 019800000179 INS/CLMT STATE : FL DATE OF LOSS : 01/28/1998 DATE PROOF FILED : 08/12/1998	INSURED : YOUNG'S CONTRACTING CLAIMANT : YOUNG'S CONTRACTING DBA 315 KELLY RD NICEVILLE,FL 325781847	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300637-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200034701 CLAIM NUMBER : 931498 INS/CLMT STATE : FL DATE OF LOSS : 02/10/1993 DATE PROOF FILED : 12/03/1998	INSURED : PROGRESSIVE PLUMBING, INC. CLAIMANT : DEAN RINGERS MORGAN AND LAWTON PA PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$237.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300639-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100050655 CLAIM NUMBER : 969595 INS/CLMT STATE : FL DATE OF LOSS : 09/16/1996 DATE PROOF FILED : 11/09/1998	INSURED : EMERALD ARCHIVING, INC. CLAIMANT : A CLARK PARTINGTON HART LARRY BOND ATTORNEYS AT LAW PO BOX 13010 PENSACOLA,FL 325913010	AMOUNT CLAIMED : \$139.40 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300640-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060593 CLAIM NUMBER : 019700002198 INS/CLMT STATE : FL DATE OF LOSS : 10/07/1997 DATE PROOF FILED : 03/01/1999	INSURED : ALPHA PERSONNEL CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$1,009.80 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300646-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088771 CLAIM NUMBER : 019800000423 INS/CLMT STATE : FL DATE OF LOSS : 02/24/1998 DATE PROOF FILED : 07/27/1998	INSURED : ASHCO ENTERPRISES METRO SERVICES CLAIMANT : METRO SERVICES 571 W CHURCH ST ORLANDO,FL 328052268	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300650-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059558 CLAIM NUMBER : 019700001583 INS/CLMT STATE : FL DATE OF LOSS : 08/05/1997 DATE PROOF FILED : 09/17/1998	INSURED : CIRCLE REDMONT, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$696.17 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300651-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088422 CLAIM NUMBER : 019800000533 INS/CLMT STATE : FL DATE OF LOSS : 03/10/1998 DATE PROOF FILED : 07/10/1998	INSURED : FUEL TECH INC CLAIMANT : FUEL TECH INC PO BOX 1079 MIMS,FL 32754	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300652-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100055629 CLAIM NUMBER : 019700000144 INS/CLMT STATE : FL DATE OF LOSS : 01/25/1997 DATE PROOF FILED : 09/17/1998	INSURED : VILLAGE ICE CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$1,894.85 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300654-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100071289 CLAIM NUMBER : 019700002045 INS/CLMT STATE : FL DATE OF LOSS : 09/22/1997 DATE PROOF FILED : 09/17/1998	INSURED : RG CLEANING SERVICES INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$936.14 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300655-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058855 CLAIM NUMBER : 019700002200 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1997 DATE PROOF FILED : 09/17/1998	INSURED : INDUSTRIAL STEEL, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$186.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300656-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100082962 CLAIM NUMBER : 019700002863 INS/CLMT STATE : FL DATE OF LOSS : 12/09/1997 DATE PROOF FILED : 07/20/1998	INSURED : A&C WINDOW CLEANING CLAIMANT : A&C WINDOW CLEANING SERVICE, I 1365 BENNETT DR UNIT 113 LONGWOOD,FL 327506361	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300656-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100082962 CLAIM NUMBER : 019700002863 INS/CLMT STATE : FL DATE OF LOSS : 12/09/1997 DATE PROOF FILED : 09/17/1998	INSURED : A&C WINDOW CLEANING CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ,FL 32801	AMOUNT CLAIMED : \$1,132.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300658-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077098 CLAIM NUMBER : 019800000727 INS/CLMT STATE : FL DATE OF LOSS : 04/02/1998 DATE PROOF FILED : 07/28/1998	INSURED : BAYCO DEVELOPMENT CO., INC. CLAIMANT : BAYCO DEVELOPMENT CO., INC. 4216 POOSER RD MARIANNA,FL 32448	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300659-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088771 CLAIM NUMBER : 019800000062 INS/CLMT STATE : FL DATE OF LOSS : 01/05/1998 DATE PROOF FILED : 07/27/1998	INSURED : ASHCO ENTERPRISES METRO SERVICES CLAIMANT : METRO SERVICES 575 W CHURCH ST ORLANDO,FL 328052268	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300660-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051912 CLAIM NUMBER : 019700002907 INS/CLMT STATE : FL DATE OF LOSS : 07/01/1997 DATE PROOF FILED : 07/20/1998	INSURED : TOM WINNER GLASS COMPANY, INC. CLAIMANT : TOM WINNER GLASS CO 999 FLORIDA AVE S ROCKLEDGE,FL 329552190	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300661-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065265 CLAIM NUMBER : 019700001786 INS/CLMT STATE : FL DATE OF LOSS : 08/15/1997 DATE PROOF FILED : 10/28/1998	INSURED : HANDI MAN CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$970.20 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300662-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063552 CLAIM NUMBER : 019700002942 INS/CLMT STATE : FL DATE OF LOSS : 12/17/1997 DATE PROOF FILED : 07/24/1998	INSURED : CHILD CARE ASSOCIATION OF BREVARD COUNTY INC CLAIMANT : LOUIS FAFORD 4850 LAKE SUPERIOR DR COCOA,FL 329264626	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$798.93 AMOUNT GUARANTY PAID : \$798.93 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300663-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086206 CLAIM NUMBER : 019800000575 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1998 DATE PROOF FILED : 10/09/1998	INSURED : BAY COUNTY COUNCIL ON AGING INC CLAIMANT : BAY COUNTY COUNCIL ON AGING INC 1116 FRANKFORD AVE PANAMA CITY,FL 324011861	AMOUNT CLAIMED : \$1,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300665-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200207201 CLAIM NUMBER : 969195 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1996 DATE PROOF FILED : 07/20/1998	INSURED : SUN PLUMBING, INC. CLAIMANT : JOSEPH JACUZZO 1287 STADT RD NW PALM BAY,FL 329079049	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$6,550.12 AMOUNT GUARANTY PAID : \$6,550.12 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300665-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200207201 CLAIM NUMBER : 969195 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1996 DATE PROOF FILED : 09/17/1998	INSURED : SUN PLUMBING, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$106.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300666-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200155201 CLAIM NUMBER : 019600000006 INS/CLMT STATE : FL DATE OF LOSS : 11/07/1996 DATE PROOF FILED : 08/28/1998	INSURED : TOWNLEY MANUFACTURING CO., INC CLAIMANT : TOWNLEY MANUFACTURING CO., INC P O BOX 221 CANDLER,FL 321110221	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300666-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200155201 CLAIM NUMBER : 019600000006 INS/CLMT STATE : FL DATE OF LOSS : 11/07/1996 DATE PROOF FILED : 09/17/1998	INSURED : TOWNLEY MANUFACTURING CO., INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$467.42 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300668-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200016901 CLAIM NUMBER : 968389 INS/CLMT STATE : FL DATE OF LOSS : 05/02/1996 DATE PROOF FILED : 08/27/1998	INSURED : J & M PUMP SERVICE, INC. CLAIMANT : BURT L GIDEONS 4917 W BARTLETT DR TAMPA,FL 336031606	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$7,540.17 AMOUNT GUARANTY PAID : \$7,540.17 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300670-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200024101 CLAIM NUMBER : 932617 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1993 DATE PROOF FILED : 08/03/1998	INSURED : RELIABLE ALUMINUM & INSULATION CLAIMANT : TERRY H JETER 5190 NE 304TH ST OKEECHOBEE,FL 34972	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$225,939.78 AMOUNT GUARANTY PAID : \$225,939.78 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300670-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200024101 CLAIM NUMBER : 932617 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1993 DATE PROOF FILED : 09/14/1998	INSURED : RELIABLE ALUMINUM & INSULATION CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,091.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300671-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090739 CLAIM NUMBER : 019800000520 INS/CLMT STATE : FL DATE OF LOSS : 03/11/1998 DATE PROOF FILED : 07/21/1998	INSURED : J.E. ABERCROMBIE, INC. CLAIMANT : WISLY JEAU BAPTISTE 1215 MOUNT VERNON STREET ORLANDO,FL 328055963	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$17,560.25 AMOUNT GUARANTY PAID : \$17,560.25 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300671-3 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100090739 CLAIM NUMBER : 019800000520 INS/CLMT STATE : FL DATE OF LOSS : 03/11/1998 DATE PROOF FILED : 04/26/1999	INSURED : J.E. ABERCROMBIE, INC. CLAIMANT : DEAN, RINGERS,MORGAN &LAWTON PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$308.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300673-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070708 CLAIM NUMBER : 019700001740 INS/CLMT STATE : FL DATE OF LOSS : 08/15/1997 DATE PROOF FILED : 07/22/1998	INSURED : DIAMOND DRYWALL OF SW FL, INC. CLAIMANT : DIAMOND DRYWALL OF SW FL, INC. 1406 LAFAYETTE ST CAPE CORAL,FL 339049763	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300674-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200163301 CLAIM NUMBER : 969465 INS/CLMT STATE : FL DATE OF LOSS : 06/12/1996 DATE PROOF FILED : 07/21/1998	INSURED : EXECUTIVE LANDSCAPING, INC. CLAIMANT : EXECUTIVE LANDSCAPING, INC. 1436 E OLIVE RD PENSACOLA,FL 32574	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300674-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200163301 CLAIM NUMBER : 969465 INS/CLMT STATE : FL DATE OF LOSS : 06/12/1996 DATE PROOF FILED : 11/09/1998	INSURED : EXECUTIVE LANDSCAPING, INC. CLAIMANT : CLARK PARTINGTON HART LARRY BOND STACKHOUSE AND STONE PO BOX 13010 PENSACOLA,FL 325913010	AMOUNT CLAIMED : \$303.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300675-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069181 CLAIM NUMBER : 019700001284 INS/CLMT STATE : FL DATE OF LOSS : 06/03/1997 DATE PROOF FILED : 07/27/1998	INSURED : ACE AUTO PARTS CLAIMANT : ROBIN COLE 3614 54TH ST W BRADENTON,FL 34209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$23,425.27 AMOUNT GUARANTY PAID : \$23,425.27 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300679-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069181 CLAIM NUMBER : 019700002910 INS/CLMT STATE : FL DATE OF LOSS : 09/08/1997 DATE PROOF FILED : 09/17/1998	INSURED : ACE AUTO PARTS CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$1,133.39 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300680-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058482 CLAIM NUMBER : 019700001229 INS/CLMT STATE : FL DATE OF LOSS : 06/16/1997 DATE PROOF FILED : 07/20/1998	INSURED : SOUTHEASTERN REFRACTORIES, INC CLAIMANT : STEVE ROSS PO BOX 1086 MELROSE,FL 326661086	AMOUNT CLAIMED : \$958.00 AMOUNT RECOMMENDED : \$540,468.94 AMOUNT GUARANTY PAID : \$540,468.94 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300681-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076366 CLAIM NUMBER : 019700002231 INS/CLMT STATE : FL DATE OF LOSS : 10/07/1997 DATE PROOF FILED : 09/04/1998	INSURED : MCLAIN & MCLAIN ENTERPRISES INC CLAIMANT : MCLAIN & MCLAIN MANAGEMENT INC 602 S AUDUBON AVE TAMPA,FL 336094129	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300681-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100076366 CLAIM NUMBER : 019700002231 INS/CLMT STATE : FL DATE OF LOSS : 10/07/1997 DATE PROOF FILED : 09/04/1998	INSURED : MCLAIN & MCLAIN ENTERPRISES INC CLAIMANT : RIDEN EARLE & KIEFNER PA SUITE 400 NORTH 100 2ND AVE SOUTH ST PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$603.74 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300683-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100091638 CLAIM NUMBER : 019800000601 INS/CLMT STATE : FL DATE OF LOSS : 03/18/1998 DATE PROOF FILED : 07/31/1998	INSURED : MARLIN-JAMES AIR CONDITIONING CLAIMANT : CHRISTOPHER WINSKEY 4 COLUMBIA DRIVE SUITE #480 TAMPA,FL 33606	AMOUNT CLAIMED : \$1,075.00 AMOUNT RECOMMENDED : \$5,292.25 AMOUNT GUARANTY PAID : \$5,292.25 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300686-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 931417 INS/CLMT STATE : FL DATE OF LOSS : 04/07/1993 DATE PROOF FILED : 08/03/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : MID WEST BOTTLE GAS,ET AL PO BOX 429 LA CROSSE,WI 546020429	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300686-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 931417 INS/CLMT STATE : FL DATE OF LOSS : 04/07/1993 DATE PROOF FILED : 08/10/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : DONALD MAYS HC 2 BOX 262 OLD TOWN,FL 326809740	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$144,187.58 AMOUNT GUARANTY PAID : \$144,187.58 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300686-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 931417 INS/CLMT STATE : FL DATE OF LOSS : 04/07/1993 DATE PROOF FILED : 10/29/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : STAVER & ASSOCIATES SUITE 540 1900 SUMMIT TOWER BLVD ORLANDO,FL 328105919	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300686-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 931417 INS/CLMT STATE : FL DATE OF LOSS : 04/07/1993 DATE PROOF FILED : 10/06/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : CCMC 402 SOUTH CENTRAL AVE OVIEDO,FL 327659032	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300688-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069181 CLAIM NUMBER : 019700002044 INS/CLMT STATE : FL DATE OF LOSS : 09/24/1997 DATE PROOF FILED : 09/17/1998	INSURED : ACE AUTO PARTS CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$528.51 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300691-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000642010 CLAIM NUMBER : 019700002089 INS/CLMT STATE : FL DATE OF LOSS : 09/29/1997 DATE PROOF FILED : 08/31/1998	INSURED : HUGH MAC DONALD CONSTRUCTION CLAIMANT : RITO ROSAS 505 E JERSEY AVE TAMPA,FL 33511	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$1,156.68 AMOUNT GUARANTY PAID : \$1,156.68 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300691-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000642010 CLAIM NUMBER : 019700002089 INS/CLMT STATE : FL DATE OF LOSS : 09/29/1997 DATE PROOF FILED : 09/02/1998	INSURED : HUGH MAC DONALD CONSTRUCTION CLAIMANT : SEA INCORPORATED 7349 WORTHINGTON GALENA RD COLUMBUS,OH 43085	AMOUNT CLAIMED : \$1,573.86 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300696-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100078066 CLAIM NUMBER : 019700002689 INS/CLMT STATE : FL DATE OF LOSS : 11/30/1997 DATE PROOF FILED : 07/20/1998	INSURED : QUALITY PLUS STAFFING SERVICES CLAIMANT : ERIN SCHOULER 7403 SUNNYBROOK BLVD ENGLEWOOD,FL 342249162	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$17,567.06 AMOUNT GUARANTY PAID : \$17,567.06 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300701-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067563 CLAIM NUMBER : 019700002408 INS/CLMT STATE : FL DATE OF LOSS : 11/01/1997 DATE PROOF FILED : 04/23/1998	INSURED : BYRON'S GRILL, INC CLAIMANT : BYRONS GRILL INC 701 N ATLANTIC AVE DAYTONA BEACH,FL 321183804	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300702-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064157 CLAIM NUMBER : 019700002712 INS/CLMT STATE : FL DATE OF LOSS : 12/10/1997 DATE PROOF FILED : 10/01/1998	INSURED : I M SULZBACHER CENTER FOR THE CLAIMANT : I M SULZBACHER CENTER FOR THE 611 E ADAMS ST JACKSONVILLE,FL 322022847	AMOUNT CLAIMED : \$744.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300704-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069512 CLAIM NUMBER : 019700002782 INS/CLMT STATE : FL DATE OF LOSS : 12/16/1997 DATE PROOF FILED : 10/29/1998	INSURED : TEMPORARY LABOR CLAIMANT : STAVER & ASSOCIATES SUITE 540 1900 SUMMIT TOWER BLVD ORLANDO,FL 328105919	AMOUNT CLAIMED : \$297.37 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300705-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069512 CLAIM NUMBER : 019700002087 INS/CLMT STATE : FL DATE OF LOSS : 09/21/1997 DATE PROOF FILED : 11/11/1998	INSURED : TEMPORARY LABOR CLAIMANT : STAVER AND ASSOCIATES SUITE 540 1900 SUMMIT TOWER BLVD ORLANDO,FL 328105919	AMOUNT CLAIMED : \$1,137.58 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300706-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200158702 CLAIM NUMBER : 969685 INS/CLMT STATE : FL DATE OF LOSS : 10/01/1996 DATE PROOF FILED : 08/12/1998	INSURED : REGENCY DODGE, INC. CLAIMANT : PAULA HANSEN 221 E CHURCH ST JACKSONVILLE,FL 32202	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$55,750.00 AMOUNT GUARANTY PAID : \$55,750.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300706-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200158702 CLAIM NUMBER : 969685 INS/CLMT STATE : FL DATE OF LOSS : 10/01/1996 DATE PROOF FILED : 10/06/1998	INSURED : REGENCY DODGE, INC. CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$110.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300707-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064017 CLAIM NUMBER : 019700000838 INS/CLMT STATE : FL DATE OF LOSS : 04/16/1997 DATE PROOF FILED : 08/07/1998	INSURED : KEVIN J. ELWER & ASSOCIATES CLAIMANT : ALEXANDER GRIFFIN 2939 NE 86TH LN ANTHONY,FL 326173718	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$21,418.63 AMOUNT GUARANTY PAID : \$21,418.63 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300710-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069512 CLAIM NUMBER : 019800000460 INS/CLMT STATE : FL DATE OF LOSS : 03/02/1998 DATE PROOF FILED : 09/14/1998	INSURED : TEMPORARY LABOR CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$708.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300711-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200163301 CLAIM NUMBER : 969345 INS/CLMT STATE : FL DATE OF LOSS : 08/26/1996 DATE PROOF FILED : 11/06/1998	INSURED : EXECUTIVE LANDSCAPING, INC. CLAIMANT : MCCONNAUGHAY DUFFY COONROD PO DRAWER 229 TALLAHASSEE,FL 323020229	AMOUNT CLAIMED : \$263.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300712-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077056 CLAIM NUMBER : 019700002559 INS/CLMT STATE : FL DATE OF LOSS : 11/06/1997 DATE PROOF FILED : 07/20/1998	INSURED : CAPITAL PETROLEUM CLAIMANT : CAPITAL PETROLEUM CO. & CAPITA 609 TALLEYRAND AVE JACKSONVILLE,FL 322021032	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300713-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100052824 CLAIM NUMBER : 019700001984 INS/CLMT STATE : FL DATE OF LOSS : 07/10/1997 DATE PROOF FILED : 10/16/1998	INSURED : CUTS BY US, INC. CLAIMANT : CLARK PARTINGTON HART LARRY BOND PO BOX 13010 PENSACOLA,FL 325913010	AMOUNT CLAIMED : \$276.20 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300716-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058659 CLAIM NUMBER : 019700000479 INS/CLMT STATE : FL DATE OF LOSS : 03/24/1997 DATE PROOF FILED : 09/02/1998	INSURED : GAZEBO LANDSCAPE DESIGN, INC. CLAIMANT : CAN WE TALK? INC 901 NORTHPOINT PKWY STE 4 WEST PALM BEACH,FL 334071951	AMOUNT CLAIMED : \$141.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300717-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057083 CLAIM NUMBER : 019700001945 INS/CLMT STATE : FL DATE OF LOSS : 09/05/1997 DATE PROOF FILED : 07/20/1998	INSURED : WHITAKER PLUMBING OF BOCA RATO CLAIMANT : WHITAKER PLUMBING OF BOCA RATON 428 NW 35TH ST BOCA RATON,FL 334315708	AMOUNT CLAIMED : \$58,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300719-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064824 CLAIM NUMBER : 0970000720 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1997 DATE PROOF FILED : 07/21/1998	INSURED : PALMER MARBLE & TILE, INC. CLAIMANT : PALMER MARBLE & TILE, INC. 6599 WALLIS RD WEST PALM BEACH,FL 33413	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300719-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064824 CLAIM NUMBER : 0970000720 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1997 DATE PROOF FILED : 04/21/1999	INSURED : PALMER MARBLE & TILE, INC. CLAIMANT : PETER COURNOYER III 1930 BAY DR APT B MIAMI BEACH,FL 331414456	AMOUNT CLAIMED : \$635,000.00 AMOUNT RECOMMENDED : \$93,662.95 AMOUNT GUARANTY PAID : \$93,662.95 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300721-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063105 CLAIM NUMBER : 019700000764 INS/CLMT STATE : FL DATE OF LOSS : 04/30/1997 DATE PROOF FILED : 07/30/1998	INSURED : TRADITIONAL HOME HEALTH SERVIC CLAIMANT : ANNA BERNHARDT 1840 VISTA WAY MARGATE,FL 330631206	AMOUNT CLAIMED : \$12,500.00 AMOUNT RECOMMENDED : \$22,333.66 AMOUNT GUARANTY PAID : \$22,333.66 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300722-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100084313 CLAIM NUMBER : 019800000101 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1998 DATE PROOF FILED : 07/10/1998	INSURED : CARMINE'S PRIME MEATS, INC. CLAIMANT : GEORGE GELVA 4900 WEDGEWOOD WAY APT 12 WEST PALM BEACH,FL 334175364	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$61,356.87 AMOUNT GUARANTY PAID : \$61,356.87 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300722-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100084313 CLAIM NUMBER : 019800000101 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1998 DATE PROOF FILED : 09/14/1998	INSURED : CARMINE'S PRIME MEATS, INC. CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE.2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,150.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300722-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100084313 CLAIM NUMBER : 019800000101 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1998 DATE PROOF FILED : 11/01/1998	INSURED : CARMINE'S PRIME MEATS, INC. CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$276.68 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300723-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200058501 CLAIM NUMBER : 969080 INS/CLMT STATE : FL DATE OF LOSS : 07/22/1996 DATE PROOF FILED : 07/20/1998	INSURED : THERMA-SEAL ROOFS, INC. CLAIMANT : THERMA-SEAL ROOFS, INC. 1333-53RD STREET WEST PALM BEACH,FL 334072347	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300723-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200058501 CLAIM NUMBER : 969080 INS/CLMT STATE : FL DATE OF LOSS : 07/22/1996 DATE PROOF FILED : 08/12/1998	INSURED : THERMA-SEAL ROOFS, INC. CLAIMANT : THOMAS HITCHCOCK 3229 SE CYPRESS ST STUART,FL 349977818	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$9,186.88 AMOUNT GUARANTY PAID : \$9,186.88 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300724-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100062182 CLAIM NUMBER : 019700002665 INS/CLMT STATE : FL DATE OF LOSS : 07/09/1997 DATE PROOF FILED : 09/04/1998	INSURED : CARMINE'S PRIME MEATS, INC. CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,515.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300728-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085447 CLAIM NUMBER : 019800000399 INS/CLMT STATE : FL DATE OF LOSS : 02/23/1998 DATE PROOF FILED : 07/20/1998	INSURED : KOON'S PONTIAC GMC TRUCK, INC. CLAIMANT : KOON'S PONTIAC GMC TRUCK, INC. 500 HOWARD ST W LIVE OAK,FL 320602209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300728-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085447 CLAIM NUMBER : 019800000399 INS/CLMT STATE : FL DATE OF LOSS : 02/23/1998 DATE PROOF FILED : 07/20/1998	INSURED : KOON'S PONTIAC GMC TRUCK, INC. CLAIMANT : CURTIS H KOON PO BOX 196 MAYO,FL 320660196	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$17,346.46 AMOUNT GUARANTY PAID : \$17,346.46 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300730-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076591 CLAIM NUMBER : 019700002604 INS/CLMT STATE : FL DATE OF LOSS : 11/12/1997 DATE PROOF FILED : 07/20/1998	INSURED : HARRY HUFFSTETLER CLAIMANT : LUIS NAVARRO 3816 ROAN CT WEST PALM BEACH,FL 334031024	AMOUNT CLAIMED : \$2,000.00 AMOUNT RECOMMENDED : \$2,290.88 AMOUNT GUARANTY PAID : \$2,290.88 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300733-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053707 CLAIM NUMBER : 019700002048 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES PO BOX 210243 ROYAL PALM BEACH,FL 334210243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300737-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100056404 CLAIM NUMBER : 019700000561 INS/CLMT STATE : FL DATE OF LOSS : 03/31/1997 DATE PROOF FILED : 07/22/1998	INSURED : BLANTON & UNWIN, INC. CLAIMANT : JANICE LYNN UNWIN 8907 50TH AVE N PALM BEACH GARDENS,FL 334186180	AMOUNT CLAIMED : \$5,000.00 AMOUNT RECOMMENDED : \$5,045.00 AMOUNT GUARANTY PAID : \$5,045.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300739-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200218201 CLAIM NUMBER : 019700000054 INS/CLMT STATE : FL DATE OF LOSS : 01/14/1997 DATE PROOF FILED : 10/28/1998	INSURED : FIRST FEDERAL SAVINGS - PALM B CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$38.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300744-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058659 CLAIM NUMBER : 019700001094 INS/CLMT STATE : FL DATE OF LOSS : 06/10/1997 DATE PROOF FILED : 11/01/1998	INSURED : GAZEBO LANDSCAPE DESIGN, INC. CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREE SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$141.40 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300746-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100082806 CLAIM NUMBER : 019800000650 INS/CLMT STATE : FL DATE OF LOSS : 03/27/1998 DATE PROOF FILED : 03/17/1999	INSURED : BLANTON & UNWIN, INC. CLAIMANT : JUAN GONZALEZ 949 WEDGEWORTH ROAD #2 BELLE GLADE,FL 33430	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$142,121.42 AMOUNT GUARANTY PAID : \$142,121.42 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300751-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000381 INS/CLMT STATE : FL DATE OF LOSS : 02/20/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300752-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085725 CLAIM NUMBER : 019800000607 INS/CLMT STATE : FL DATE OF LOSS : 03/19/1998 DATE PROOF FILED : 07/21/1998	INSURED : V&M ERECTORS INC CLAIMANT : V&M ERECTORS INC 9806 PINES BLVD PEMBROKE PINES,FL 330246141	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300753-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060535 CLAIM NUMBER : 019700002493 INS/CLMT STATE : FL DATE OF LOSS : 11/16/1997 DATE PROOF FILED : 02/19/1999	INSURED : STARLIGHT TOWERS ASSOCIATION, CLAIMANT : WILLIAM J DELERY 5213 N DIXIE HWY APT A1 OAKLAND PARK,FL 333344020	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$12,593.76 AMOUNT GUARANTY PAID : \$12,593.76 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300754-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100073532 CLAIM NUMBER : 019800000603 INS/CLMT STATE : FL DATE OF LOSS : 01/15/1998 DATE PROOF FILED : 04/23/1999	INSURED : RAINBOW GUTTERS & SIDING CLAIMANT : BECKMAN MEDICAL MANAGEMENT PO BOX 432793 MIAMI,FL 332432793	AMOUNT CLAIMED : \$296.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300755-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700002875 INS/CLMT STATE : FL DATE OF LOSS : 12/19/1997 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5839 CURRY FORD RD ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300759-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000731310 CLAIM NUMBER : 019800000339 INS/CLMT STATE : FL DATE OF LOSS : 02/09/1998 DATE PROOF FILED : 09/17/1998	INSURED : STAFF MASTER INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$209.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300760-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000519 INS/CLMT STATE : FL DATE OF LOSS : 03/09/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE WINTER PARK,FL 327923330	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300762-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200081001 CLAIM NUMBER : 932356 INS/CLMT STATE : FL DATE OF LOSS : 10/04/1993 DATE PROOF FILED : 07/20/1998	INSURED : SUNSHINE MATERIALS, INC. CLAIMANT : SUNSHINE MATERIALS, INC. 2461 GULF TO LAKE INVERNESS,FL 344511659	AMOUNT CLAIMED : \$2,803.48 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300762-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200081001 CLAIM NUMBER : 932356 INS/CLMT STATE : FL DATE OF LOSS : 10/04/1993 DATE PROOF FILED : 07/28/1998	INSURED : SUNSHINE MATERIALS, INC. CLAIMANT : ROGER D MILLER 10813 E IRENE ST INVERNESS,FL 344502971	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$235,984.66 AMOUNT GUARANTY PAID : \$235,984.66 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300763-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067701 CLAIM NUMBER : 019700002214 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1997 DATE PROOF FILED : 07/21/1998	INSURED : FARMWORKERS ASSOCIATION OF FLORIDA CLAIMANT : FARMWORKERS ASSOCIATION OF FLORIDA 815 S PARK AVE APOPKA,FL 327033015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300764-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200173501 CLAIM NUMBER : 969708 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1996 DATE PROOF FILED : 07/24/1998	INSURED : ALLIED TIRES, INC. CLAIMANT : ALLIED TIRES ATTN: FRANK DEL TORO 3320 MAGGIE BLVD STE A ORLANDO,FL 328116699	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300766-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053585 CLAIM NUMBER : 019700000050 INS/CLMT STATE : FL DATE OF LOSS : 01/13/1997 DATE PROOF FILED : 09/17/1998	INSURED : NURAY BEACH PRODUCTS, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$1,005.70 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300766-4 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100053585 CLAIM NUMBER : 019700000050 INS/CLMT STATE : FL DATE OF LOSS : 01/13/1997 DATE PROOF FILED : 04/29/1999	INSURED : NURAY BEACH PRODUCTS, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$1,210.11 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300770-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000711 INS/CLMT STATE : FL DATE OF LOSS : 03/29/1998 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD, INC. 14434 HUNTINGFIELD DR ORLANDO,FL 32824	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300771-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088771 CLAIM NUMBER : 019800000616 INS/CLMT STATE : FL DATE OF LOSS : 03/10/1998 DATE PROOF FILED : 07/27/1998	INSURED : ASHCO ENTERPRISES METRO SERVICES CLAIMANT : METRO SERVICES 571 W CHURCH ST ORLANDO,FL 328052268	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300772-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200211001 CLAIM NUMBER : 969460 INS/CLMT STATE : FL DATE OF LOSS : 09/11/1996 DATE PROOF FILED : 07/21/1998	INSURED : COMMUNITY COORDINATED CARE FOR CLAIMANT : COMMUNITY COORDINATED CARE FOR 2121 PEPPER MILL BLVD ORLANDO,FL 328034804	AMOUNT CLAIMED : \$3,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300772-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200211001 CLAIM NUMBER : 969460 INS/CLMT STATE : FL DATE OF LOSS : 09/11/1996 DATE PROOF FILED : 07/21/1998	INSURED : COMMUNITY COORDINATED CARE FOR CLAIMANT : PARBATI PERSAUD 2121 PEPPER MILL BLVD ORLANDO,FL 328379526	AMOUNT CLAIMED : \$3,000.00 AMOUNT RECOMMENDED : \$3,000.00 AMOUNT GUARANTY PAID : \$3,000.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300773-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059463 CLAIM NUMBER : 019700000642 INS/CLMT STATE : FL DATE OF LOSS : 04/15/1997 DATE PROOF FILED : 12/03/1998	INSURED : BULLION INTERNATIONAL CLAIMANT : D DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$499.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300777-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067505 CLAIM NUMBER : 019700002438 INS/CLMT STATE : FL DATE OF LOSS : 11/06/1997 DATE PROOF FILED : 08/10/1998	INSURED : HIGH SECURITY ALARM SYSTEMS CLAIMANT : JUAN COLOMBANI 10156 CYPRESS GLEN PL ORLANDO,FL 328253830	AMOUNT CLAIMED : \$1,206.94 AMOUNT RECOMMENDED : \$2,762.39 AMOUNT GUARANTY PAID : \$2,762.39 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300779-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002851 INS/CLMT STATE : FL DATE OF LOSS : 12/30/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300781-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200400901 CLAIM NUMBER : 969545 INS/CLMT STATE : DATE OF LOSS : 08/27/1996 DATE PROOF FILED : 09/04/1998	INSURED : COSTELLO & ASSOCIATES CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE S SAINT PETERSBURG,FL 337014360	AMOUNT CLAIMED : \$166.14 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300784-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200038001 CLAIM NUMBER : 956091 INS/CLMT STATE : FL DATE OF LOSS : 06/22/1995 DATE PROOF FILED : 08/10/1998	INSURED : FLOW & FABRICATION, INC. CLAIMANT : THOMAS W LILES 6417 S RICHARD AVE TAMPA,FL 336162618	AMOUNT CLAIMED : \$25,000.00 AMOUNT RECOMMENDED : \$25,029.00 AMOUNT GUARANTY PAID : \$25,029.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300786-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053974 CLAIM NUMBER : 019700000427 INS/CLMT STATE : FL DATE OF LOSS : 03/11/1997 DATE PROOF FILED : 07/21/1998	INSURED : ARCHITECTURAL AWNINGS, INC. CLAIMANT : ARCHITECTURAL AWNINGS, INC. 1709 W LEMON ST TAMPA,FL 336061030	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300786-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053974 CLAIM NUMBER : 019700000427 INS/CLMT STATE : FL DATE OF LOSS : 03/11/1997 DATE PROOF FILED : 08/04/1998	INSURED : ARCHITECTURAL AWNINGS, INC. CLAIMANT : DONALD C. II MCVEY PO BOX 280431 TAMPA,FL 336820431	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$21,294.44 AMOUNT GUARANTY PAID : \$21,294.44 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300787-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200159001 CLAIM NUMBER : 969596 INS/CLMT STATE : FL DATE OF LOSS : 09/24/1996 DATE PROOF FILED : 10/26/1998	INSURED : B.E.T.-ER MIX, INC. CLAIMANT : HARRY F MERCHANT 12317 KITTEN TRL HUDSON,FL 346691236	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$96,229.36 AMOUNT GUARANTY PAID : \$96,229.36 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300787-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200159001 CLAIM NUMBER : 969596 INS/CLMT STATE : FL DATE OF LOSS : 09/24/1996 DATE PROOF FILED : 09/04/1998	INSURED : B.E.T.-ER MIX, INC. CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR - NORTH TOWER 100 2ND AVE SOUTH ST PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$885.52 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300788-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086679 CLAIM NUMBER : 019800000426 INS/CLMT STATE : FL DATE OF LOSS : 02/27/1998 DATE PROOF FILED : 07/24/1998	INSURED : TRI COUNTY COMMUNITY COUNCIL INC CLAIMANT : TRI COUNTY COMMUNITY COUNCIL INC RT 2 BX 444 WESTVILLE,FL 32464	AMOUNT CLAIMED : \$4,791.59 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300789-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100079494 CLAIM NUMBER : 019800000368 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1998 DATE PROOF FILED : 07/24/1998	INSURED : ATLANTIC DATA FURNITURE PRODUC CLAIMANT : ATLANTIC DATA FURNITURE PRODUC PO BOX 151777 TAMPA,FL 336841777	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300789-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100079494 CLAIM NUMBER : 019800000368 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1998 DATE PROOF FILED : 07/27/1998	INSURED : ATLANTIC DATA FURNITURE PRODUC CLAIMANT : EDWARD RODRIGUEZ 11422 WHEELING DR TAMPA,FL 336255636	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$21,695.29 AMOUNT GUARANTY PAID : \$21,695.29 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300790-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064144 CLAIM NUMBER : 019700001693 INS/CLMT STATE : FL DATE OF LOSS : 08/15/1997 DATE PROOF FILED : 07/21/1998	INSURED : NAPA AUTO PARTS INC CLAIMANT : JAMES RUSS PO BOX 833 CEDAR KEY,FL 326250833	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$9,733.54 AMOUNT GUARANTY PAID : \$9,733.54 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300792-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200156201 CLAIM NUMBER : 955356 INS/CLMT STATE : FL DATE OF LOSS : 03/22/1995 DATE PROOF FILED : 10/28/1998	INSURED : MCCOY ENTERPRISES OF ORLANDO, CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$1,363.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300793-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 019800000457 INS/CLMT STATE : FL DATE OF LOSS : 02/26/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300795-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002779 INS/CLMT STATE : FL DATE OF LOSS : 12/09/1997 DATE PROOF FILED : 08/10/1998	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC PO BOX 7151 PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300796-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068322 CLAIM NUMBER : 019800000500 INS/CLMT STATE : FL DATE OF LOSS : 02/25/1998 DATE PROOF FILED : 07/22/1998	INSURED : R.J.'S UNDERGROUND UTILITIES, CLAIMANT : R.J.'S UNDERGROUND UTILITIES, 1300 E STATE ROAD 200 YULEE,FL 320975530	AMOUNT CLAIMED : \$188.28 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300797-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059212 CLAIM NUMBER : 019700000888 INS/CLMT STATE : FL DATE OF LOSS : 05/02/1997 DATE PROOF FILED : 09/02/1998	INSURED : ACCUFORM MANUFACTURING, INC. CLAIMANT : ACCUFORM MANUFACTURING, INC. 14378 SPRING HILL DR BROOKSVILLE,FL 346098101	AMOUNT CLAIMED : \$12,500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300797-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059212 CLAIM NUMBER : 019700000888 INS/CLMT STATE : FL DATE OF LOSS : 05/02/1997 DATE PROOF FILED : 09/04/1998	INSURED : ACCUFORM MANUFACTURING, INC. CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$350.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300801-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076366 CLAIM NUMBER : 019800000556 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1998 DATE PROOF FILED : 09/17/1998	INSURED : MCLAIN & MCLAIN ENTERPRISES INC CLAIMANT : MCLAIN & MCLAIN ENTERPRISES INC 602 S AUDUBON AVE TAMPA,FL 336094163	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300802-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019800000672 INS/CLMT STATE : FL DATE OF LOSS : 03/20/1998 DATE PROOF FILED : 08/10/1998	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC PO BOX 7151 PORT ST LUCIE,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300806-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019800000129 INS/CLMT STATE : FL DATE OF LOSS : 01/22/1998 DATE PROOF FILED : 08/10/1998	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING, INC. PO BOX 7151 PORT SAINT LUCIE,FL 34985	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300807-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200101001 CLAIM NUMBER : 955859 INS/CLMT STATE : FL DATE OF LOSS : 05/31/1995 DATE PROOF FILED : 09/04/1998	INSURED : CHARLES R. SILLIMAN TRUCKING C CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE SOUTH ST PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$120.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300809-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002188 INS/CLMT STATE : FL DATE OF LOSS : 10/07/1997 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300811-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002325 INS/CLMT STATE : FL DATE OF LOSS : 10/21/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300812-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100073627 CLAIM NUMBER : 019800000204 INS/CLMT STATE : FL DATE OF LOSS : 02/01/1998 DATE PROOF FILED : 11/16/1998	INSURED : SIDELINES BAR AND GRILL OF CLAIMANT : SIDELINES BAR AND GRILL OF 250 APOLLO BEACH BLVD APOLLO BEACH,FL 335722260	AMOUNT CLAIMED : \$183.42 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300812-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100073627 CLAIM NUMBER : 019800000204 INS/CLMT STATE : FL DATE OF LOSS : 02/01/1998 DATE PROOF FILED : 11/16/1998	INSURED : SIDELINES BAR AND GRILL OF CLAIMANT : CHRISTOPHER RYAN 6522 SENEGAL PALM WAY APOLLO BEACH,FL 335722114	AMOUNT CLAIMED : \$183.42 AMOUNT RECOMMENDED : \$94.28 AMOUNT GUARANTY PAID : \$94.28 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300814-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076046 CLAIM NUMBER : 019700002239 INS/CLMT STATE : FL DATE OF LOSS : 10/11/1997 DATE PROOF FILED : 04/16/1999	INSURED : LACARINA SUPERCUTS CLAIMANT : PATRICIA J SHIELDS 3435 KELLY CT MULBERRY,FL 338609762	AMOUNT CLAIMED : \$25,000.00 AMOUNT RECOMMENDED : \$20,790.61 AMOUNT GUARANTY PAID : \$20,790.61 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300815-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100071374 CLAIM NUMBER : 019700002729 INS/CLMT STATE : FL DATE OF LOSS : 12/12/1997 DATE PROOF FILED : 09/17/1998	INSURED : ROUND UP CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$95.32 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300818-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200215601 CLAIM NUMBER : 969209 INS/CLMT STATE : FL DATE OF LOSS : 08/12/1996 DATE PROOF FILED : 08/07/1998	INSURED : ISLAND HOPPER BOATS INTERNATIO CLAIMANT : KEVIN R MCCARTHY PO BOX 2475 BANNER ELK,NC 286042475	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$54,827.56 AMOUNT GUARANTY PAID : \$54,827.56 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300823-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 019800000529 INS/CLMT STATE : FL DATE OF LOSS : 03/10/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300827-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002473 INS/CLMT STATE : FL DATE OF LOSS : 11/12/1997 DATE PROOF FILED : 08/10/1998	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC PO BOX 7151 PORT ST LUCIE,FL 334106253	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300828-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053514 CLAIM NUMBER : 019700001899 INS/CLMT STATE : FL DATE OF LOSS : 09/08/1997 DATE PROOF FILED : 07/20/1998	INSURED : SCHOPKE CONSTRUCTION & ENGINEE CLAIMANT : SCHOPKE CONSTRUCTION & ENGINEE 1620 TANGERINE ST MELBOURNE,FL 329014685	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300828-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053514 CLAIM NUMBER : 019700001899 INS/CLMT STATE : FL DATE OF LOSS : 09/08/1997 DATE PROOF FILED : 09/11/1998	INSURED : SCHOPKE CONSTRUCTION & ENGINEE CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,239.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300828-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053514 CLAIM NUMBER : 019700001899 INS/CLMT STATE : FL DATE OF LOSS : 09/08/1997 DATE PROOF FILED : 03/01/1999	INSURED : SCHOPKE CONSTRUCTION & ENGINEE CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$196.65 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300828-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053514 CLAIM NUMBER : 019700001899 INS/CLMT STATE : FL DATE OF LOSS : 09/08/1997 DATE PROOF FILED : 09/17/1998	INSURED : SCHOPKE CONSTRUCTION & ENGINEE CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$133.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300830-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200047301 CLAIM NUMBER : 956616 INS/CLMT STATE : FL DATE OF LOSS : 08/25/1995 DATE PROOF FILED : 09/09/1989	INSURED : INTERLACHEN COUNTRY CLUB, INC. CLAIMANT : INTERLACHEN COUNTRY CLUB 2245 INTERLACHEN CT WINTER PARK,FL 327922106	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300831-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001842 INS/CLMT STATE : FL DATE OF LOSS : 08/22/1997 DATE PROOF FILED : 08/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE. SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300831-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001842 INS/CLMT STATE : FL DATE OF LOSS : 08/22/1997 DATE PROOF FILED : 11/12/1998	INSURED : LABOR RITE CLAIMANT : DONNA C HURTAQ ESQ SUITE 520 10800 BISCAYNE BLVD MIAMI,FL 33161	AMOUNT CLAIMED : \$973.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300832-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200158701 CLAIM NUMBER : 954840 INS/CLMT STATE : FL DATE OF LOSS : 01/05/1995 DATE PROOF FILED : 10/06/1998	INSURED : REGENCY DODGE, INC. CLAIMANT : SCHUTT HUMPHRIES & BECKER A PARTNERSHIP OF PROFESSIONAL 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$271.84 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300834-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085725 CLAIM NUMBER : 019800000759 INS/CLMT STATE : FL DATE OF LOSS : 04/13/1998 DATE PROOF FILED : 07/21/1998	INSURED : V&M ERECTORS INC CLAIMANT : V&M ERECTORS INC 9806 PINES BLVD PEMBROKE PINES,FL 330246141	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300838-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062624 CLAIM NUMBER : 019700001288 INS/CLMT STATE : FL DATE OF LOSS : 06/30/1997 DATE PROOF FILED : 07/20/1998	INSURED : WILLIE I. BUTLER & MARTHA W. B CLAIMANT : WILLIE I. BUTLER & MARTHA W. B 2047 HAMILTON AVENUE JENNINGS,FL 32053	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300839-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200109401 CLAIM NUMBER : 967868 INS/CLMT STATE : FL DATE OF LOSS : 02/15/1996 DATE PROOF FILED : 10/29/1998	INSURED : WEST COAST INSULATION, INC. CLAIMANT : RONALD E KORB 2640 ABELL RD LAKE PLACID,FL 338528189	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$101,114.87 AMOUNT GUARANTY PAID : \$101,890.92 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300841-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200027101 CLAIM NUMBER : 967864 INS/CLMT STATE : FL DATE OF LOSS : 02/12/1996 DATE PROOF FILED : 10/06/1998	INSURED : SUNRISE PROPANE CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIDO,DE 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300842-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200058501 CLAIM NUMBER : 019600000301 INS/CLMT STATE : FL DATE OF LOSS : 10/31/1996 DATE PROOF FILED : 10/28/1998	INSURED : THERMA-SEAL ROOFS, INC. CLAIMANT : DEAN RINGER MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$294.82 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300843-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100063425 CLAIM NUMBER : 019700001319 INS/CLMT STATE : FL DATE OF LOSS : 07/02/1997 DATE PROOF FILED : 04/24/1999	INSURED : EMMAN ENTERPRISES, INC. CLAIMANT : BECKMAN MEDICAL MANAGEMENT PO BOX 432793 MIAMI,FL 332432793	AMOUNT CLAIMED : \$33.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300844-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200154901 CLAIM NUMBER : 957324 INS/CLMT STATE : FL DATE OF LOSS : 11/17/1995 DATE PROOF FILED : 10/16/1998	INSURED : PANHANDLE BORING & TRENCHING, CLAIMANT : CLARK PARTINGTON HART LARRY BOND PO BOX 13010 PENSACOLA,FL 325913010	AMOUNT CLAIMED : \$136.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300844-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200154901 CLAIM NUMBER : 957324 INS/CLMT STATE : FL DATE OF LOSS : 11/17/1995 DATE PROOF FILED : 09/17/1998	INSURED : PANHANDLE BORING & TRENCHING, CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$287.28 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300845-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029901 CLAIM NUMBER : 969342 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1996 DATE PROOF FILED : 07/21/1998	INSURED : ORTEGA INDUSTRIAL CONTRACTORS, CLAIMANT : ORTEGA INDUSTRIAL CONTRACTORS, 6415 GREENLAND RD JACKSONVILLE,FL 322582409	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300845-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029901 CLAIM NUMBER : 969342 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1996 DATE PROOF FILED : 07/20/1998	INSURED : ORTEGA INDUSTRIAL CONTRACTORS, CLAIMANT : RICKEY L COE AND VINCENT A. LLOYD,ESQ. 2314 N 49TH STREET FORT PIERCE,FL 34946	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$431,456.38 AMOUNT GUARANTY PAID : \$431,456.38 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300846-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200229701 CLAIM NUMBER : 969176 INS/CLMT STATE : FL DATE OF LOSS : 08/09/1996 DATE PROOF FILED : 09/17/1998	INSURED : STEVE BLACK, INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$264.60 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300847-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200137501 CLAIM NUMBER : 956376 INS/CLMT STATE : FL DATE OF LOSS : 08/01/1995 DATE PROOF FILED : 07/20/1998	INSURED : ARTISAN TILE & MARBLE CLAIMANT : ARTISAN TILE & MARBLE 206 N OLD DIKE JUPITER,FL 334584911	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300847-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200137501 CLAIM NUMBER : 956376 INS/CLMT STATE : FL DATE OF LOSS : 08/01/1995 DATE PROOF FILED : 07/10/1998	INSURED : ARTISAN TILE & MARBLE CLAIMANT : NATALE DELMONTI 3313 DIAMONDHEAD RD LANTANA,FL 334623617	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$76,431.00 AMOUNT GUARANTY PAID : \$76,431.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300848-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053723 CLAIM NUMBER : 019700000280 INS/CLMT STATE : FL DATE OF LOSS : 02/19/1997 DATE PROOF FILED : 02/19/1999	INSURED : K.D. CONSTRUCTION CLAIMANT : JOSE C/O PAUL ROSENBERG DIAZ 3876 SHERIDAN ST HOLLYWOOD,FL 330213634	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$22,908.03 AMOUNT GUARANTY PAID : \$22,908.03 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300849-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200070001 CLAIM NUMBER : 932431 INS/CLMT STATE : FL DATE OF LOSS : 10/20/1993 DATE PROOF FILED : 08/13/1998	INSURED : GULFSTREAM BUILDERS CLAIMANT : MARYELLEN ECHELMEIER 1720 SW 83RD AVE FORT LAUDERDALE,FL 333245132	AMOUNT CLAIMED : \$1,250,000.00 AMOUNT RECOMMENDED : \$961,893.82 AMOUNT GUARANTY PAID : \$985,117.94 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300849-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200070001 CLAIM NUMBER : 932431 INS/CLMT STATE : FL DATE OF LOSS : 10/20/1993 DATE PROOF FILED : 10/06/1998	INSURED : GULFSTREAM BUILDERS CLAIMANT : CCMC 402 SOUTH CENTRAL AVE OVIEDO,FL 327659032	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300849-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200070001 CLAIM NUMBER : 932431 INS/CLMT STATE : FL DATE OF LOSS : 10/20/1993 DATE PROOF FILED : 04/24/1999	INSURED : GULFSTREAM BUILDERS CLAIMANT : BECKMAN MEDICAL MANAGEMENT PO BOX 432793 MIAMI,FL 332432793	AMOUNT CLAIMED : \$542.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300851-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000668610 CLAIM NUMBER : 969893 INS/CLMT STATE : FL DATE OF LOSS : 10/26/1996 DATE PROOF FILED : 10/06/1998	INSURED : WHISPERING PINES CARE CENTER CLAIMANT : N MARK BECKER PA 6015 CHESTER CIR STE 210 JACKSONVILLE,FL 322172273	AMOUNT CLAIMED : \$627.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300852-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200059401 CLAIM NUMBER : 019600000491 INS/CLMT STATE : FL DATE OF LOSS : 12/18/1996 DATE PROOF FILED : 07/30/1998	INSURED : R.H.J CONTRACTING, INC. CLAIMANT : R.H.J CONTRACTING, INC. 2020 NW 32ND ST POMPANO BEACH,FL 330641306	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300854-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200117101 CLAIM NUMBER : 944482 INS/CLMT STATE : OH DATE OF LOSS : 11/14/1994 DATE PROOF FILED : 09/17/1998	INSURED : CLEVELAND CONSTR., INC. & CCI CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$467.42 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300855-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002459 INS/CLMT STATE : FL DATE OF LOSS : 11/11/1997 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300855-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002459 INS/CLMT STATE : FL DATE OF LOSS : 11/11/1997 DATE PROOF FILED : 10/12/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : ROBERT JACKSON 1817 N US HIGHWAY 1 LOT 1 FORT PIERCE,FL 349461458	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$58,703.92 AMOUNT GUARANTY PAID : \$58,703.92 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300856-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200103201 CLAIM NUMBER : 968081 INS/CLMT STATE : FL DATE OF LOSS : 03/18/1996 DATE PROOF FILED : 07/31/1998	INSURED : G & D TRUCK PARTS, INC. CLAIMANT : MARK & LEAVY & PANEBIANCO JONES 1200 SOUTH 28TH AVE HOLLYWOOD,FL 33022	AMOUNT CLAIMED : \$1,000,000.00 AMOUNT RECOMMENDED : \$127,523.63 AMOUNT GUARANTY PAID : \$127,523.63 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300857-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200128002 CLAIM NUMBER : 954915 INS/CLMT STATE : FL DATE OF LOSS : 01/23/1995 DATE PROOF FILED : 01/26/1999	INSURED : THE G.K. FISHER CO. CLAIMANT : PAUL SKIP LEE, JR PO BOX 1048 262 DOCK AVENUE SEBASTIAN,FL 32958	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$181,346.48 AMOUNT GUARANTY PAID : \$181,346.48 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300857-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200128002 CLAIM NUMBER : 954915 INS/CLMT STATE : FL DATE OF LOSS : 01/23/1995 DATE PROOF FILED : 09/17/1998	INSURED : THE G.K. FISHER CO. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$95.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300858-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200019101 CLAIM NUMBER : 931863 INS/CLMT STATE : FL DATE OF LOSS : 07/08/1993 DATE PROOF FILED : 04/07/1999	INSURED : VERNIS & BOWLING OF FT. LAUDER CLAIMANT : MAUREEN B MORGAN 20 MARION CIR EASTAMPTON,NJ 080603396	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$376,368.12 AMOUNT GUARANTY PAID : \$376,368.12 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300859-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200027701 CLAIM NUMBER : 954929 INS/CLMT STATE : FL DATE OF LOSS : 01/18/1995 DATE PROOF FILED : 12/03/1998	INSURED : REGION SOUTH ENTERPRISES, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$133.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300861-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094491 CLAIM NUMBER : 019800000376 INS/CLMT STATE : FL DATE OF LOSS : 02/19/1998 DATE PROOF FILED : 07/20/1998	INSURED : SHUMAN CONSTRUCTION INC CLAIMANT : SHUMAN CONSTRUCTION INC 8406 N MITCHELL AVE TAMPA,FL 336041625	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300862-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090811 CLAIM NUMBER : 019800000561 INS/CLMT STATE : FL DATE OF LOSS : 03/16/1998 DATE PROOF FILED : 08/06/1998	INSURED : RAINTREE GOLF RESORT CLAIMANT : RAINTREE GOLF RESORT 1600 S HIATUS RD PEMBROKE PINES,FL 330253567	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300865-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100091961 CLAIM NUMBER : 019800000227 INS/CLMT STATE : FL DATE OF LOSS : 02/04/1998 DATE PROOF FILED : 09/02/1998	INSURED : WENTCO, INC. CLAIMANT : SEA INCORPORATED 7349 WORTHINGTON GALENA RD COLUMBUS,OH 43085	AMOUNT CLAIMED : \$1,219.13 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300866-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100070933 CLAIM NUMBER : 019700001893 INS/CLMT STATE : FL DATE OF LOSS : 09/05/1997 DATE PROOF FILED : 08/28/1998	INSURED : TEAM CONCEPTS CORPORATION CLAIMANT : DONNA C HURTAK ESQ 10800 BISCAYNE BLVD #520 MIAMI,FL 33161	AMOUNT CLAIMED : \$429.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300867-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059992 CLAIM NUMBER : 019700001491 INS/CLMT STATE : FL DATE OF LOSS : 06/23/1997 DATE PROOF FILED : 08/14/1998	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : WYNNE BUILDING CORPORATION 12804 SW 122 AVE MIAMI,FL 33186	AMOUNT CLAIMED : \$29,572.37 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300867-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059992 CLAIM NUMBER : 019700001491 INS/CLMT STATE : FL DATE OF LOSS : 06/23/1997 DATE PROOF FILED : 02/16/1999	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : WILLIAM W. LINDSAY 1103 HERON AVE FORT PIERCE,FL 349828311	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$180,555.91 AMOUNT GUARANTY PAID : \$185,098.91 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300868-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062928 CLAIM NUMBER : 019800000025 INS/CLMT STATE : FL DATE OF LOSS : 01/07/1998 DATE PROOF FILED : 07/21/1998	INSURED : JAFFER ASSOCIATES, LTD. CLAIMANT : EDWIN PETE RATH 5631 SHERIDAN ST HOLLYWOOD,FL 330213239	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$25,899.50 AMOUNT GUARANTY PAID : \$25,899.50 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300870-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200109701 CLAIM NUMBER : 943999 INS/CLMT STATE : FL DATE OF LOSS : 05/26/1994 DATE PROOF FILED : 09/04/1998	INSURED : RJC & ASSOCIATES, INC. CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 ROCKY POINTE DR SUITE 145 TAMPA,FL 33607	AMOUNT CLAIMED : \$1,970.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300873-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070864 CLAIM NUMBER : 019700002709 INS/CLMT STATE : FL DATE OF LOSS : 12/04/1997 DATE PROOF FILED : 07/27/1998	INSURED : NEW RAINBOW MILLS DYEING CLAIMANT : NEW RAINBOW MILLS DYEING 285 WEST 60TH STREET HIALEAH,FL 33012	AMOUNT CLAIMED : \$100,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300873-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070864 CLAIM NUMBER : 019700002709 INS/CLMT STATE : FL DATE OF LOSS : 12/04/1997 DATE PROOF FILED : 07/27/1998	INSURED : NEW RAINBOW MILLS DYEING CLAIMANT : JUAN PEREZ 285 W 60TH ST HIALEAH,FL 330122632	AMOUNT CLAIMED : \$100,000.00 AMOUNT RECOMMENDED : \$28,312.34 AMOUNT GUARANTY PAID : \$28,312.34 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300873-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100070864 CLAIM NUMBER : 019700002709 INS/CLMT STATE : FL DATE OF LOSS : 12/04/1997 DATE PROOF FILED : 09/25/1998	INSURED : NEW RAINBOW MILLS DYEING CLAIMANT : DONNA C HURTAK ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$504.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300874-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059529 CLAIM NUMBER : 019700000394 INS/CLMT STATE : FL DATE OF LOSS : 02/13/1997 DATE PROOF FILED : 07/24/1998	INSURED : MINI-LACE, INC. CLAIMANT : HERNANDO RAMIREZ 8259 SW 148TH PL MIAMI,FL 331931569	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$260,245.92 AMOUNT GUARANTY PAID : \$260,245.92 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300875-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200017101 CLAIM NUMBER : 931531 INS/CLMT STATE : FL DATE OF LOSS : 04/27/1993 DATE PROOF FILED : 12/07/1998	INSURED : WENTCO, INC. CLAIMANT : JOHN R DAVEY 13142 ESTRANO DR PUNTA GORDA,FL 339552513	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$12,343.83 AMOUNT GUARANTY PAID : \$12,343.83 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300875-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200017101 CLAIM NUMBER : 931531 INS/CLMT STATE : FL DATE OF LOSS : 04/27/1993 DATE PROOF FILED : 10/06/1998	INSURED : WENTCO, INC. CLAIMANT : CCMC 140 ALEXADRIA BLVD STE OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300876-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058839 CLAIM NUMBER : 019700000066 INS/CLMT STATE : FL DATE OF LOSS : 01/08/1997 DATE PROOF FILED : 10/28/1998	INSURED : FISHMAN AND TOBIN, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$142.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300877-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200012701 CLAIM NUMBER : 955730 INS/CLMT STATE : FL DATE OF LOSS : 05/10/1995 DATE PROOF FILED : 10/13/1998	INSURED : ARLINGTON ELECTRIC INC. CLAIMANT : ARLINGTON ELECTRIC INC. PO BOX 63 STUART,FL 349950063	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300883-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200131601 CLAIM NUMBER : 967838 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1996 DATE PROOF FILED : 09/17/1998	INSURED : UNIVERSAL AVIATION SERVICES, I CLAIMANT : JOSE ALVAREZ 3625 S.W. 26TH STREET MIAMI,FL 33145	AMOUNT CLAIMED : \$200,000.00 AMOUNT RECOMMENDED : \$16,363.16 AMOUNT GUARANTY PAID : \$16,363.16 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300884-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061016 CLAIM NUMBER : 019700002047 INS/CLMT STATE : FL DATE OF LOSS : 09/25/1997 DATE PROOF FILED : 07/20/1998	INSURED : J & M PUMP SERVICE, INC. CLAIMANT : DONALD BUPP, JR. 9223 91ST ST SEMINOLE,FL 337772408	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$10,611.28 AMOUNT GUARANTY PAID : \$10,611.28 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300886-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200087001 CLAIM NUMBER : 968411 INS/CLMT STATE : FL DATE OF LOSS : 04/30/1996 DATE PROOF FILED : 02/19/1999	INSURED : ACT SERVICES, INC. CLAIMANT : LESEL FLETCHER 20019 NW 34TH CT OPA LOCKA,FL 330561760	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$66,757.49 AMOUNT GUARANTY PAID : \$66,757.49 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300889-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000891710 CLAIM NUMBER : 019800000577 INS/CLMT STATE : FL DATE OF LOSS : 03/18/1998 DATE PROOF FILED : 09/04/1998	INSURED : DOLPHIN LANDSCAPE INC. CLAIMANT : DOLPHIN LANDSCAPE INC. PO BOX 9033 STUART,FL 34995	AMOUNT CLAIMED : \$365.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300890-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090157 CLAIM NUMBER : 019800000531 INS/CLMT STATE : FL DATE OF LOSS : 03/12/1998 DATE PROOF FILED : 07/23/1998	INSURED : KRYSTAL CLAIMANT : KRYSTAL 1660 PRUDENTIAL DR JACKSONVILLE,FL 322078197	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300891-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700002223 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 11/12/1998	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO., FLORID 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300891-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700002223 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 09/04/1998	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$540.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300891-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700002223 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 08/28/1998	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : DONNA C HURTAQ ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$142.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300895-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086111 CLAIM NUMBER : 019800000571 INS/CLMT STATE : FL DATE OF LOSS : 03/12/1998 DATE PROOF FILED : 08/21/1998	INSURED : FREEDOM PIPELINE CLAIMANT : FREEDOM PIPELINE CORPORATION 5380 SW 208TH LN FORT LAUDERDALE,FL 333321553	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300895-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086111 CLAIM NUMBER : 019800000571 INS/CLMT STATE : FL DATE OF LOSS : 03/12/1998 DATE PROOF FILED : 08/10/1998	INSURED : FREEDOM PIPELINE CLAIMANT : JESSE JOHNSON 146 NW 13TH ST MIAMI,FL 331362649	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$10,578.55 AMOUNT GUARANTY PAID : \$10,578.55 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300897-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066315 CLAIM NUMBER : 019700002938 INS/CLMT STATE : FL DATE OF LOSS : 12/26/1997 DATE PROOF FILED : 07/21/1998	INSURED : STARTING PLACE INC THE CLAIMANT : JOAQUIN FELIPE 8400 NW 21ST ST SUNRISE,FL 333223830	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$4,565.40 AMOUNT GUARANTY PAID : \$4,565.40 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300899-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071607 CLAIM NUMBER : 019800000736 INS/CLMT STATE : FL DATE OF LOSS : 03/08/1998 DATE PROOF FILED : 07/20/1998	INSURED : LAMAR LONG, INC. CLAIMANT : LAMAR LONG INC. 6141 CHESTER AVE JACKSONVILLE,FL 322172244	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300901-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0042006021 CLAIM NUMBER : 019700001875 INS/CLMT STATE : FL DATE OF LOSS : 09/10/1997 DATE PROOF FILED : 01/07/1999	INSURED : C D INDUSTRIES, INC. CLAIMANT : DAVID J GERHARDT 13899 BISCAYNE BLVD SUITE 145 NORTH MIAMI BEACH,FL 33181	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300902-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019700002434 INS/CLMT STATE : FL DATE OF LOSS : 11/03/1997 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20TH AVE FORT LAUDERDALE,FL 333043035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300903-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000855910 CLAIM NUMBER : 019800000222 INS/CLMT STATE : FL DATE OF LOSS : 01/23/1998 DATE PROOF FILED : 09/04/1998	INSURED : MELILLI TILE & STONE, INC. CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,240.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300904-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100077392 CLAIM NUMBER : 019700002771 INS/CLMT STATE : FL DATE OF LOSS : 12/17/1997 DATE PROOF FILED : 09/14/1998	INSURED : TODDLER TECH EXECUTIVE CORP. CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$796.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300904-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100077392 CLAIM NUMBER : 019700002771 INS/CLMT STATE : FL DATE OF LOSS : 12/17/1997 DATE PROOF FILED : 04/23/1999	INSURED : TODDLER TECH EXECUTIVE CORP. CLAIMANT : BECKMAN MEDICAL MANAGEMENT PO BOX 432793 MIAMI,FL 332432793	AMOUNT CLAIMED : \$121.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300905-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100056528 CLAIM NUMBER : 019700002831 INS/CLMT STATE : FL DATE OF LOSS : 12/31/1997 DATE PROOF FILED : 07/22/1998	INSURED : GOLDEN YEARS SALON SERVICES, I CLAIMANT : OLENE HAMILTON 10898 CRESCENDO CIR BOCA RATON,FL 334984875	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$34,429.94 AMOUNT GUARANTY PAID : \$34,429.94 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300905-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100056528 CLAIM NUMBER : 019700002831 INS/CLMT STATE : FL DATE OF LOSS : 12/31/1997 DATE PROOF FILED : 09/14/1998	INSURED : GOLDEN YEARS SALON SERVICES, I CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,209.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300906-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200222601 CLAIM NUMBER : 019700000264 INS/CLMT STATE : FL DATE OF LOSS : 02/14/1997 DATE PROOF FILED : 07/21/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : PRO-FRAME CONTRACTING, INC. 2101 NW 33RD ST STE 200 POMPANO BEACH,FL 330691046	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300906-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200222601 CLAIM NUMBER : 019700000264 INS/CLMT STATE : FL DATE OF LOSS : 02/14/1997 DATE PROOF FILED : 03/01/1999	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$1,321.05 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300906-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200222601 CLAIM NUMBER : 019700000264 INS/CLMT STATE : FL DATE OF LOSS : 02/14/1997 DATE PROOF FILED : 09/04/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$3,100.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300907-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066828 CLAIM NUMBER : 019700001370 INS/CLMT STATE : FL DATE OF LOSS : 06/23/1997 DATE PROOF FILED : 12/24/1998	INSURED : TNT MAINTENANCE CORP. CLAIMANT : LINDA LOMAN 210 N DOLLINS AVE ORLANDO,FL 328051235	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$71,864.93 AMOUNT GUARANTY PAID : \$71,864.93 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300907-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100066828 CLAIM NUMBER : 019700001370 INS/CLMT STATE : FL DATE OF LOSS : 06/23/1997 DATE PROOF FILED : 09/17/1998	INSURED : TNT MAINTENANCE CORP. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$1,517.63 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300909-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074679 CLAIM NUMBER : 019700001860 INS/CLMT STATE : FL DATE OF LOSS : 08/18/1997 DATE PROOF FILED : 07/23/1998	INSURED : SKYLINE CHILI CLAIMANT : SKYLINE CHILI 2834 N UNIVERSITY DR SUNRISE,FL 333222463	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300912-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071025 CLAIM NUMBER : 019800000772 INS/CLMT STATE : FL DATE OF LOSS : 04/14/1998 DATE PROOF FILED : 07/29/1998	INSURED : CREATIVE BEGINNINGS OF HOLLYWO CLAIMANT : JUANITA RODRIGUEZ 7040 SW 26 ST MIRAMAR,FL 330233744	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$11,743.98 AMOUNT GUARANTY PAID : \$31,743.98 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300913-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000877910 CLAIM NUMBER : 019800000599 INS/CLMT STATE : FL DATE OF LOSS : 03/19/1998 DATE PROOF FILED : 12/28/1998	INSURED : HOLLYWOOD FOOD SYSTEMS, INC. CLAIMANT : RIO VISTA MANAGEMENT INC 113 SW 11TH CT STE C FORT LAUDERDALE,FL 333151241	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300914-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : 019700001925 INS/CLMT STATE : FL DATE OF LOSS : 09/09/1997 DATE PROOF FILED : 07/21/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : PRO-FRAME CONTRACTING, INC. 2101 NW 33RD ST STE 200 POMPANO BEACH,FL 330691046	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300914-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : 019700001925 INS/CLMT STATE : FL DATE OF LOSS : 09/09/1997 DATE PROOF FILED : 03/01/1999	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$551.85 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300915-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053765 CLAIM NUMBER : 019700001777 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1997 DATE PROOF FILED : 07/20/1998	INSURED : RIO VISTA MANAGEMENT INC CLAIMANT : CHRISTELLA PETITFRERRE 3700 NW 21ST #412 LAUDERDALE LAKES,FL 333113126	AMOUNT CLAIMED : \$10,000.00 AMOUNT RECOMMENDED : \$4,250.00 AMOUNT GUARANTY PAID : \$4,250.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300915-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053765 CLAIM NUMBER : 019700001777 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1997 DATE PROOF FILED : 10/07/1998	INSURED : RIO VISTA MANAGEMENT INC CLAIMANT : ADRIANA SCHAKED TRANSLATIONS PO BOX 630635 MIAMI,FL 331630635	AMOUNT CLAIMED : \$160.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300916-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000278 INS/CLMT STATE : FL DATE OF LOSS : 01/28/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC PO BOX 1266 BIRMINGHAM,AL 352011266	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300917-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090533 CLAIM NUMBER : 019800000354 INS/CLMT STATE : FL DATE OF LOSS : 02/13/1998 DATE PROOF FILED : 07/20/1998	INSURED : TROPIC AUTO AIR INC CLAIMANT : TROPIC AUTO AIR INC 106 S OLD COUNTY RD EDGEWATER,FL 321321808	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300917-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090533 CLAIM NUMBER : 019800000354 INS/CLMT STATE : FL DATE OF LOSS : 02/13/1998 DATE PROOF FILED : 07/21/1998	INSURED : TROPIC AUTO AIR INC CLAIMANT : DANA EDWARDS PO BOX 493 NEW SMRYNA BEACH,FL 321322008	AMOUNT CLAIMED : \$500,000.00 AMOUNT RECOMMENDED : \$77,167.10 AMOUNT GUARANTY PAID : \$77,167.10 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300920-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100066148 CLAIM NUMBER : 019800000687 INS/CLMT STATE : FL DATE OF LOSS : 03/18/1998 DATE PROOF FILED : 09/04/1998	INSURED : ALLIED SERVICES OF S. FLORIDA CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,240.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300921-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200033501 CLAIM NUMBER : 955841 INS/CLMT STATE : FL DATE OF LOSS : 05/30/1995 DATE PROOF FILED : 09/01/1998	INSURED : DETWEILERS PROPANE GAS SERVICE CLAIMANT : GREENTREE INVESTIGATIONS INC 406 DOUGLAS AVE SUITE 2205 ALATMONTE SPRINGS,FL 32714	AMOUNT CLAIMED : \$1,179.15 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300922-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200154901 CLAIM NUMBER : 019600000059 INS/CLMT STATE : FL DATE OF LOSS : 11/14/1996 DATE PROOF FILED : 11/06/1998	INSURED : PANHANDLE BORING & TRENCHING, CLAIMANT : DWAYNE TOLER 280 EAST ENSLEY ST PENSACOLA,FL 325141523	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$15,625.28 AMOUNT GUARANTY PAID : \$15,625.28 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300922-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200154901 CLAIM NUMBER : 019600000059 INS/CLMT STATE : FL DATE OF LOSS : 11/14/1996 DATE PROOF FILED : 10/28/1998	INSURED : PANHANDLE BORING & TRENCHING, CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$90.26 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300923-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089876 CLAIM NUMBER : 019800000621 INS/CLMT STATE : FL DATE OF LOSS : 03/21/1998 DATE PROOF FILED : 01/14/1999	INSURED : BOYTON BANNANA BOAT CLAIMANT : MAURICE JUIDI 5351 NE 9TH TER POMPANO BEACH,FL 33064	AMOUNT CLAIMED : \$3,000.00 AMOUNT RECOMMENDED : \$14,422.85 AMOUNT GUARANTY PAID : \$14,422.85 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300924-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200169501 CLAIM NUMBER : 957393 INS/CLMT STATE : FL DATE OF LOSS : 12/01/1995 DATE PROOF FILED : 08/14/1998	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : WYNNE BUILDING CORPORATION 12804 SW 122ND AVE MIAMI,FL 331866203	AMOUNT CLAIMED : \$11,148.12 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300924-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200169501 CLAIM NUMBER : 957393 INS/CLMT STATE : FL DATE OF LOSS : 12/01/1995 DATE PROOF FILED : 07/20/1998	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : JULIE M SUNDBERG 3066 SE MIRACLE LN PORT SAINT LUCIE,FL 349527030	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$15,410.68 AMOUNT GUARANTY PAID : \$15,410.68 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300925-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085685 CLAIM NUMBER : 019800000745 INS/CLMT STATE : FL DATE OF LOSS : 04/10/1998 DATE PROOF FILED : 07/21/1998	INSURED : PEAY'S ELECTRIC, INC. CLAIMANT : PEAY'S ELECTRIC, INC. 51 WESTOVER DR MELBOURNE,FL 329045125	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300928-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100073381 CLAIM NUMBER : 019700002444 INS/CLMT STATE : FL DATE OF LOSS : 11/04/1997 DATE PROOF FILED : 10/06/1998	INSURED : MICHAEL G. HOLDER, INC. CLAIMANT : N MARK BECKER PA 6015 CHESTER CIR STE 210 JACKSONVILLE,FL 322172273	AMOUNT CLAIMED : \$170.14 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300929-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002711 INS/CLMT STATE : FL DATE OF LOSS : 12/04/1997 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY, INC. PO BOX 1266 BIRMINGHAM,AL 352011266	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300930-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058871 CLAIM NUMBER : 019700001409 INS/CLMT STATE : FL DATE OF LOSS : 07/10/1997 DATE PROOF FILED : 09/04/1998	INSURED : REGISTER CONTRACTING CO. INC. CLAIMANT : REGISTER CONTRACTING CO. INC. 2116 W BEAVER ST JACKSONVILLE,FL 322097535	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300930-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058871 CLAIM NUMBER : 019700001409 INS/CLMT STATE : FL DATE OF LOSS : 07/10/1997 DATE PROOF FILED : 09/02/1998	INSURED : REGISTER CONTRACTING CO. INC. CLAIMANT : RAY TERRELL RT. #1 4889 NORMAN STREET GLEN ST. MARY,FL 32040	AMOUNT CLAIMED : \$30,141.37 AMOUNT RECOMMENDED : \$35,772.02 AMOUNT GUARANTY PAID : \$35,772.02 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300930-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058871 CLAIM NUMBER : 019700001409 INS/CLMT STATE : FL DATE OF LOSS : 07/10/1997 DATE PROOF FILED : 09/04/1998	INSURED : REGISTER CONTRACTING CO. INC. CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,280.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300930-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058871 CLAIM NUMBER : 019700001409 INS/CLMT STATE : FL DATE OF LOSS : 07/10/1997 DATE PROOF FILED : 10/06/1998	INSURED : REGISTER CONTRACTING CO. INC. CLAIMANT : N MARK BECKER PA 6015 CHESTER CIR STE 210 JACKSONVILLE,FL 322172273	AMOUNT CLAIMED : \$163.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300930-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058871 CLAIM NUMBER : 019700001409 INS/CLMT STATE : FL DATE OF LOSS : 07/10/1997 DATE PROOF FILED : 09/17/1998	INSURED : REGISTER CONTRACTING CO. INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$635.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300931-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200025001 CLAIM NUMBER : 920549 INS/CLMT STATE : FL DATE OF LOSS : 06/23/1992 DATE PROOF FILED : 07/24/1998	INSURED : GEORGE YOUNGS CONTRACTING CLAIMANT : GEORGE YOUNGS CONTRACTING 6415 US HWY 41 SOUTH PALMETTO,FL 342219402	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300932-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 968794 INS/CLMT STATE : FL DATE OF LOSS : 06/26/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300934-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200209701 CLAIM NUMBER : 968329 INS/CLMT STATE : FL DATE OF LOSS : 04/23/1996 DATE PROOF FILED : 09/08/1998	INSURED : ELLIS TOWER CO., INC. CLAIMANT : RICHARD L ELLIS 2841 NE 23RD ST FORT LAUDERDALE,FL 333052805	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$1,939.62 AMOUNT GUARANTY PAID : \$1,939.62 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300935-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200229801 CLAIM NUMBER : 019600000417 INS/CLMT STATE : FL DATE OF LOSS : 12/26/1996 DATE PROOF FILED : 07/21/1998	INSURED : FARMWORKERS ASSOC. OF CENTRAL CLAIMANT : FARMWORKERS ASSOC. OF CENTRAL 815 S PARK AVE APOPKA,FL 327033015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300936-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200117101 CLAIM NUMBER : 955165 INS/CLMT STATE : OH DATE OF LOSS : 02/27/1995 DATE PROOF FILED : 07/21/1998	INSURED : CLEVELAND CONSTR., INC. & CCI CLAIMANT : BERNARD W COLLINS PO BOX 1037 CLARCONA,FL 327101037	AMOUNT CLAIMED : \$300,000.00 AMOUNT RECOMMENDED : \$166,749.22 AMOUNT GUARANTY PAID : \$166,749.22 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300936-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200117101 CLAIM NUMBER : 955165 INS/CLMT STATE : OH DATE OF LOSS : 02/27/1995 DATE PROOF FILED : 10/06/1998	INSURED : CLEVELAND CONSTR., INC. & CCI CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIDEO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300937-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 954893 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1995 DATE PROOF FILED : 08/03/1998	INSURED : MIDDLETON PEST CONTROL CLAIMANT : MIDDLETON PEST CONTROL 1600 33RD ST ORLANDO,FL 328104706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300937-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 954893 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1995 DATE PROOF FILED : 11/12/1998	INSURED : MIDDLETON PEST CONTROL CLAIMANT : PYLE JONES HURLEY AND HAND PA ATTORNEYS AT LAW 1069 WEST MORSE BLVD WINTER PARK,FL 32789	AMOUNT CLAIMED : \$880.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300938-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065278 CLAIM NUMBER : 019700002376 INS/CLMT STATE : FL DATE OF LOSS : 10/04/1997 DATE PROOF FILED : 12/03/1998	INSURED : TERM PERSONNEL OF SARASOTA, INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$1,709.88 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300939-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100075996 CLAIM NUMBER : 019800000739 INS/CLMT STATE : FL DATE OF LOSS : 04/08/1998 DATE PROOF FILED : 07/21/1998	INSURED : FAMILY CARE CENTER PA CLAIMANT : FAMILY CARE CENTER PA 5928 ANNO AVE ORLANDO,FL 328122432	AMOUNT CLAIMED : \$1,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300939-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100075996 CLAIM NUMBER : 019800000739 INS/CLMT STATE : FL DATE OF LOSS : 04/08/1998 DATE PROOF FILED : 07/21/1998	INSURED : FAMILY CARE CENTER PA CLAIMANT : SHANNON LITTLE 5928 ANNO AVE ORLANDO,FL 328094120	AMOUNT CLAIMED : \$1,000.00 AMOUNT RECOMMENDED : \$1,101.19 AMOUNT GUARANTY PAID : \$1,101.19 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300940-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100086513 CLAIM NUMBER : 019800000110 INS/CLMT STATE : FL DATE OF LOSS : 01/12/1998 DATE PROOF FILED : 09/17/1998	INSURED : THE CAR STORE CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$1,110.19 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 300941-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052591 CLAIM NUMBER : 019700000138 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1997 DATE PROOF FILED : 07/21/1998	INSURED : CHAMPS, INC. CLAIMANT : CHAMPS INC 973 CENTRAL PKWY STUART,FL 349943986	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300941-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052591 CLAIM NUMBER : 019700000138 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1997 DATE PROOF FILED : 07/20/1998	INSURED : CHAMPS, INC. CLAIMANT : DIONNE L. SLUSHER 2376 SW RANCH TRL STUART,FL 349977961	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$283,328.66 AMOUNT GUARANTY PAID : \$283,328.66 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300941-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100052591 CLAIM NUMBER : 019700000138 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1997 DATE PROOF FILED : 09/17/1998	INSURED : CHAMPS, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$632.28 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300946-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059852 CLAIM NUMBER : 019700002657 INS/CLMT STATE : FL DATE OF LOSS : 12/04/1997 DATE PROOF FILED : 10/06/1998	INSURED : MILLON AIR INC CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300947-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070933 CLAIM NUMBER : 019700002057 INS/CLMT STATE : FL DATE OF LOSS : 09/24/1997 DATE PROOF FILED : 07/22/1998	INSURED : TEAM CONCEPTS CORPORATION CLAIMANT : TEAM CONCEPTS CORPORATION 6600 COW PEN RD MIAMI LAKES,FL 330147600	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300948-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100054831 CLAIM NUMBER : 019700002437 INS/CLMT STATE : FL DATE OF LOSS : 10/23/1997 DATE PROOF FILED : 07/20/1998	INSURED : CARLES CONSTRUCTION, INC. CLAIMANT : MIGUEL REYES 1274 NW 79TH ST LOT H801 MIAMI,FL 331478248	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$18,850.87 AMOUNT GUARANTY PAID : \$18,850.87 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300948-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100054831 CLAIM NUMBER : 019700002437 INS/CLMT STATE : FL DATE OF LOSS : 10/23/1997 DATE PROOF FILED : 11/16/1998	INSURED : CARLES CONSTRUCTION, INC. CLAIMANT : DONNA C HURTAQ ESQ SUITE 520 10800 BISCAYNE BLVD MIAMI,FL 33161	AMOUNT CLAIMED : \$478.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300955-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070933 CLAIM NUMBER : 019800000122 INS/CLMT STATE : FL DATE OF LOSS : 01/22/1998 DATE PROOF FILED : 07/22/1998	INSURED : TEAM CONCEPTS CORPORATION CLAIMANT : TEAM CONCEPTS CORPORATION 6600 COW PEN RD STE 250 HIALEAH,FL 330147622	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300957-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200024501 CLAIM NUMBER : 920820 INS/CLMT STATE : FL DATE OF LOSS : 09/29/1992 DATE PROOF FILED : 10/06/1998	INSURED : HIALEAH AIR, INC. CLAIMANT : CCMC 402 SOUTH CENTRAL AVE OVIEDO,FL 327659032	AMOUNT CLAIMED : \$15.40 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300959-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200150701 CLAIM NUMBER : 969728 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1996 DATE PROOF FILED : 08/27/1998	INSURED : MILLON AIR, INC. CLAIMANT : DONNA C HURTAQ ESQ 10800 BISCAYNE BLVD #520 MIAMI,FL 33161	AMOUNT CLAIMED : \$856.40 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300962-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053723 CLAIM NUMBER : 019700001292 INS/CLMT STATE : FL DATE OF LOSS : 06/27/1997 DATE PROOF FILED : 08/27/1998	INSURED : K.D. CONSTRUCTION CLAIMANT : DONNA C HURTAQ ESQ 10800 BISCAYNE BLVD #520 MIAMI,FL 33161	AMOUNT CLAIMED : \$262.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300966-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000252 INS/CLMT STATE : FL DATE OF LOSS : 02/05/1998 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300967-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089125 CLAIM NUMBER : 019800000786 INS/CLMT STATE : FL DATE OF LOSS : 04/15/1998 DATE PROOF FILED : 09/10/1998	INSURED : F R P INDUSTRIES INC CLAIMANT : FRP INDUSTRIES, INC PO BOX 478 MAYO,FL 32066	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300968-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200131601 CLAIM NUMBER : 959792 INS/CLMT STATE : FL DATE OF LOSS : 01/30/1995 DATE PROOF FILED : 04/02/1999	INSURED : UNIVERSAL AVIATION SERVICES, I CLAIMANT : JOREL JEAN PIERRE APT 5 14355 NE 6TH AVE MIAMI,FL 331612964	AMOUNT CLAIMED : \$9,002.54 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300972-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060593 CLAIM NUMBER : 019700002124 INS/CLMT STATE : FL DATE OF LOSS : 09/30/1997 DATE PROOF FILED : 03/01/1999	INSURED : ALPHA PERSONNEL CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$936.15 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300974-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090157 CLAIM NUMBER : 019800000456 INS/CLMT STATE : FL DATE OF LOSS : 02/27/1998 DATE PROOF FILED : 07/23/1998	INSURED : KRYSTAL CLAIMANT : KRYSTAL 1660 PRUDENTIAL DR STE 203 JACKSONVILLE,FL 322078185	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300975-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100083583 CLAIM NUMBER : 019800000708 INS/CLMT STATE : FL DATE OF LOSS : 04/01/1998 DATE PROOF FILED : 09/10/1998	INSURED : BUDGET OFFICE INTERIORS, INC. CLAIMANT : STEVEN HERNANDEZ 8228 W LAKE WOODBURNE DR JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$57,020.27 AMOUNT GUARANTY PAID : \$57,020.27 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300976-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100083583 CLAIM NUMBER : 019800000011 INS/CLMT STATE : FL DATE OF LOSS : 01/05/1998 DATE PROOF FILED : 10/06/1998	INSURED : BUDGET OFFICE INTERIORS, INC. CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$38.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300978-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068557 CLAIM NUMBER : 019800000770 INS/CLMT STATE : FL DATE OF LOSS : 04/09/1998 DATE PROOF FILED : 07/19/1998	INSURED : W.H. PALMER, INC. CLAIMANT : W.H.PALMER CO 11251 YOUNG RD JACKSONVILLE,FL 322181543	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300979-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068557 CLAIM NUMBER : 019800000631 INS/CLMT STATE : FL DATE OF LOSS : 03/11/1998 DATE PROOF FILED : 07/19/1998	INSURED : W.H. PALMER, INC. CLAIMANT : W.H. PALMER, INC. 11251 YOUNG RD JACKSONVILLE,FL 322181543	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300986-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064017 CLAIM NUMBER : 019700001109 INS/CLMT STATE : FL DATE OF LOSS : 06/13/1997 DATE PROOF FILED : 08/07/1998	INSURED : KEVIN J. ELWER & ASSOCIATES CLAIMANT : ALEXANDER GRIFFIN 2939 NE 86TH LN ANTHONY,FL 326173718	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$12,212.75 AMOUNT GUARANTY PAID : \$12,212.75 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300986-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064017 CLAIM NUMBER : 019700001109 INS/CLMT STATE : FL DATE OF LOSS : 06/13/1997 DATE PROOF FILED : 10/06/1998	INSURED : KEVIN J. ELWER & ASSOCIATES CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$131.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300994-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100083816 CLAIM NUMBER : 019800000783 INS/CLMT STATE : FL DATE OF LOSS : 04/09/1998 DATE PROOF FILED : 07/20/1998	INSURED : BFM CONSTRUCTION INC CLAIMANT : MICHAEL D. SMITH 10960 BEACH BLVD LOT 342 JACKSONVILLE,FL 322464857	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$95,229.46 AMOUNT GUARANTY PAID : \$95,229.46 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300996-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058506 CLAIM NUMBER : 019700002366 INS/CLMT STATE : FL DATE OF LOSS : 10/25/1997 DATE PROOF FILED : 07/20/1998	INSURED : E.C. CONCRETE, INC. CLAIMANT : DANIEL KELLY 5233 FOXBORO RD JACKSONVILLE,FL 32208	AMOUNT CLAIMED : \$5,000.00 AMOUNT RECOMMENDED : \$34,430.55 AMOUNT GUARANTY PAID : \$34,430.55 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 300997-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000683810 CLAIM NUMBER : 019700001322 INS/CLMT STATE : FL DATE OF LOSS : 06/25/1997 DATE PROOF FILED : 08/05/1998	INSURED : 1,2 TREE SERVICE, INC. CLAIMANT : CLYDE KIRKLAND JR. 3830 PACKARD DR JACKSONVILLE,FL 322466461	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$341,725.59 AMOUNT GUARANTY PAID : \$341,725.59 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300997-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000683810 CLAIM NUMBER : 019700001322 INS/CLMT STATE : FL DATE OF LOSS : 06/25/1997 DATE PROOF FILED : 10/06/1998	INSURED : 1,2 TREE SERVICE, INC. CLAIMANT : SCHUTT HUMPHRIES & BECKER ATTYS AT LAW N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$166.74 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 300998-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068557 CLAIM NUMBER : 019700002889 INS/CLMT STATE : FL DATE OF LOSS : 12/22/1997 DATE PROOF FILED : 07/19/1998	INSURED : W.H. PALMER, INC. CLAIMANT : W.H. PALMER, INC. 11251 YOUNG RD JACKSONVILLE,FL 322181543	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300998-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068557 CLAIM NUMBER : 019700002889 INS/CLMT STATE : FL DATE OF LOSS : 12/22/1997 DATE PROOF FILED : 08/09/1998	INSURED : W.H. PALMER, INC. CLAIMANT : HOWARD NIX 365 CAPE AVE SAINT AUGUSTINE,FL 320952419	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$245,745.75 AMOUNT GUARANTY PAID : \$245,745.75 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 300999-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100088308 CLAIM NUMBER : 019800000684 INS/CLMT STATE : FL DATE OF LOSS : 03/31/1998 DATE PROOF FILED : 10/06/1998	INSURED : ALPHA PERSONNEL CLAIMANT : AMERISYS INC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$494.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301000-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100083816 CLAIM NUMBER : 019800000293 INS/CLMT STATE : FL DATE OF LOSS : 02/10/1998 DATE PROOF FILED : 08/09/1998	INSURED : BFM CONSTRUCTION INC CLAIMANT : MICHAEL SAWDO 475 NEWPORT DR ORANGE PARK,FL 320732957	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$143,330.32 AMOUNT GUARANTY PAID : \$143,330.32 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301003-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100051578 CLAIM NUMBER : 019700002567 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1997 DATE PROOF FILED : 10/06/1998	INSURED : SEALIFE SYSTEMS CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$475.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301004-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065376 CLAIM NUMBER : 019700000700 INS/CLMT STATE : FL DATE OF LOSS : 04/17/1997 DATE PROOF FILED : 07/21/1998	INSURED : X MAN CLAIMANT : DANIEL BELL 411 E MONROE ST JACKSONVILLE,FL 322022836	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$116,259.04 AMOUNT GUARANTY PAID : \$116,259.04 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301004-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065376 CLAIM NUMBER : 019700000700 INS/CLMT STATE : FL DATE OF LOSS : 04/17/1997 DATE PROOF FILED : 10/06/1998	INSURED : X MAN CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$108.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301010-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100093298 CLAIM NUMBER : 019800000830 INS/CLMT STATE : FL DATE OF LOSS : 04/23/1998 DATE PROOF FILED : 07/21/1998	INSURED : MR COPY SERVICE INC CLAIMANT : DWAYNE JONES 1755 CESERY BLVD JACKSONVILLE,FL 322114787	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$14,327.95 AMOUNT GUARANTY PAID : \$14,327.95 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301012-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100083816 CLAIM NUMBER : 019700002714 INS/CLMT STATE : FL DATE OF LOSS : 12/01/1997 DATE PROOF FILED : 10/06/1998	INSURED : BFM CONSTRUCTION INC CLAIMANT : N MARK BECKER PA 6015 CHESTER CIR STE 210 JACKSONVILLE,FL 322172273	AMOUNT CLAIMED : \$457.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301014-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100054151 CLAIM NUMBER : 019700001315 INS/CLMT STATE : FL DATE OF LOSS : 06/19/1997 DATE PROOF FILED : 01/19/1999	INSURED : RHEUMATOLOGY ASSOC., P.A. & OS CLAIMANT : TRACI LEE NAPLES 5692 SE WINDSONG LN # 338 STUART,FL 349978221	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$37,186.75 AMOUNT GUARANTY PAID : \$37,186.75 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301014-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100054151 CLAIM NUMBER : 019700001315 INS/CLMT STATE : FL DATE OF LOSS : 06/19/1997 DATE PROOF FILED : 10/06/1998	INSURED : RHEUMATOLOGY ASSOC., P.A. & OS CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301015-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200170901 CLAIM NUMBER : 969475 INS/CLMT STATE : FL DATE OF LOSS : 09/06/1996 DATE PROOF FILED : 07/23/1998	INSURED : MARTIN COUNTY FAIR ASSOCIATION CLAIMANT : STEVE M NELMS 477 RIVERSIDE DR STUART,FL 34994	AMOUNT CLAIMED : \$175,000.00 AMOUNT RECOMMENDED : \$116,225.29 AMOUNT GUARANTY PAID : \$116,225.29 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301016-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200220201 CLAIM NUMBER : 968500 INS/CLMT STATE : FL DATE OF LOSS : 05/14/1996 DATE PROOF FILED : 08/28/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : PALM BEACH COUNTY HEALTH CARE 324 DATURA ST STE 401 WEST PALM BEACH,FL 334015417	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301018-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062526 CLAIM NUMBER : 019700002471 INS/CLMT STATE : FL DATE OF LOSS : 11/06/1997 DATE PROOF FILED : 08/28/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : PALM BEACH COUNTY HEALTH CARE 324 DATURA ST STE 401 WEST PALM BEACH,FL 334015417	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301018-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062526 CLAIM NUMBER : 019700002471 INS/CLMT STATE : FL DATE OF LOSS : 11/06/1997 DATE PROOF FILED : 08/28/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : JOYCE TUCCI 1592 S.W. 8TH AVENUE DELRAY BCH,FL 33444	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$23,357.85 AMOUNT GUARANTY PAID : \$23,357.85 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301019-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070031 CLAIM NUMBER : 019700002581 INS/CLMT STATE : FL DATE OF LOSS : 10/29/1997 DATE PROOF FILED : 07/22/1998	INSURED : ALL PEDIATRIC CARE P.A. CLAIMANT : MARGARET KENNEDY PO BOX 1331 BROOKSVILLE,FL 346051331	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$386,322.68 AMOUNT GUARANTY PAID : \$386,322.68 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301019-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100070031 CLAIM NUMBER : 019700002581 INS/CLMT STATE : FL DATE OF LOSS : 10/29/1997 DATE PROOF FILED : 09/04/1998	INSURED : ALL PEDIATRIC CARE P.A. CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE S SAINT PETERSBURG,FL 337014360	AMOUNT CLAIMED : \$413.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301020-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001880 INS/CLMT STATE : FL DATE OF LOSS : 09/06/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301020-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001880 INS/CLMT STATE : FL DATE OF LOSS : 09/06/1997 DATE PROOF FILED : 07/20/1998	INSURED : LABOR RITE CLAIMANT : ROSCO TUCKER 4471 BARBARA ROAD ORLANDO,FL 32808	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$234,602.15 AMOUNT GUARANTY PAID : \$234,602.15 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301020-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001880 INS/CLMT STATE : FL DATE OF LOSS : 09/06/1997 DATE PROOF FILED : 09/17/1998	INSURED : LABOR RITE CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$190.96 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301021-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000359 INS/CLMT STATE : FL DATE OF LOSS : 02/13/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301022-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064493 CLAIM NUMBER : 019700002337 INS/CLMT STATE : FL DATE OF LOSS : 09/26/1997 DATE PROOF FILED : 10/12/1998	INSURED : MONTGOMERY HAULING CLAIMANT : PEDRO MARTENEZ RAMOS 3955 LIVE OAK DR DORAVILLE,GA 303402511	AMOUNT CLAIMED : \$640.00 AMOUNT RECOMMENDED : \$2,029.00 AMOUNT GUARANTY PAID : \$2,029.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301023-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200113801 CLAIM NUMBER : 943267 INS/CLMT STATE : FL DATE OF LOSS : 04/11/1994 DATE PROOF FILED : 07/21/1998	INSURED : MONTGOMERY BULK EXPRESS OF FLO CLAIMANT : CARL HONEA PO BOX 362 LAKE PANASOFFKEE,FL 335380362	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$44,892.43 AMOUNT GUARANTY PAID : \$44,892.43 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301024-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200068601 CLAIM NUMBER : 955177 INS/CLMT STATE : FL DATE OF LOSS : 02/10/1995 DATE PROOF FILED : 01/27/1999	INSURED : PHARMOS CORPORATION CLAIMANT : CATHERINE LAWSON 3026 NW 161ST CT GAINESVILLE,FL 326094089	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$421.70 AMOUNT GUARANTY PAID : \$421.70 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301024-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200068601 CLAIM NUMBER : 955177 INS/CLMT STATE : FL DATE OF LOSS : 02/10/1995 DATE PROOF FILED : 10/06/1998	INSURED : PHARMOS CORPORATION CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$19.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301025-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077098 CLAIM NUMBER : 019800000458 INS/CLMT STATE : FL DATE OF LOSS : 02/10/1998 DATE PROOF FILED : 07/28/1998	INSURED : BAYCO DEVELOPMENT CO., INC. CLAIMANT : BAYCO DEVELOPMENT CO., INC. 1442 TINA AVE PANAMA CITY,FL 324012731	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301026-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019700002490 INS/CLMT STATE : FL DATE OF LOSS : 11/10/1997 DATE PROOF FILED : 04/28/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER INC & DENNIS E 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301029-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100091154 CLAIM NUMBER : 019800000787 INS/CLMT STATE : FL DATE OF LOSS : 04/16/1998 DATE PROOF FILED : 07/24/1998	INSURED : D. M. B. SUPPLY CLAIMANT : DMB SUPPLY INC 1250 E OVERDRIVE CIR HERNANDO,FL 344429625	AMOUNT CLAIMED : \$2,260.50 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301029-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100091154 CLAIM NUMBER : 019800000787 INS/CLMT STATE : FL DATE OF LOSS : 04/16/1998 DATE PROOF FILED : 07/24/1998	INSURED : D. M. B. SUPPLY CLAIMANT : RAYMOND WHEATFILL 5451 W HOUSTON ST DUNNELLON,FL 344332636	AMOUNT CLAIMED : \$2,260.50 AMOUNT RECOMMENDED : \$3,180.28 AMOUNT GUARANTY PAID : \$3,180.28 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301030-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200068601 CLAIM NUMBER : 945178 INS/CLMT STATE : FL DATE OF LOSS : 11/15/1994 DATE PROOF FILED : 10/06/1998	INSURED : PHARMOS CORPORATION CLAIMANT : CCMC 402 SOUTH CENTRAL AVE OVIDO,FL 327659032	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301031-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000263 INS/CLMT STATE : FL DATE OF LOSS : 01/12/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301033-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000771 INS/CLMT STATE : FL DATE OF LOSS : 01/28/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE WINTER PARK,FL 327923330	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301034-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053707 CLAIM NUMBER : 019700001220 INS/CLMT STATE : FL DATE OF LOSS : 06/23/1997 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES PO BOX 210243 ROYAL PALM BEACH,FL 334210243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301034-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053707 CLAIM NUMBER : 019700001220 INS/CLMT STATE : FL DATE OF LOSS : 06/23/1997 DATE PROOF FILED : 07/29/1998	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : ALFONSO CHUNGA 677 NE 24TH ST APT 701 MIAMI,FL 331374767	AMOUNT CLAIMED : \$100,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301035-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0042004101 CLAIM NUMBER : 019700002893 INS/CLMT STATE : FL DATE OF LOSS : 11/10/1997 DATE PROOF FILED : 11/01/1998	INSURED : GAZEBO LANDSCAPE DESIGN, INC. CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$776.48 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301038-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001625 INS/CLMT STATE : FL DATE OF LOSS : 08/12/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927059	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301039-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100070975 CLAIM NUMBER : 019700001380 INS/CLMT STATE : FL DATE OF LOSS : 07/10/1997 DATE PROOF FILED : 09/17/1998	INSURED : AT WELDING CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$190.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301039-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100070975 CLAIM NUMBER : 019700001380 INS/CLMT STATE : FL DATE OF LOSS : 07/10/1997 DATE PROOF FILED : 09/30/1998	INSURED : AT WELDING CLAIMANT : RIDEN EARLE & KEIFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE S SAINT PETERSBURG,FL 33702	AMOUNT CLAIMED : \$528.30 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301042-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085725 CLAIM NUMBER : 019800000823 INS/CLMT STATE : FL DATE OF LOSS : 04/21/1998 DATE PROOF FILED : 07/21/1998	INSURED : V&M ERECTORS INC CLAIMANT : V&M ERECTORS INC 9806 PINES BLVD PEMBROKE PINES,FL 330246141	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301043-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085725 CLAIM NUMBER : 019800000804 INS/CLMT STATE : FL DATE OF LOSS : 04/20/1998 DATE PROOF FILED : 07/21/1998	INSURED : V&M ERECTORS INC CLAIMANT : V&M ERECTORS INC 9806 PINES BLVD PEMBROKE PINES,FL 330246141	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301043-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085725 CLAIM NUMBER : 019800000804 INS/CLMT STATE : FL DATE OF LOSS : 04/20/1998 DATE PROOF FILED : 07/28/1998	INSURED : V&M ERECTORS INC CLAIMANT : GARY CASON 5182 WOODRIDGE DR CALLAHAN,FL 320114269	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$5,710.83 AMOUNT GUARANTY PAID : \$5,710.83 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301044-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100084995 CLAIM NUMBER : 019800000469 INS/CLMT STATE : FL DATE OF LOSS : 02/27/1998 DATE PROOF FILED : 09/08/1998	INSURED : MAGNUM ENVIRONMENTAL CLAIMANT : MARK ROSSINI 118 CREEK SHOALS DR SIMPSONVILLE,SC 296816580	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$37,416.34 AMOUNT GUARANTY PAID : \$37,416.34 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301047-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000628210 CLAIM NUMBER : 019700001147 INS/CLMT STATE : FL DATE OF LOSS : 06/14/1997 DATE PROOF FILED : 07/09/1998	INSURED : FILM TECHNOLOGIES INTERNATION CLAIMANT : ITD INDUSTRIES INCORPORATED 2544 TERMINAL DR S SAINT PETERSBURG,FL 337121669	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301047-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000628210 CLAIM NUMBER : 019700001147 INS/CLMT STATE : FL DATE OF LOSS : 06/14/1997 DATE PROOF FILED : 07/22/1998	INSURED : FILM TECHNOLOGIES INTERNATION CLAIMANT : RICHARD ALLY 2057 68TH TER S SAINT PETERSBURG,FL 337125818	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$153,008.02 AMOUNT GUARANTY PAID : \$153,008.02 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301047-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000628210 CLAIM NUMBER : 019700001147 INS/CLMT STATE : FL DATE OF LOSS : 06/14/1997 DATE PROOF FILED : 03/10/1999	INSURED : FILM TECHNOLOGIES INTERNATION CLAIMANT : AMERISYS INC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$89.70 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301048-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200147801 CLAIM NUMBER : 956946 INS/CLMT STATE : FL DATE OF LOSS : 10/06/1995 DATE PROOF FILED : 07/20/1998	INSURED : TRI COUNTY HOME HEALTH CARE SE CLAIMANT : ANETTE M CHANG 14741 S RIVER DR MIAMI,FL 331671028	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$14,020.01 AMOUNT GUARANTY PAID : \$14,020.01 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301048-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200147801 CLAIM NUMBER : 956946 INS/CLMT STATE : FL DATE OF LOSS : 10/06/1995 DATE PROOF FILED : 09/25/1998	INSURED : TRI COUNTY HOME HEALTH CARE SE CLAIMANT : DONNA C HURTAQ ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$190.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301050-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066106 CLAIM NUMBER : 019800000057 INS/CLMT STATE : FL DATE OF LOSS : 01/09/1998 DATE PROOF FILED : 07/20/1998	INSURED : PERFECT AIR CONDITIONING, INC. CLAIMANT : MICHAEL J DE MAND 11762 NW 30TH ST CORAL SPRINGS,FL 330653318	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$2,383.92 AMOUNT GUARANTY PAID : \$2,383.92 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301052-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100091278 CLAIM NUMBER : 019800000721 INS/CLMT STATE : FL DATE OF LOSS : 04/06/1998 DATE PROOF FILED : 09/03/1998	INSURED : WILLIAMS PLASTERING & STUCCO CLAIMANT : BECKMAN MEDICAL MANAGEMENT PO BOX 432793 MIAMI,FL 332432793	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301053-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100077778 CLAIM NUMBER : 019800000442 INS/CLMT STATE : FL DATE OF LOSS : 02/25/1998 DATE PROOF FILED : 04/24/1999	INSURED : MODULAR RESTAURANT FRANCHISE CLAIMANT : BECKMAN MEDICAL MANAGEMENT PO BOX 432793 MIAMI,FL 332432793	AMOUNT CLAIMED : \$22.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301054-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061421 CLAIM NUMBER : 019700001468 INS/CLMT STATE : FL DATE OF LOSS : 07/22/1997 DATE PROOF FILED : 07/21/1998	INSURED : SUMMIT HEALTH CARE, INC. CLAIMANT : MARITZA OUELETTE 463 CHESTNUT CT DELTONA,FL 327258201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$10,791.77 AMOUNT GUARANTY PAID : \$10,791.77 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301056-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076993 CLAIM NUMBER : 019800000418 INS/CLMT STATE : FL DATE OF LOSS : 02/20/1998 DATE PROOF FILED : 07/20/1998	INSURED : RAMADA DEERFIELD BEACH CLAIMANT : RAMADA DEERFIELD BEACH 1250 W HILLSBORO BLVD DEERFIELD BEACH,FL 334421715	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301056-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100076993 CLAIM NUMBER : 019800000418 INS/CLMT STATE : FL DATE OF LOSS : 02/20/1998 DATE PROOF FILED : 04/24/1999	INSURED : RAMADA DEERFIELD BEACH CLAIMANT : BECKMAN MEDICAL MANAGEMENT PO BOX 432793 MIAMI,FL 332432793	AMOUNT CLAIMED : \$27.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301061-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200033501 CLAIM NUMBER : 967906 INS/CLMT STATE : FL DATE OF LOSS : 02/16/1996 DATE PROOF FILED : 09/17/1998	INSURED : DETWEILERS PROPANE GAS SERVICE CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$66.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301062-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200241501 CLAIM NUMBER : 019700000166 INS/CLMT STATE : FL DATE OF LOSS : 02/04/1997 DATE PROOF FILED : 07/22/1998	INSURED : SOUTHERN HEALTH MGMT., INC. CLAIMANT : PATRICIA TWIFORD RR 4 BOX 397 STARKE,FL 320919413	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$13,540.25 AMOUNT GUARANTY PAID : \$13,540.25 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301063-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001624 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1997 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301063-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001624 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1997 DATE PROOF FILED : 08/12/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : DARRELL E. BREWER PO BOX 989 PORT SALERNO,FL 349920989	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$18,537.27 AMOUNT GUARANTY PAID : \$18,537.27 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301064-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200227001 CLAIM NUMBER : 969719 INS/CLMT STATE : FL DATE OF LOSS : 10/02/1996 DATE PROOF FILED : 07/31/1998	INSURED : GEER CONTRACTING, INC. & GEER CLAIMANT : JOHNNY F GREEN 106 FOXTAIL AVE MIDDLEBURG,FL 320684723	AMOUNT CLAIMED : \$100,000.00 AMOUNT RECOMMENDED : \$83,460.75 AMOUNT GUARANTY PAID : \$83,460.75 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301064-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200227001 CLAIM NUMBER : 969719 INS/CLMT STATE : FL DATE OF LOSS : 10/02/1996 DATE PROOF FILED : 10/06/1998	INSURED : GEER CONTRACTING, INC. & GEER CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301065-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100066791 CLAIM NUMBER : 019700001363 INS/CLMT STATE : FL DATE OF LOSS : 07/11/1997 DATE PROOF FILED : 10/06/1998	INSURED : ROBERSON & ROBERSON CLAIMANT : N MARK BECKER PA 6015 CHESTER CIR STE 210 JACKSONVILLE,FL 322172273	AMOUNT CLAIMED : \$325.50 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301066-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000760210 CLAIM NUMBER : 019800000274 INS/CLMT STATE : FL DATE OF LOSS : 02/02/1998 DATE PROOF FILED : 07/20/1998	INSURED : STAFFING PROFESSIONALS, INC. CLAIMANT : STAFFING PROFESSIONALS, INC. 5881 WHITFIELD AVE SARASOTA,FL 342433125	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301067-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200151501 CLAIM NUMBER : 957495 INS/CLMT STATE : FL DATE OF LOSS : 12/15/1995 DATE PROOF FILED : 07/29/1998	INSURED : NAPLES KENNEL, INC. CLAIMANT : JUDITH SHAVER 1750 CATAWBA ST NAPLES,FL 341203865	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$141,732.53 AMOUNT GUARANTY PAID : \$141,732.53 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301069-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700001911 INS/CLMT STATE : FL DATE OF LOSS : 09/06/1997 DATE PROOF FILED : 08/04/1998	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301070-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089125 CLAIM NUMBER : 019800000779 INS/CLMT STATE : FL DATE OF LOSS : 04/08/1998 DATE PROOF FILED : 09/10/1998	INSURED : F R P INDUSTRIES INC CLAIMANT : FRP INDUSTRIES, INC PO BOX 478 MAYO,FL 320660478	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301071-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059463 CLAIM NUMBER : 019700001024 INS/CLMT STATE : FL DATE OF LOSS : 05/31/1997 DATE PROOF FILED : 09/17/1998	INSURED : BULLION INTERNATIONAL CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$1,607.19 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301073-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051121 CLAIM NUMBER : 019700002474 INS/CLMT STATE : FL DATE OF LOSS : 11/03/1997 DATE PROOF FILED : 07/20/1998	INSURED : VIC'S PAINTING, INC. CLAIMANT : VIC'S PAINTING, INC. 5420 DIVISION DR FORT MYERS,FL 339055010	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301074-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053207 CLAIM NUMBER : 019700002804 INS/CLMT STATE : FL DATE OF LOSS : 12/22/1997 DATE PROOF FILED : 07/23/1998	INSURED : G & S CONTRACTORS,INC. CLAIMANT : G 7 S CONTRACTORS, INC. 1427 AURORA RD MELBOURNE,FL 329355315	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301075-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064324 CLAIM NUMBER : 019700002344 INS/CLMT STATE : FL DATE OF LOSS : 10/27/1997 DATE PROOF FILED : 09/09/1998	INSURED : NEVINS FRUIT COMPANY, INC. CLAIMANT : NEVINS FRUIT COMPANY, INC. 2900 PARRISH ROAD TITUSVILLE,FL 32796	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301075-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064324 CLAIM NUMBER : 019700002344 INS/CLMT STATE : FL DATE OF LOSS : 10/27/1997 DATE PROOF FILED : 07/21/1998	INSURED : NEVINS FRUIT COMPANY, INC. CLAIMANT : AURORA ERNST 3471 WILLIS DR TITUSVILLE,FL 327964533	AMOUNT CLAIMED : \$4,000.00 AMOUNT RECOMMENDED : \$15,104.74 AMOUNT GUARANTY PAID : \$15,104.74 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301079-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200207201 CLAIM NUMBER : 969361 INS/CLMT STATE : FL DATE OF LOSS : 08/27/1996 DATE PROOF FILED : 08/21/1998	INSURED : SUN PLUMBING, INC. CLAIMANT : PETER STELLAKIS 316 SCHOOL RD INDIAN HARBOUR BEACH,FL 329373635	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$133,783.63 AMOUNT GUARANTY PAID : \$133,783.63 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301079-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200207201 CLAIM NUMBER : 969361 INS/CLMT STATE : FL DATE OF LOSS : 08/27/1996 DATE PROOF FILED : 10/06/1998	INSURED : SUN PLUMBING, INC. CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301079-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200207201 CLAIM NUMBER : 969361 INS/CLMT STATE : FL DATE OF LOSS : 08/27/1996 DATE PROOF FILED : 09/17/1998	INSURED : SUN PLUMBING, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$761.10 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301080-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053207 CLAIM NUMBER : 019700002505 INS/CLMT STATE : FL DATE OF LOSS : 11/14/1997 DATE PROOF FILED : 07/23/1998	INSURED : G & S CONTRACTORS, INC. CLAIMANT : G & S CONTRACTORS, INC. 1427 AURORA ROAD MELBOURNE,FL 32935	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301080-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053207 CLAIM NUMBER : 019700002505 INS/CLMT STATE : FL DATE OF LOSS : 11/14/1997 DATE PROOF FILED : 08/18/1998	INSURED : G & S CONTRACTORS, INC. CLAIMANT : KENNETH WATSON 3704 AVENUE L FORT PIERCE,FL 349472362	AMOUNT CLAIMED : \$45,000.00 AMOUNT RECOMMENDED : \$66,255.02 AMOUNT GUARANTY PAID : \$66,255.02 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301080-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053207 CLAIM NUMBER : 019700002505 INS/CLMT STATE : FL DATE OF LOSS : 11/14/1997 DATE PROOF FILED : 09/11/1998	INSURED : G & S CONTRACTORS, INC. CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,534.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301081-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000734510 CLAIM NUMBER : 019700002734 INS/CLMT STATE : OH DATE OF LOSS : 12/13/1997 DATE PROOF FILED : 09/14/1998	INSURED : MANPOWER TEMPORARY SERVICES CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,180.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301084-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100057025 CLAIM NUMBER : 019700001591 INS/CLMT STATE : FL DATE OF LOSS : 08/07/1997 DATE PROOF FILED : 09/14/1998	INSURED : QWIK LUBE INC. CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,622.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301084-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100057025 CLAIM NUMBER : 019700001591 INS/CLMT STATE : FL DATE OF LOSS : 08/07/1997 DATE PROOF FILED : 10/29/1998	INSURED : QWIK LUBE INC. CLAIMANT : STAVER & ASSOCIATES SUITE 540 1900 SUMMIT TOWER BLVD ORLANDO,FL 328105919	AMOUNT CLAIMED : \$112.89 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301086-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067563 CLAIM NUMBER : 019800000346 INS/CLMT STATE : FL DATE OF LOSS : 02/16/1998 DATE PROOF FILED : 04/23/1999	INSURED : BYRON'S GRILL, INC CLAIMANT : BYRON'S GRILL INC 701 N ATLANTIC AVE DAYTONA BEACH,FL 321183804	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301087-3 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100056851 CLAIM NUMBER : 019700002828 INS/CLMT STATE : FL DATE OF LOSS : 12/22/1997 DATE PROOF FILED : 04/26/1999	INSURED : WORLD CLASS RESORTS INT'L, INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$123.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301088-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002648 INS/CLMT STATE : FL DATE OF LOSS : 12/02/1997 DATE PROOF FILED : 10/06/1998	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301088-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002648 INS/CLMT STATE : FL DATE OF LOSS : 12/02/1997 DATE PROOF FILED : 10/06/1998	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : AMERISYS INC 140 ALEXANDRIA BLVD SUITE H OVIEDO,FL 327650004	AMOUNT CLAIMED : \$34.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301090-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069681 CLAIM NUMBER : 019700002457 INS/CLMT STATE : FL DATE OF LOSS : 11/05/1997 DATE PROOF FILED : 08/03/1998	INSURED : MEDSHUTTLE, INC. CLAIMANT : MEDSHUTTLE, INC. P O BOX 6050 DAYTONA BEACH,FL 321226050	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301090-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069681 CLAIM NUMBER : 019700002457 INS/CLMT STATE : FL DATE OF LOSS : 11/05/1997 DATE PROOF FILED : 10/29/1998	INSURED : MEDSHUTTLE, INC. CLAIMANT : STAVER & ASSOCIATES SUITE 540 1900 SUMMIT TOWER BLVD ORLANDO,FL 328105919	AMOUNT CLAIMED : \$259.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301091-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000518 INS/CLMT STATE : FL DATE OF LOSS : 03/09/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY, INC 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301092-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200037801 CLAIM NUMBER : 019600000395 INS/CLMT STATE : FL DATE OF LOSS : 12/27/1996 DATE PROOF FILED : 09/17/1998	INSURED : SANDS OF THE KEYS & SANDS SALE CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$66.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301092-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200037801 CLAIM NUMBER : 019600000395 INS/CLMT STATE : FL DATE OF LOSS : 12/27/1996 DATE PROOF FILED : 11/13/1998	INSURED : SANDS OF THE KEYS & SANDS SALE CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301096-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100091461 CLAIM NUMBER : 019800000824 INS/CLMT STATE : FL DATE OF LOSS : 04/03/1998 DATE PROOF FILED : 07/28/1998	INSURED : SPAS, INC. CLAIMANT : PAUL VICTOR BROWN 988 25 TH ST OCEAN MARATHON,FL 330502273	AMOUNT CLAIMED : \$45,000.00 AMOUNT RECOMMENDED : \$10,501.31 AMOUNT GUARANTY PAID : \$10,501.31 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301097-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071096 CLAIM NUMBER : 019800000806 INS/CLMT STATE : FL DATE OF LOSS : 04/10/1998 DATE PROOF FILED : 07/20/1998	INSURED : WILSON WHITE CLAIMANT : MARGARET LUMMAS 1809 RATTAN PALM DR NICEVILLE,FL 325783526	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$26.27 AMOUNT GUARANTY PAID : \$26.27 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301098-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085463 CLAIM NUMBER : 019800000762 INS/CLMT STATE : FL DATE OF LOSS : 03/29/1998 DATE PROOF FILED : 07/10/1998	INSURED : WESTERN SIZZLIN OF CRESTVIEW, CLAIMANT : WESTERN SIZZLIN OF CRESTVIEW, 5319 MONTERREY RD CRESTVIEW,FL 325368461	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301098-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085463 CLAIM NUMBER : 019800000762 INS/CLMT STATE : FL DATE OF LOSS : 03/29/1998 DATE PROOF FILED : 07/10/1998	INSURED : WESTERN SIZZLIN OF CRESTVIEW, CLAIMANT : BEATRICE C. RICHARDS 5319 MONTERREY RD CRESTVIEW,FL 325398532	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$311.65 AMOUNT GUARANTY PAID : \$311.65 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301101-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067592 CLAIM NUMBER : 019700002649 INS/CLMT STATE : FL DATE OF LOSS : 12/01/1997 DATE PROOF FILED : 07/21/1998	INSURED : CONSERVATION INSULATION & WIND CLAIMANT : ALLEN LUCAS 106 JOSEPH AVE NICEVILLE,FL 325788034	AMOUNT CLAIMED : \$5,500.00 AMOUNT RECOMMENDED : \$8,543.50 AMOUNT GUARANTY PAID : \$8,543.50 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301103-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069681 CLAIM NUMBER : 019800000088 INS/CLMT STATE : FL DATE OF LOSS : 01/18/1998 DATE PROOF FILED : 08/03/1998	INSURED : MEDSHUTTLE, INC. CLAIMANT : MEDSHUTTLE, INC. PO BOX 6050 DAYTONA BEACH,FL 321226050	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301104-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069681 CLAIM NUMBER : 019800000553 INS/CLMT STATE : FL DATE OF LOSS : 03/14/1998 DATE PROOF FILED : 08/03/1998	INSURED : MEDSHUTTLE, INC. CLAIMANT : MEDSHUTTLE, INC. PO BOX 6050 DAYTONA BEACH,FL 321226050	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301105-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200153501 CLAIM NUMBER : 956481 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1995 DATE PROOF FILED : 10/29/1998	INSURED : BLAIR NURSERIES, INC. CLAIMANT : STAVER & ASSOCIATES SUITE 540 1900 SUMMIT TOWER BLVD ORLANDO,FL 328105919	AMOUNT CLAIMED : \$513.12 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301107-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058228 CLAIM NUMBER : 019700002860 INS/CLMT STATE : FL DATE OF LOSS : 12/17/1997 DATE PROOF FILED : 01/11/1999	INSURED : FOSTER MARINE CONTRACTORS, INC CLAIMANT : FOSTER MARINE CONTRACTORS, INC 3650 N FEDERAL HWY STE 215 POMPANO BEACH,FL 330646649	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301107-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058228 CLAIM NUMBER : 019700002860 INS/CLMT STATE : FL DATE OF LOSS : 12/17/1997 DATE PROOF FILED : 03/01/1999	INSURED : FOSTER MARINE CONTRACTORS, INC CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$413.10 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301108-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088308 CLAIM NUMBER : 019800000481 INS/CLMT STATE : FL DATE OF LOSS : 02/28/1998 DATE PROOF FILED : 09/16/1998	INSURED : ALPHA PERSONNEL CLAIMANT : L'RESHA BROWN SUITE 1010 9100 S DADELAND BLVD ,FL 33156	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$10,979.75 AMOUNT GUARANTY PAID : \$10,979.75 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301110-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200128002 CLAIM NUMBER : 968959 INS/CLMT STATE : FL DATE OF LOSS : 06/20/1996 DATE PROOF FILED : 09/14/1998	INSURED : THE G.K. FISHER CO. CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE,STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,142.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301110-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200128002 CLAIM NUMBER : 968959 INS/CLMT STATE : FL DATE OF LOSS : 06/20/1996 DATE PROOF FILED : 09/15/1998	INSURED : THE G.K. FISHER CO. CLAIMANT : RISSMAN WEISBERG BARRETT HURT DONAHUE & MCLAIN PA 15TH FLOOR 201 E PINE ST ORLANDO,FL 328012729	AMOUNT CLAIMED : \$1,480.84 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301110-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200128002 CLAIM NUMBER : 968959 INS/CLMT STATE : FL DATE OF LOSS : 06/20/1996 DATE PROOF FILED : 09/17/1998	INSURED : THE G.K. FISHER CO. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$228.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301113-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200029701 CLAIM NUMBER : 955213 INS/CLMT STATE : FL DATE OF LOSS : 02/23/1995 DATE PROOF FILED : 09/17/1998	INSURED : SONNY'S DISCOUNT APPLIANCE, IN CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$261.54 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301115-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068295 CLAIM NUMBER : 019800000044 INS/CLMT STATE : FL DATE OF LOSS : 01/09/1998 DATE PROOF FILED : 07/31/1998	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : FLAGLER COUNTY COA COMMUNITY 1000 BELLE TERRE BLVD PALM COAST,FL 321645238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301115-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068295 CLAIM NUMBER : 019800000044 INS/CLMT STATE : FL DATE OF LOSS : 01/09/1998 DATE PROOF FILED : 04/19/1998	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : EARLENE KESECKER PO BOX 1232 FLAGLER BEACH,FL 321361232	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$6,759.40 AMOUNT GUARANTY PAID : \$6,759.40 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301116-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070864 CLAIM NUMBER : 019800000323 INS/CLMT STATE : FL DATE OF LOSS : 02/09/1998 DATE PROOF FILED : 08/21/1998	INSURED : NEW RAINBOW MILLS DYEING CLAIMANT : NEW RAINBOW MILLS DYEING 19325 NW 46 AVE MIAMI,FL 33055	AMOUNT CLAIMED : \$835.85 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301116-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070864 CLAIM NUMBER : 019800000323 INS/CLMT STATE : FL DATE OF LOSS : 02/09/1998 DATE PROOF FILED : 08/02/1998	INSURED : NEW RAINBOW MILLS DYEING CLAIMANT : FULVIO DAVILA 19325 NW 46TH AVE OPA LOCKA,FL 330552160	AMOUNT CLAIMED : \$835.85 AMOUNT RECOMMENDED : \$1,069.58 AMOUNT GUARANTY PAID : \$1,069.58 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301118-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058982 CLAIM NUMBER : 019700001078 INS/CLMT STATE : FL DATE OF LOSS : 06/10/1997 DATE PROOF FILED : 09/25/1998	INSURED : ALLSTAR BUILDERS CORPORATION CLAIMANT : DONNA C HURTAQ ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$645.50 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301122-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058633 CLAIM NUMBER : 019700000553 INS/CLMT STATE : FL DATE OF LOSS : 04/03/1997 DATE PROOF FILED : 11/12/1998	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO., FLORID 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301124-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090311 CLAIM NUMBER : 019800000685 INS/CLMT STATE : FL DATE OF LOSS : 03/03/1998 DATE PROOF FILED : 12/07/1998	INSURED : LAKE COUNTY BOYS RANCH CLAIMANT : LAKE COUNTY BOYS RANCH PO BOX 129 ALTOONA,FL 327020129	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301125-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090311 CLAIM NUMBER : 019800000406 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1998 DATE PROOF FILED : 12/07/1998	INSURED : LAKE COUNTY BOYS RANCH CLAIMANT : LAKE COUNTY BOYS RANCH PO BOX 129 ALTOONA,FL 327020129	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301126-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042005023 CLAIM NUMBER : 019700001089 INS/CLMT STATE : FL DATE OF LOSS : 06/10/1997 DATE PROOF FILED : 07/29/1998	INSURED : ADVENTURE BAY EARLY LEARNING CENTERS INC CLAIMANT : ADVENTURE BAY EARLY LEARNING CENTERS INC 4500 W SAMPLE RD COCONUT CREEK,FL 33063	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301126-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0042005023 CLAIM NUMBER : 019700001089 INS/CLMT STATE : FL DATE OF LOSS : 06/10/1997 DATE PROOF FILED : 09/25/1998	INSURED : ADVENTURE BAY EARLY LEARNING CENTERS INC CLAIMANT : DONNA C HURTAK ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$380.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301127-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069887 CLAIM NUMBER : 019800000795 INS/CLMT STATE : FL DATE OF LOSS : 04/20/1998 DATE PROOF FILED : 08/12/1998	INSURED : A M J AVIATION CORPORATION CLAIMANT : A M J AVIATION CORPORATION 1170 LEE WAGENER BLVD FORT LAUDERDALE,FL 333153561	AMOUNT CLAIMED : \$759.78 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301129-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074068 CLAIM NUMBER : 019800000793 INS/CLMT STATE : FL DATE OF LOSS : 04/18/1998 DATE PROOF FILED : 01/11/1999	INSURED : DENNIS DRUCK GENERAL CONTRACTORS INC CLAIMANT : DENNIS DRUCK GENERAL 921 W 46 ST MIAMI BEACH,FL 33140	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301130-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : 019700001372 INS/CLMT STATE : FL DATE OF LOSS : 07/07/1997 DATE PROOF FILED : 07/21/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : PRO-FRAME CONTRACTING, INC. 2101 NW 33RD ST STE 20 POMPANO BEACH,FL 330691068	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301132-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062182 CLAIM NUMBER : 019700002611 INS/CLMT STATE : FL DATE OF LOSS : 11/30/1997 DATE PROOF FILED : 09/09/1998	INSURED : CARMINE'S PRIME MEATS, INC. CLAIMANT : MARY NEWSON 11660 ELLISON WILSON DRD NORTH PALM BEACH,FL 33408	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$32,011.70 AMOUNT GUARANTY PAID : \$32,011.70 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301135-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200015501 CLAIM NUMBER : 932567 INS/CLMT STATE : FL DATE OF LOSS : 09/29/1993 DATE PROOF FILED : 08/06/1998	INSURED : BEYEL BROTHERS CRANE & RIGGING CLAIMANT : CHARLES P TUMEY 400 CAMP RD COCOA,FL 329274742	AMOUNT CLAIMED : \$322,526.00 AMOUNT RECOMMENDED : \$133,551.46 AMOUNT GUARANTY PAID : \$133,551.46 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301135-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200015501 CLAIM NUMBER : 932567 INS/CLMT STATE : FL DATE OF LOSS : 09/29/1993 DATE PROOF FILED : 09/17/1998	INSURED : BEYEL BROTHERS CRANE & RIGGING CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32802	AMOUNT CLAIMED : \$180.64 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301136-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200173601 CLAIM NUMBER : 019600000034 INS/CLMT STATE : FL DATE OF LOSS : 11/06/1996 DATE PROOF FILED : 07/29/1998	INSURED : ADVANCED APPLICATORS, INC. CLAIMANT : GREGORY HENSON 212 NE 8TH AVE APT G HALLANDALE,FL 330093572	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$137,288.29 AMOUNT GUARANTY PAID : \$137,288.29 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301137-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057083 CLAIM NUMBER : 019700001946 INS/CLMT STATE : FL DATE OF LOSS : 09/05/1997 DATE PROOF FILED : 07/20/1998	INSURED : WHITAKER PLUMBING OF BOCA RATO CLAIMANT : WHITAKER PLUMBING OF BOCA RATO 428 NW 35TH ST BOCA RATON,FL 334315708	AMOUNT CLAIMED : \$58,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301137-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100057083 CLAIM NUMBER : 019700001946 INS/CLMT STATE : FL DATE OF LOSS : 09/05/1997 DATE PROOF FILED : 11/01/1998	INSURED : WHITAKER PLUMBING OF BOCA RATO CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$1,231.65 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301140-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200058501 CLAIM NUMBER : 957129 INS/CLMT STATE : FL DATE OF LOSS : 10/27/1995 DATE PROOF FILED : 07/20/1998	INSURED : THERMA-SEAL ROOFS, INC. CLAIMANT : THERMA-SEAL ROOFS, INC. 1135-53RD STREET WEST PALM BEACH,FL 334072347	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301140-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200058501 CLAIM NUMBER : 957129 INS/CLMT STATE : FL DATE OF LOSS : 10/27/1995 DATE PROOF FILED : 08/10/1998	INSURED : THERMA-SEAL ROOFS, INC. CLAIMANT : RAYMOND RIVERA PO BOX 1485 NEW LONDON,CT 063201485	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$153,158.99 AMOUNT GUARANTY PAID : \$153,158.99 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301141-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072908 CLAIM NUMBER : 019700002336 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1997 DATE PROOF FILED : 09/09/1998	INSURED : ADVENTURE BAY EARLY LEARNING CENTER CLAIMANT : ADVENTURE BAY EARLY LEARNING CENTER OF BOCA RATON 8351 DYNASTY DR BOCA RATON,FL 33433	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301142-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200068001 CLAIM NUMBER : 019600000450 INS/CLMT STATE : FL DATE OF LOSS : 12/26/1996 DATE PROOF FILED : 11/01/1998	INSURED : HAYDEN BONDED STORAGE WAREHOUS CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$223.13 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301144-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000679110 CLAIM NUMBER : 019700001974 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1997 DATE PROOF FILED : 07/27/1998	INSURED : ELITE PROTECTION SERVICES CLAIMANT : ELITE PROTECTION SERVICES, INC 1204 PEACHFORD CIR DUNWOODY,GA 30338	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301144-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000679110 CLAIM NUMBER : 019700001974 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1997 DATE PROOF FILED : 09/17/1998	INSURED : ELITE PROTECTION SERVICES CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$144.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301146-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200139001 CLAIM NUMBER : 019600000468 INS/CLMT STATE : FL DATE OF LOSS : 12/13/1996 DATE PROOF FILED : 08/18/1998	INSURED : BOCA RATON JEWISH COMMUNITY DAY SCHOOL CLAIMANT : HILLEL COMMUNITY DAY SCHOOL 6261 SW 18TH ST BOCA RATON,FL 334337146	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301146-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200139001 CLAIM NUMBER : 019600000468 INS/CLMT STATE : FL DATE OF LOSS : 12/13/1996 DATE PROOF FILED : 09/02/1998	INSURED : BOCA RATON JEWISH COMMUNITY DAY SCHOOL CLAIMANT : GREENTREE INVESTIGATIONS INC 405 DOUGLAS AVE STE 2205 ALTAMONTE SPRINGS,FL 32714	AMOUNT CLAIMED : \$25.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301146-6 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200139001 CLAIM NUMBER : 019600000468 INS/CLMT STATE : FL DATE OF LOSS : 12/13/1996 DATE PROOF FILED : 09/17/1998	INSURED : BOCA RATON JEWISH COMMUNITY DAY SCHOOL CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$59.91 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301149-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064935 CLAIM NUMBER : 019700001916 INS/CLMT STATE : FL DATE OF LOSS : 09/12/1997 DATE PROOF FILED : 10/06/1998	INSURED : SUPERIOR HOME CARE CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$292.76 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301151-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100063581 CLAIM NUMBER : 019700000534 INS/CLMT STATE : FL DATE OF LOSS : 03/28/1997 DATE PROOF FILED : 10/06/1998	INSURED : JAMES CALLOWAY JR. CLAIMANT : N MARK BECKER PA 6015 CHESTER CIR STE 210 JACKSONVILLE,FL 322172273	AMOUNT CLAIMED : \$127.96 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301152-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090128 CLAIM NUMBER : 019800000660 INS/CLMT STATE : FL DATE OF LOSS : 03/24/1998 DATE PROOF FILED : 07/14/1998	INSURED : DAVIS BROTHERS CONSTRUCTION CO CLAIMANT : DAVIS BROTHERS CONSTRUCTION CO 161 NW 4TH ST BOCA RATON,FL 334323832	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301152-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090128 CLAIM NUMBER : 019800000660 INS/CLMT STATE : FL DATE OF LOSS : 03/24/1998 DATE PROOF FILED : 07/21/1998	INSURED : DAVIS BROTHERS CONSTRUCTION CO CLAIMANT : HYPOLITE DECEMBRE 40 3511 W COMMERCIAL BLVD FORT LAUDERDALE,FL 33309	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$12,892.51 AMOUNT GUARANTY PAID : \$12,892.51 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301153-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200058001 CLAIM NUMBER : 932379 INS/CLMT STATE : FL DATE OF LOSS : 10/24/1993 DATE PROOF FILED : 09/02/1998	INSURED : HAWAIIAN VILLAGE INN ETAL CLAIMANT : SEA INCORPORATED 7349 WORTHINGTON GALENA RD COLUMBUS,OH 43085	AMOUNT CLAIMED : \$100.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301153-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200058001 CLAIM NUMBER : 932379 INS/CLMT STATE : FL DATE OF LOSS : 10/24/1993 DATE PROOF FILED : 09/17/1998	INSURED : HAWAIIAN VILLAGE INN ETAL CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 EROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$323.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301154-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060159 CLAIM NUMBER : 019700000588 INS/CLMT STATE : FL DATE OF LOSS : 03/29/1997 DATE PROOF FILED : 08/26/1998	INSURED : STAGE PAYMASTERS, INC CLAIMANT : STATE INFORMATION BUREAU 842 E PARK AVE TALLAHASSEE,FL 323012621	AMOUNT CLAIMED : \$137.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301154-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060159 CLAIM NUMBER : 019700000588 INS/CLMT STATE : FL DATE OF LOSS : 03/29/1997 DATE PROOF FILED : 09/17/1998	INSURED : STAGE PAYMASTERS, INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$342.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301155-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086277 CLAIM NUMBER : 019800000800 INS/CLMT STATE : FL DATE OF LOSS : 04/15/1998 DATE PROOF FILED : 09/09/1998	INSURED : ADVENTURE BAY EARLY LEARNING CENTERS INC CLAIMANT : ADVENTURE BAY EARLY LEARNING CENTERS INC 5300 NW 55 BLVD COCONUT CREEK,FL 33073	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301156-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053125 CLAIM NUMBER : 019700002298 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 07/14/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : PRODUCTION TRUSS & FABRICATION 161 NW 4TH ST BOCA RATON,FL 334323832	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301156-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053125 CLAIM NUMBER : 019700002298 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 08/23/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : STATE INFORMATION BUREAU 842 E PARK AVE TALLAHASSEE,FL 323012621	AMOUNT CLAIMED : \$79.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301156-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053125 CLAIM NUMBER : 019700002298 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 09/02/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : CAN WE TALK INC TRANSLATION SERVICES 901 NORTHPOINT PKWY STE 4 WEST PALM BEACH,FL 334071951	AMOUNT CLAIMED : \$170.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301156-7 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053125 CLAIM NUMBER : 019700002298 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 10/06/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : AMERISYS INC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$256.42 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301156-8 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053125 CLAIM NUMBER : 019700002298 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 07/14/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : CONROY SIMBERG & CANNON PA SECOND FLOOR 3440 HOLLYWOOD BLVD HOLLYWOOD,FL 33021	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301158-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200075501 CLAIM NUMBER : 968540 INS/CLMT STATE : FL DATE OF LOSS : 05/13/1996 DATE PROOF FILED : 07/21/1998	INSURED : ARCHITECTURAL AWNINGS, INC. CLAIMANT : ARCHITECTURAL AWNINGS, INC. 1709 W LEMON ST TAMPA,FL 336061030	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301158-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200075501 CLAIM NUMBER : 968540 INS/CLMT STATE : FL DATE OF LOSS : 05/13/1996 DATE PROOF FILED : 09/30/1998	INSURED : ARCHITECTURAL AWNINGS, INC. CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE SOUTH ST PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$169.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301160-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002507 INS/CLMT STATE : FL DATE OF LOSS : 11/12/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301161-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200037401 CLAIM NUMBER : 969276 INS/CLMT STATE : FL DATE OF LOSS : 06/04/1996 DATE PROOF FILED : 07/20/1998	INSURED : COX ELECTRIC CORP. CLAIMANT : D. LAMAR MILLER 8747 FIELDSIDE DR S JACKSONVILLE,FL 322447463	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$108,783.79 AMOUNT GUARANTY PAID : \$108,783.79 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301161-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200037401 CLAIM NUMBER : 969276 INS/CLMT STATE : FL DATE OF LOSS : 06/04/1996 DATE PROOF FILED : 10/06/1998	INSURED : COX ELECTRIC CORP. CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301161-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200037401 CLAIM NUMBER : 969276 INS/CLMT STATE : FL DATE OF LOSS : 06/04/1996 DATE PROOF FILED : 09/04/1998	INSURED : COX ELECTRIC CORP. CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,280.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301162-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 019700000689 INS/CLMT STATE : FL DATE OF LOSS : 04/14/1997 DATE PROOF FILED : 07/30/1998	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : FRENCH'S AIR COND. INC. 3818 N 40TH ST TAMPA,FL 336108015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301162-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 019700000689 INS/CLMT STATE : FL DATE OF LOSS : 04/14/1997 DATE PROOF FILED : 09/17/1998	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$50.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301162-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 019700000689 INS/CLMT STATE : FL DATE OF LOSS : 04/14/1997 DATE PROOF FILED : 09/04/1998	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE S SAINT PETERSBURG,FL 337014360	AMOUNT CLAIMED : \$237.65 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301162-5 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 019700000689 INS/CLMT STATE : FL DATE OF LOSS : 04/14/1997 DATE PROOF FILED : 05/12/1999	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : RIDEN EARLE & KIEFNER, PA 4TH FLOOR NORTH TOWER 100 2ND AVE SOUTH ST PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$1,330.49 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301165-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059532 CLAIM NUMBER : 019800000019 INS/CLMT STATE : FL DATE OF LOSS : 12/24/1997 DATE PROOF FILED : 09/04/1998	INSURED : TURF MAINTENANCE CLAIMANT : RESEARCH REPORTS INCORPORATED 2502 N ROCKY POINT DR STE 145 TAMPA,FL 336071450	AMOUNT CLAIMED : \$1,240.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301166-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077363 CLAIM NUMBER : 019800000764 INS/CLMT STATE : FL DATE OF LOSS : 04/07/1998 DATE PROOF FILED : 09/09/1998	INSURED : EMERALD LANDCARE, INC. CLAIMANT : EMERALD LANDCARE, INC. 7507 MIRACLE LN ODESSA,FL 335563924	AMOUNT CLAIMED : \$196.61 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301167-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100055452 CLAIM NUMBER : 019700001447 INS/CLMT STATE : FL DATE OF LOSS : 07/22/1997 DATE PROOF FILED : 07/28/1998	INSURED : SUWANNEE RIVER ECONOMIC COUNCI CLAIMANT : SUWANNEE RIVER ECONOMIC COUNCI 197 JOHNSON AVE LIVE OAK,FL 320608463	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301167-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100055452 CLAIM NUMBER : 019700001447 INS/CLMT STATE : FL DATE OF LOSS : 07/22/1997 DATE PROOF FILED : 07/28/1998	INSURED : SUWANNEE RIVER ECONOMIC COUNCI CLAIMANT : MARTHA ANN IVEY 197 JOHNSON BLVD SW LIVE OAK,FL 320604970	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$17,049.62 AMOUNT GUARANTY PAID : \$17,049.62 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301167-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100055452 CLAIM NUMBER : 019700001447 INS/CLMT STATE : FL DATE OF LOSS : 07/22/1997 DATE PROOF FILED : 10/28/1998	INSURED : SUWANNEE RIVER ECONOMIC COUNCI CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$171.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301168-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070279 CLAIM NUMBER : 019700002916 INS/CLMT STATE : FL DATE OF LOSS : 10/30/1997 DATE PROOF FILED : 08/24/1998	INSURED : CERTIFIED INSULATION CLAIMANT : DANIEL REYES 8120 N ALBANY AVE 33604,FL 336043827	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$126,772.00 AMOUNT GUARANTY PAID : \$126,772.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301168-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100070279 CLAIM NUMBER : 019700002916 INS/CLMT STATE : FL DATE OF LOSS : 10/30/1997 DATE PROOF FILED : 09/17/1998	INSURED : CERTIFIED INSULATION CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$161.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301168-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100070279 CLAIM NUMBER : 019700002916 INS/CLMT STATE : FL DATE OF LOSS : 10/30/1997 DATE PROOF FILED : 01/21/1999	INSURED : CERTIFIED INSULATION CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE SOUTH ST PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$203.54 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301170-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088226 CLAIM NUMBER : 019800000788 INS/CLMT STATE : FL DATE OF LOSS : 04/16/1998 DATE PROOF FILED : 07/20/1998	INSURED : TWIN VALLEYS, INC. CLAIMANT : TWIN VALLEYS, INC. 15023 CARLTON LAKE DRIVE BALM,FL 33523	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301171-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086206 CLAIM NUMBER : 019800000205 INS/CLMT STATE : FL DATE OF LOSS : 02/02/1998 DATE PROOF FILED : 11/17/1998	INSURED : BAY COUNTY COUNCIL ON AGING INC CLAIMANT : BAY COUNTY COUNCIL ON AGING INC 1116 FRANKFORD AVE PANAMA CITY,FL 324011861	AMOUNT CLAIMED : \$7,500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301171-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100086206 CLAIM NUMBER : 019800000205 INS/CLMT STATE : FL DATE OF LOSS : 02/02/1998 DATE PROOF FILED : 10/06/1998	INSURED : BAY COUNTY COUNCIL ON AGING INC CLAIMANT : AMERISYS INC 140 ALEXANDRIA BLVD SUITE I OVIEDO,FL 327650004	AMOUNT CLAIMED : \$1,725.90 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301171-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100086206 CLAIM NUMBER : 019800000205 INS/CLMT STATE : FL DATE OF LOSS : 02/02/1998 DATE PROOF FILED : 11/17/1998	INSURED : BAY COUNTY COUNCIL ON AGING INC CLAIMANT : BAY COUNTY COUNCIL ON AGING INC 1116 FRANKFORD AVE PANAMA CITY,FL 324011861	AMOUNT CLAIMED : \$7,500.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301172-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200013301 CLAIM NUMBER : 921047 INS/CLMT STATE : FL DATE OF LOSS : 12/31/1992 DATE PROOF FILED : 10/06/1998	INSURED : ANGLIN CONSTRUCTION COMPANY CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301173-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 019700000706 INS/CLMT STATE : FL DATE OF LOSS : 04/22/1997 DATE PROOF FILED : 07/30/1998	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : FRENCH'S AIR COND. INC. 3818 N 40TH ST TAMPA,FL 336108015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301174-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072908 CLAIM NUMBER : 019800000730 INS/CLMT STATE : FL DATE OF LOSS : 04/02/1998 DATE PROOF FILED : 09/09/1998	INSURED : ADVENTURE BAY EARLY LEARNING CENTER CLAIMANT : ADVENTURE BAY EARLY LEARNING CENTER OF BOCA RATON 9489 AFFIRMED LANE BOCA RATON,FL 33496	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301176-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001234 INS/CLMT STATE : FL DATE OF LOSS : 06/25/1997 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS, INC. PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301178-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063007 CLAIM NUMBER : 019700001285 INS/CLMT STATE : FL DATE OF LOSS : 06/27/1997 DATE PROOF FILED : 07/10/1998	INSURED : SHIRLEE CARLSON CLAIMANT : SANDI FULLER 343 N BERTHE AVE PANAMA CITY,FL 324049513	AMOUNT CLAIMED : \$30,000.00 AMOUNT RECOMMENDED : \$43,558.54 AMOUNT GUARANTY PAID : \$43,558.54 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301179-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100084424 CLAIM NUMBER : 019800000825 INS/CLMT STATE : FL DATE OF LOSS : 04/17/1998 DATE PROOF FILED : 07/22/1998	INSURED : SCHWAB'S ENTERPRISES OF NW FLO CLAIMANT : SCHWAB'S ENTERPRISES OF NW FLO 489 VALPARAISO PKWY VALPARAISO,FL 325801274	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301181-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063983 CLAIM NUMBER : 019700002944 INS/CLMT STATE : FL DATE OF LOSS : 06/02/1997 DATE PROOF FILED : 07/20/1998	INSURED : BOLD CITY CONSTRUCTION CLAIMANT : BOLD CITY CONSTRUCTION 8062 SABLEWOODS DRW JACKSONVILLE,FL 322441407	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301182-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000716110 CLAIM NUMBER : 019800000586 INS/CLMT STATE : FL DATE OF LOSS : 03/06/1998 DATE PROOF FILED : 07/20/1998	INSURED : ARC JACKSONVILLE, THE CLAIMANT : DELORES WILLIAMS GENERAL DELIVERY JACKSONVILLE,FL 32211	AMOUNT CLAIMED : \$40,000.00 AMOUNT RECOMMENDED : \$17,797.57 AMOUNT GUARANTY PAID : \$17,797.57 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301189-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200221401 CLAIM NUMBER : 969863 INS/CLMT STATE : FL DATE OF LOSS : 10/22/1996 DATE PROOF FILED : 07/27/1998	INSURED : BAY CITIES GAS CORP. CLAIMANT : WILLIAM M JOHNSON PO BOX 1268 LAKE PANASOFFKEE,FL 33538	AMOUNT CLAIMED : \$500,000.00 AMOUNT RECOMMENDED : \$98,588.54 AMOUNT GUARANTY PAID : \$98,588.54 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301189-3 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200221401 CLAIM NUMBER : 969863 INS/CLMT STATE : FL DATE OF LOSS : 10/22/1996 DATE PROOF FILED : 05/12/1999	INSURED : BAY CITIES GAS CORP. CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE SOUTH ST PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$192.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301192-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064091 CLAIM NUMBER : 019700002232 INS/CLMT STATE : FL DATE OF LOSS : 10/10/1997 DATE PROOF FILED : 03/01/1999	INSURED : ABBEY HOME HEALTH CARE CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$1,355.85 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301193-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088771 CLAIM NUMBER : 019800000422 INS/CLMT STATE : FL DATE OF LOSS : 02/18/1998 DATE PROOF FILED : 07/27/1998	INSURED : ASHCO ENTERPRISES METRO SERVICES CLAIMANT : METRO SERVICES 571 W CHURCH ST ORLANDO,FL 328052268	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301194-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100070599 CLAIM NUMBER : 019700002028 INS/CLMT STATE : FL DATE OF LOSS : 09/22/1997 DATE PROOF FILED : 07/20/1998	INSURED : CYPRESS CREEK LANDSCAPE SUPPLY CLAIMANT : RON MCNAIR 406 LAKEWOOD AVE TAMPA,FL 336131829	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$292,282.27 AMOUNT GUARANTY PAID : \$292,282.27 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301196-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064768 CLAIM NUMBER : 019700002107 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 09/14/1998	INSURED : P & S CONSTRUCTION SERVICES, I CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,534.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301196-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064768 CLAIM NUMBER : 019700002107 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 10/16/1998	INSURED : P & S CONSTRUCTION SERVICES, I CLAIMANT : CLARK PARTINGTON HART LARRY BOND PO BOX 13010 PENSACOLA,FL 325913010	AMOUNT CLAIMED : \$17.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301197-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 019800000716 INS/CLMT STATE : FL DATE OF LOSS : 03/31/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301198-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067756 CLAIM NUMBER : 019700001694 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1997 DATE PROOF FILED : 07/24/1998	INSURED : GEN REAL ESTATE & MANAGEMENT C CLAIMANT : GEN REAL ESTATE & MANAGEMENT C 3410 N HARBOR CITY BLVD #A MELBOURNE,FL 329356255	AMOUNT CLAIMED : \$37,050.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301198-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100067756 CLAIM NUMBER : 019700001694 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1997 DATE PROOF FILED : 12/03/1998	INSURED : GEN REAL ESTATE & MANAGEMENT C CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$2,218.81 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301199-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060593 CLAIM NUMBER : 019700001115 INS/CLMT STATE : FL DATE OF LOSS : 06/14/1997 DATE PROOF FILED : 03/01/1999	INSURED : ALPHA PERSONNEL CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$625.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301200-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002364 INS/CLMT STATE : FL DATE OF LOSS : 10/28/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301201-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100052033 CLAIM NUMBER : 019700000654 INS/CLMT STATE : FL DATE OF LOSS : 02/28/1997 DATE PROOF FILED : 10/06/1998	INSURED : DIXIE PRECISION MANUFACTURING COMPANY ETAL CLAIMANT : SCHUTT HUMPHRIES & BECKER N MARK BECKER ESQ 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$176.78 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301202-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085725 CLAIM NUMBER : 019800000606 INS/CLMT STATE : FL DATE OF LOSS : 03/04/1998 DATE PROOF FILED : 07/21/1998	INSURED : V&M ERECTORS INC CLAIMANT : V&M ERECTORS INC 9806 PINES BLVD PEMBROKE PINES,FL 330246141	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301206-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071512 CLAIM NUMBER : 019800000441 INS/CLMT STATE : FL DATE OF LOSS : 02/23/1998 DATE PROOF FILED : 07/21/1998	INSURED : RAMADA SEA CLUB CLAIMANT : ALFREDA CHANCE 1221 NW 29TH AVE FORT LAUDERDALE,FL 333115013	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$23,787.04 AMOUNT GUARANTY PAID : \$23,787.04 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301207-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069792 CLAIM NUMBER : 019800000239 INS/CLMT STATE : FL DATE OF LOSS : 02/03/1998 DATE PROOF FILED : 10/06/1998	INSURED : GET IN TOUCH, INC. CLAIMANT : SCHUTT HUMPHRIES & BECKER 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$751.14 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301211-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053112 CLAIM NUMBER : 019700001367 INS/CLMT STATE : FL DATE OF LOSS : 07/12/1997 DATE PROOF FILED : 07/16/1998	INSURED : BOYNTON PET-VET, INC. CLAIMANT : BARBARA S. DANCIU 5167 NE 15TH AVE POMPANO BEACH,FL 330645672	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301213-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059992 CLAIM NUMBER : 019700002056 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 08/14/1998	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : WYNNE BUILDING CORPORATION 12804 SW 122 AVE MIAMI,FL 33186	AMOUNT CLAIMED : \$13,468.70 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301213-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059992 CLAIM NUMBER : 019700002056 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 08/07/1998	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : BARBARA J. FRAIZER 142 NE NARANJA AVE PORT SAINT LUCIE,FL 349838446	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$8,136.94 AMOUNT GUARANTY PAID : \$8,136.94 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301213-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100059992 CLAIM NUMBER : 019700002056 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1997 DATE PROOF FILED : 09/14/1998	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,142.50 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301214-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090811 CLAIM NUMBER : 019800000382 INS/CLMT STATE : FL DATE OF LOSS : 02/20/1998 DATE PROOF FILED : 08/06/1998	INSURED : RAINTREE GOLF RESORT CLAIMANT : RAINTREE GOLF RESORT 1600 S HIATUS RD PEMBROKE PINES,FL 330253567	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301223-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071083 CLAIM NUMBER : 019700002299 INS/CLMT STATE : FL DATE OF LOSS : 10/21/1997 DATE PROOF FILED : 08/12/1998	INSURED : YOUNG'S CONTRACTING CLAIMANT : YOUNG'S CONTRACTING DBA 315 KELLY RD NICEVILLE,FL 325781847	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301225-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042003023 CLAIM NUMBER : 019700001328 INS/CLMT STATE : FL DATE OF LOSS : 07/02/1997 DATE PROOF FILED : 07/21/1998	INSURED : COMPREHENSIVE COMMUNITY SERV. CLAIMANT : COMPREHENSIVE COMMUNITY SERV. 511 GOLD KIST AVE SW LIVE OAK,FL 320604980	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301234-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090157 CLAIM NUMBER : 019800000093 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1998 DATE PROOF FILED : 07/23/1998	INSURED : KRYSTAL CLAIMANT : KRYSTAL 1660 PRUDENTIAL DR JACKSONVILLE,FL 322078197	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301234-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100090157 CLAIM NUMBER : 019800000093 INS/CLMT STATE : FL DATE OF LOSS : 01/16/1998 DATE PROOF FILED : 10/06/1998	INSURED : KRYSTAL CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$27.87 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301236-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100086206 CLAIM NUMBER : 019700002730 INS/CLMT STATE : FL DATE OF LOSS : 12/03/1997 DATE PROOF FILED : 10/06/1998	INSURED : BAY COUNTY COUNCIL ON AGING INC CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$591.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301238-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058871 CLAIM NUMBER : 019700001258 INS/CLMT STATE : FL DATE OF LOSS : 06/30/1997 DATE PROOF FILED : 09/04/1998	INSURED : REGISTER CONTRACTING CO. INC. CLAIMANT : REGISTER CONTRACTING CO. INC. 2116 W BEAVER ST JACKSONVILLE,FL 322097535	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301242-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100077778 CLAIM NUMBER : 019800000166 INS/CLMT STATE : FL DATE OF LOSS : 01/21/1998 DATE PROOF FILED : 03/01/1999	INSURED : MODULAR RESTAURANT FRANCHISE CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$364.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301243-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069181 CLAIM NUMBER : 019700001256 INS/CLMT STATE : FL DATE OF LOSS : 05/28/1997 DATE PROOF FILED : 04/24/1999	INSURED : ACE AUTO PARTS CLAIMANT : HAYES ERACLIDES JOHNS HALL GREENE & GELMAN LLP C BRADLEY HALL JR PO BOX 49137 SARASOTA,FL 342306137	AMOUNT CLAIMED : \$449.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301244-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002876 INS/CLMT STATE : FL DATE OF LOSS : 05/30/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301244-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002876 INS/CLMT STATE : FL DATE OF LOSS : 05/30/1997 DATE PROOF FILED : 09/02/1998	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : HAYES ERACLIDES JOHNS HALL GREENE & GELMAN LLP PO BOX 18165 TAMPA,FL 336798165	AMOUNT CLAIMED : \$2,400.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301245-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065958 CLAIM NUMBER : 019700002513 INS/CLMT STATE : FL DATE OF LOSS : 11/11/1997 DATE PROOF FILED : 07/29/1998	INSURED : NCR/WEST COAST INSULATION CO. CLAIMANT : WALTER THOMAS 2251 MAPLE AVE FORT MYERS,FL 339019548	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$36,729.98 AMOUNT GUARANTY PAID : \$36,729.98 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301250-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : 019700002177 INS/CLMT STATE : FL DATE OF LOSS : 10/06/1997 DATE PROOF FILED : 07/21/1998	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : PRO-FRAME CONTRACTING, INC. 2101 NW 33RD ST STE 200-A POMPANO BEACH,FL 330691068	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301250-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : 019700002177 INS/CLMT STATE : FL DATE OF LOSS : 10/06/1997 DATE PROOF FILED : 03/01/1999	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$575.40 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301251-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058482 CLAIM NUMBER : 019700001633 INS/CLMT STATE : FL DATE OF LOSS : 02/01/1997 DATE PROOF FILED : 09/14/1998	INSURED : SOUTHEASTERN REFRACTORIES, INC CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$2,148.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301251-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058482 CLAIM NUMBER : 019700001633 INS/CLMT STATE : FL DATE OF LOSS : 02/01/1997 DATE PROOF FILED : 12/08/1998	INSURED : SOUTHEASTERN REFRACTORIES, INC CLAIMANT : INMAN PROFESSIONAL CONSULTANTS 1511 BELLEAU WOODS DR TALLAHASSEE,FL 323123411	AMOUNT CLAIMED : \$656.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301252-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200032201 CLAIM NUMBER : 931972 INS/CLMT STATE : FL DATE OF LOSS : 07/28/1993 DATE PROOF FILED : 09/01/1998	INSURED : HILCOAST DEVELOPMENT CORP. ETA CLAIMANT : HILCOAST DEVELOPMENT CORP. ETA 100 CENTURY BLVD WEST PALM BEACH,FL 334172262	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301252-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200032201 CLAIM NUMBER : 931972 INS/CLMT STATE : FL DATE OF LOSS : 07/28/1993 DATE PROOF FILED : 10/06/1998	INSURED : HILCOAST DEVELOPMENT CORP. ETA CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301252-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200032201 CLAIM NUMBER : 931972 INS/CLMT STATE : FL DATE OF LOSS : 07/28/1993 DATE PROOF FILED : 12/14/1998	INSURED : HILCOAST DEVELOPMENT CORP. ETA CLAIMANT : BECKMAN MEDICAL MANAGEMENT PO BOX 432793 MIAMI,FL 332432793	AMOUNT CLAIMED : \$233.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301253-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200066101 CLAIM NUMBER : 969403 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1996 DATE PROOF FILED : 09/14/1998	INSURED : M.K.O., INC. CLAIMANT : INVESTIGATION SPECIALISTS INC 4111 METRIC DRIVE STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1,239.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301253-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200066101 CLAIM NUMBER : 969403 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1996 DATE PROOF FILED : 10/06/1998	INSURED : M.K.O., INC. CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301254-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200401201 CLAIM NUMBER : 969884 INS/CLMT STATE : DATE OF LOSS : 10/22/1996 DATE PROOF FILED : 07/20/1998	INSURED : CLAIMANT : GLENDA D KENNINGTON 7511 HENDERSON SMITH ROAD MILTON,FL 325708602	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$98,450.74 AMOUNT GUARANTY PAID : \$98,450.74 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301256-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051967 CLAIM NUMBER : 019700000212 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1997 DATE PROOF FILED : 08/10/1998	INSURED : LA VIELLE MAISON CLAIMANT : MARIANIE LUMA 1710 N CYPRESS RD POMPANO BEACH,FL 330605246	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$138,795.30 AMOUNT GUARANTY PAID : \$138,795.30 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301256-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100051967 CLAIM NUMBER : 019700000212 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1997 DATE PROOF FILED : 10/06/1998	INSURED : LA VIELLE MAISON CLAIMANT : CCMC 402 SOUTH CENTRAL AVE OVIEDO,FL 327659032	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301257-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001904 INS/CLMT STATE : FL DATE OF LOSS : 09/04/1997 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 34995	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301261-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 955678 INS/CLMT STATE : FL DATE OF LOSS : 05/09/1995 DATE PROOF FILED : 11/12/1998	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO., FLORID 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301262-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100063065 CLAIM NUMBER : 019700001617 INS/CLMT STATE : FL DATE OF LOSS : 08/13/1997 DATE PROOF FILED : 10/06/1998	INSURED : SOUTHERN CONCRETE REPAIR CLAIMANT : SCHUTT HUMPHRIES & BECKER ATTYS AT LAW N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$200.12 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301263-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200116201 CLAIM NUMBER : 957749 INS/CLMT STATE : FL DATE OF LOSS : 12/04/1995 DATE PROOF FILED : 09/01/1998	INSURED : HACIENDA GIRLS RANCH, INC. CLAIMANT : JODY GARGIULO 1050 ELDRON BLVD SE PALM BAY,FL 329094711	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301264-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002748 INS/CLMT STATE : FL DATE OF LOSS : 12/17/1997 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301265-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200104702 CLAIM NUMBER : 967870 INS/CLMT STATE : FL DATE OF LOSS : 02/15/1996 DATE PROOF FILED : 09/17/1998	INSURED : BESTWAY REFRIGERATED SERVICE, CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$314.78 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301265-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200104702 CLAIM NUMBER : 967870 INS/CLMT STATE : FL DATE OF LOSS : 02/15/1996 DATE PROOF FILED : 09/21/1998	INSURED : BESTWAY REFRIGERATED SERVICE, CLAIMANT : DONNA C HURTAQ ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301267-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065834 CLAIM NUMBER : 019700002596 INS/CLMT STATE : FL DATE OF LOSS : 11/17/1997 DATE PROOF FILED : 08/12/1998	INSURED : ADMINISTRATIVE CONCEPTS, INC. CLAIMANT : DAN COLLINS 20315 DANUBE AVE PORT CHARLOTTE,FL 339521203	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$240,274.26 AMOUNT GUARANTY PAID : \$240,274.26 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301268-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200017001 CLAIM NUMBER : 956701 INS/CLMT STATE : FL DATE OF LOSS : 09/06/1995 DATE PROOF FILED : 07/22/1998	INSURED : FLORIDA EQUIPMENT SALES, INC. CLAIMANT : MARVIN L BLACK 317 OTTER RUN DR FERNANDINA BEACH,FL 320347079	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301270-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200058501 CLAIM NUMBER : 957267 INS/CLMT STATE : FL DATE OF LOSS : 11/06/1995 DATE PROOF FILED : 07/20/1998	INSURED : THERMA-SEAL ROOFS, INC. CLAIMANT : THERMA-SEAL ROOFS, INC. 1333-53 RD STREET WEST PALM BEACH,FL 334072347	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301270-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200058501 CLAIM NUMBER : 957267 INS/CLMT STATE : FL DATE OF LOSS : 11/06/1995 DATE PROOF FILED : 08/12/1998	INSURED : THERMA-SEAL ROOFS, INC. CLAIMANT : TOM HITCHCOCK 3229 SE CYPRESS ST STUART,FL 349977818	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$45,832.18 AMOUNT GUARANTY PAID : \$45,832.18 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301271-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200202701 CLAIM NUMBER : 957580 INS/CLMT STATE : FL DATE OF LOSS : 11/24/1995 DATE PROOF FILED : 09/16/1998	INSURED : PARK 'N VIEW, INC. CLAIMANT : PARK 'N VIEW, INC. 11711 NW 39TH ST CORAL SPRINGS,FL 330652511	AMOUNT CLAIMED : \$117,502.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301272-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100091445 CLAIM NUMBER : 019800000802 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1998 DATE PROOF FILED : 07/22/1998	INSURED : SUNCOAST ROOFERS SUPPLY CLAIMANT : WILLIAM DOWNS 2070 62ND ST N APT 1412 CLEARWATER,FL 337601828	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$21,163.52 AMOUNT GUARANTY PAID : \$21,163.52 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301273-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200210302 CLAIM NUMBER : 968188 INS/CLMT STATE : FL DATE OF LOSS : 04/01/1996 DATE PROOF FILED : 09/17/1998	INSURED : BOYNTON BANANA BOAT, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$276.78 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301274-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 019700000580 INS/CLMT STATE : FL DATE OF LOSS : 04/04/1997 DATE PROOF FILED : 07/30/1998	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : FRENCH'S AIR COND. INC. 3818 N 40TH ST TAMPA,FL 336108015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301277-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200137501 CLAIM NUMBER : 955949 INS/CLMT STATE : FL DATE OF LOSS : 06/05/1995 DATE PROOF FILED : 07/20/1998	INSURED : ARTISAN TILE & MARBLE CLAIMANT : ARTISAN TILE & MARBLE 206 N OLD DI JUPITER,FL 334584911	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301277-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200137501 CLAIM NUMBER : 955949 INS/CLMT STATE : FL DATE OF LOSS : 06/05/1995 DATE PROOF FILED : 07/24/1998	INSURED : ARTISAN TILE & MARBLE CLAIMANT : CHARLES HEADDEN 458 NE CAMELOT DR PORT SAINT LUCIE,FL 349831746	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$227,528.42 AMOUNT GUARANTY PAID : \$227,528.42 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301281-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085725 CLAIM NUMBER : 019800000848 INS/CLMT STATE : FL DATE OF LOSS : 04/30/1998 DATE PROOF FILED : 07/21/1998	INSURED : V&M ERECTORS INC CLAIMANT : V & M ERECTORS 9806 PINES BLVD PEMBROKE PINES,FL 330246141	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301282-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077056 CLAIM NUMBER : 019700002946 INS/CLMT STATE : FL DATE OF LOSS : 09/17/1997 DATE PROOF FILED : 07/20/1998	INSURED : CAPITAL PETROLEUM CLAIMANT : CAPITAL PETROLEUM 609 TALLEYRAND AVE JACKSONVILLE,FL 322021043	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301284-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068295 CLAIM NUMBER : 019700002746 INS/CLMT STATE : FL DATE OF LOSS : 12/09/1997 DATE PROOF FILED : 07/31/1998	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : FLAGLER COUNTY COA COMMUNITY 1000 BELLE TERRE BLVD PALM COAST,FL 321645238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301284-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068295 CLAIM NUMBER : 019700002746 INS/CLMT STATE : FL DATE OF LOSS : 12/09/1997 DATE PROOF FILED : 07/21/1998	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : PAUL ALEXANDER 7 CHIPPEWAY CT PALM COAST,FL 321378934	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$78,534.38 AMOUNT GUARANTY PAID : \$78,534.38 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301286-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000854 INS/CLMT STATE : FL DATE OF LOSS : 04/27/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING 172 OLD HIGHWAY 98 DESTIN,FL 325414940	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301292-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 955951 INS/CLMT STATE : FL DATE OF LOSS : 05/09/1995 DATE PROOF FILED : 07/31/1998	INSURED : S.I. NICHOLAS, INC. CLAIMANT : S.I. NICHOLAS, INC. 1600 S FEDERAL HWY STE 811 POMPANO BEACH,FL 330627500	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301292-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 955951 INS/CLMT STATE : FL DATE OF LOSS : 05/09/1995 DATE PROOF FILED : 09/17/1998	INSURED : S.I. NICHOLAS, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$478.21 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301292-5 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 955951 INS/CLMT STATE : FL DATE OF LOSS : 05/09/1995 DATE PROOF FILED : 11/19/1998	INSURED : S.I. NICHOLAS, INC. CLAIMANT : ANTHONY S BEISLER III 1001 NE 26TH ST FT LAUDERDALE,FL 33305	AMOUNT CLAIMED : \$350.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301295-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200049501 CLAIM NUMBER : 968722 INS/CLMT STATE : FL DATE OF LOSS : 06/18/1996 DATE PROOF FILED : 04/08/1999	INSURED : INDUSTRIAL STEEL, INC. CLAIMANT : INDUSTRIAL STEEL INC PO BOX 346 MIMS,FL 327540346	AMOUNT CLAIMED : \$252.91 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301295-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200049501 CLAIM NUMBER : 968722 INS/CLMT STATE : FL DATE OF LOSS : 06/18/1996 DATE PROOF FILED : 04/08/1999	INSURED : INDUSTRIAL STEEL, INC. CLAIMANT : ROYCE M MORRISON 2771 PINE RIDGE DR TITUSVILLE,FL 327804339	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$89,076.91 AMOUNT GUARANTY PAID : \$89,076.91 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301295-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200049501 CLAIM NUMBER : 968722 INS/CLMT STATE : FL DATE OF LOSS : 06/18/1996 DATE PROOF FILED : 09/17/1998	INSURED : INDUSTRIAL STEEL, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$1,881.22 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301296-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042006027 CLAIM NUMBER : 019700001921 INS/CLMT STATE : FL DATE OF LOSS : 09/11/1997 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20TH AVE FORT LAUDERDALE,FL 333043035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301297-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019800000523 INS/CLMT STATE : FL DATE OF LOSS : 03/03/1998 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20TH AVE FORT LAUDERDALE,FL 333043035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301298-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089794 CLAIM NUMBER : 019800000237 INS/CLMT STATE : FL DATE OF LOSS : 02/04/1998 DATE PROOF FILED : 07/20/1998	INSURED : VIC'S PAINTING, INC. CLAIMANT : VIC'S PAINTING, INC. 5420 DIVISION DR FORT MYERS,FL 339055010	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301298-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100089794 CLAIM NUMBER : 019800000237 INS/CLMT STATE : FL DATE OF LOSS : 02/04/1998 DATE PROOF FILED : 10/06/1998	INSURED : VIC'S PAINTING, INC. CLAIMANT : AMERISYS INC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$938.50 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301300-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000785410 CLAIM NUMBER : 019800000845 INS/CLMT STATE : FL DATE OF LOSS : 01/19/1998 DATE PROOF FILED : 09/09/1998	INSURED : DKL CONSTRUCTION INC CLAIMANT : DANIEL BUSH RR 04 4 BOX 1302 PALATKA,FL 321779368	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$358,558.96 AMOUNT GUARANTY PAID : \$358,558.96 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301306-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072908 CLAIM NUMBER : 019800000843 INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/09/1998	INSURED : ADVENTURE BAY EARLY LEARNING CENTER CLAIMANT : ADVENTURE BAY EARLY LEARNING CENTER 11408 WOODCHUCK DR BOCA RATON,FL 33428	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301312-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000760210 CLAIM NUMBER : 019800000832 INS/CLMT STATE : FL DATE OF LOSS : 04/28/1998 DATE PROOF FILED : 07/20/1998	INSURED : STAFFING PROFESSIONALS, INC. CLAIMANT : STAFFING PROFESSIONALS 5881 WHITFIELD AVE SARASOTA,FL 342433125	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301314-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090644 CLAIM NUMBER : 019800000836 INS/CLMT STATE : FL DATE OF LOSS : 04/17/1998 DATE PROOF FILED : 08/14/1998	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : WYNNE BLDG CORP 12804 SW 122 AVE MIAMI,FL 33186	AMOUNT CLAIMED : \$23,996.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301315-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019800000839 INS/CLMT STATE : FL DATE OF LOSS : 03/19/1998 DATE PROOF FILED : 08/17/1998	INSURED : KFC CLAIMANT : KFC PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301316-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060593 CLAIM NUMBER : 019700001433 INS/CLMT STATE : FL DATE OF LOSS : 07/23/1997 DATE PROOF FILED : 07/24/1998	INSURED : ALPHA PERSONNEL CLAIMANT : MARSHA REEVES 3010 4TH AVE N SAINT PETERSBURG,FL 337137711	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$7,500.00 AMOUNT GUARANTY PAID : \$7,500.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301316-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060593 CLAIM NUMBER : 019700001433 INS/CLMT STATE : FL DATE OF LOSS : 07/23/1997 DATE PROOF FILED : 09/04/1998	INSURED : ALPHA PERSONNEL CLAIMANT : RIDEN EARLE & KIEFNER PA 100 2ND AVE SOUTH, STE. 400 NO ST. PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$177.96 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301317-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067494 CLAIM NUMBER : 019700001158 INS/CLMT STATE : FL DATE OF LOSS : 04/20/1997 DATE PROOF FILED : 08/21/1998	INSURED : DOUGLASS FERTILIZER & CHEMICAL CLAIMANT : BILLY STEVERSON PO BOX 712 UMATILLA,FL 327840712	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$338,311.18 AMOUNT GUARANTY PAID : \$338,311.18 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301319-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053207 CLAIM NUMBER : 019700000263 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1997 DATE PROOF FILED : 07/23/1998	INSURED : G & S CONTRACTORS,INC. CLAIMANT : G & S CONTRACTORS, INC. 1427 AORORA ROAD PO BOX 360451 MELBOURNE,FL 329360451	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301319-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053207 CLAIM NUMBER : 019700000263 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1997 DATE PROOF FILED : 03/01/1999	INSURED : G & S CONTRACTORS,INC. CLAIMANT : DANIELSON CLARKE PUMPIAN & FORD PA PO BOX 6158 WEST PALM BEACH,FL 334056158	AMOUNT CLAIMED : \$72.90 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301320-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063983 CLAIM NUMBER : 019700002210 INS/CLMT STATE : FL DATE OF LOSS : 10/10/1997 DATE PROOF FILED : 07/20/1998	INSURED : BOLD CITY CONSTRUCTION CLAIMANT : FRANK PERROTTA 7430 NECTAR LN KEYSTONE HEIGHTS,FL 326567726	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$156,263.71 AMOUNT GUARANTY PAID : \$156,263.71 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301321-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064004 CLAIM NUMBER : 019700000657 INS/CLMT STATE : FL DATE OF LOSS : 04/17/1997 DATE PROOF FILED : 07/20/1998	INSURED : BILLIE SELF CONTRACTOR CLAIMANT : IRA SELF 4460 KENNEDY CT JACKSONVILLE,FL 322077429	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$50,340.13 AMOUNT GUARANTY PAID : \$50,340.13 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301321-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100064004 CLAIM NUMBER : 019700000657 INS/CLMT STATE : FL DATE OF LOSS : 04/17/1997 DATE PROOF FILED : 10/06/1998	INSURED : BILLIE SELF CONTRACTOR CLAIMANT : N MARK BECKER PA 6015 CHESTER CIR STE 210 JACKSONVILLE,FL 322172273	AMOUNT CLAIMED : \$245.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301322-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200010801 CLAIM NUMBER : 920042 INS/CLMT STATE : FL DATE OF LOSS : 01/10/1992 DATE PROOF FILED : 07/21/1998	INSURED : GRIFFIS GAS INC. U.S. PROPANE CLAIMANT : THOMAS LEWIS 12919 SW ARCHER LN ARCHER,FL 326185919	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$113,091.81 AMOUNT GUARANTY PAID : \$113,091.81 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301323-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100056528 CLAIM NUMBER : 019700002347 INS/CLMT STATE : FL DATE OF LOSS : 10/13/1997 DATE PROOF FILED : 10/28/1998	INSURED : GOLDEN YEARS SALON SERVICES, I CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$725.18 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301324-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 019700002009 INS/CLMT STATE : FL DATE OF LOSS : 09/04/1997 DATE PROOF FILED : 07/30/1998	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : FRENCH'S AIR COND. INC. 3818 N 40TH ST TAMPA,FL 336108015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301325-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200157501 CLAIM NUMBER : 957530 INS/CLMT STATE : FL DATE OF LOSS : 12/19/1995 DATE PROOF FILED : 07/16/1998	INSURED : A. LEVITAN MGMT. CORP. CLAIMANT : REYNA FIGUEROA 1346 SE ELYTON CT PORT SAINT LUCIE,FL 349527602	AMOUNT CLAIMED : \$1,500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301328-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002268 INS/CLMT STATE : FL DATE OF LOSS : 10/18/1997 DATE PROOF FILED : 08/13/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE STE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301328-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002268 INS/CLMT STATE : FL DATE OF LOSS : 10/18/1997 DATE PROOF FILED : 01/25/1999	INSURED : LABOR RITE CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$481.22 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301330-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053125 CLAIM NUMBER : 019700000820 INS/CLMT STATE : FL DATE OF LOSS : 04/28/1997 DATE PROOF FILED : 07/30/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : DAVIS BROTHERS CONSTRUCTION CO 161 NW 4TH ST BOCA RATON,FL 334323832	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301332-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069512 CLAIM NUMBER : 019800000613 INS/CLMT STATE : FL DATE OF LOSS : 03/24/1998 DATE PROOF FILED : 07/20/1998	INSURED : TEMPORARY LABOR CLAIMANT : THOMAS MADDREY 433 SILVER BEACH AVENUE,SUITE 102,FL 321145264	AMOUNT CLAIMED : \$15,000.00 AMOUNT RECOMMENDED : \$8,947.85 AMOUNT GUARANTY PAID : \$8,947.85 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301336-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000628210 CLAIM NUMBER : 019700001187 INS/CLMT STATE : FL DATE OF LOSS : 06/20/1997 DATE PROOF FILED : 07/20/1998	INSURED : FILM TECHNOLOGIES INTERNATION CLAIMANT : FILM TECHNOLOGIES INTERNATION 2544 TERMINAL DR S SAINT PETERSBURG,FL 337121669	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301337-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200131601 CLAIM NUMBER : 956469 INS/CLMT STATE : FL DATE OF LOSS : 08/13/1995 DATE PROOF FILED : 11/18/1998	INSURED : UNIVERSAL AVIATION SERVICES, I CLAIMANT : ALVARO TABORDA 6485 W 24TH AVE HIALEAH,FL 33016	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$27,315.10 AMOUNT GUARANTY PAID : \$27,315.10 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301339-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060982 CLAIM NUMBER : 019700002284 INS/CLMT STATE : FL DATE OF LOSS : 07/01/1997 DATE PROOF FILED : 07/31/1998	INSURED : A & R STUCCO, INC. CLAIMANT : JOSE RODRIGUEZ 2615 UNIVERSAL RASKIN,FL 33570	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$39,167.06 AMOUNT GUARANTY PAID : \$39,167.06 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301339-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060982 CLAIM NUMBER : 019700002284 INS/CLMT STATE : FL DATE OF LOSS : 07/01/1997 DATE PROOF FILED : 09/14/1998	INSURED : A & R STUCCO, INC. CLAIMANT : HAYES ERACLIDES HALL & GREENE LLP PO BOX 18165 TAMPA,FL 336798165	AMOUNT CLAIMED : \$874.48 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301341-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002886 INS/CLMT STATE : FL DATE OF LOSS : 12/03/1997 DATE PROOF FILED : 08/13/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE STE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301341-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002886 INS/CLMT STATE : FL DATE OF LOSS : 12/03/1997 DATE PROOF FILED : 09/17/1998	INSURED : LABOR RITE CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$381.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301348-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 01000639710 CLAIM NUMBER : 019700000681 INS/CLMT STATE : FL DATE OF LOSS : 04/19/1997 DATE PROOF FILED : 10/06/1998	INSURED : CHASON CONSTRUCTION CLAIMANT : SCHUTT HUMPHRIES & BECKER ATTYS AT LAW N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$959.90 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301349-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100061336 CLAIM NUMBER : 019700002285 INS/CLMT STATE : FL DATE OF LOSS : 10/09/1997 DATE PROOF FILED : 11/01/1998	INSURED : GRASSHOPPERS LANDSCAPING & DES CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$1,398.57 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301350-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100087343 CLAIM NUMBER : 019800000868 INS/CLMT STATE : FL DATE OF LOSS : 04/22/1998 DATE PROOF FILED : 08/26/1998	INSURED : 3 D TECH DESIGN CLAIMANT : 3 D TECH DESIGN 14162 SW 139TH CT MIAMI,FL 331865545	AMOUNT CLAIMED : \$828.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301351-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100073783 CLAIM NUMBER : 019800000867 INS/CLMT STATE : FL DATE OF LOSS : 04/17/1998 DATE PROOF FILED : 07/20/1998	INSURED : CASUAL DRIVER LEASING INC CLAIMANT : CASUAL DRIVER LEASING INC 1706 HWY 301 THONOTOSASSA,FL 335921603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301351-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100073783 CLAIM NUMBER : 019800000867 INS/CLMT STATE : FL DATE OF LOSS : 04/17/1998 DATE PROOF FILED : 07/20/1998	INSURED : CASUAL DRIVER LEASING INC CLAIMANT : WALTER HARRISON 117 N MONTCLAIR AVE BRANDON,FL 335104622	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$49,552.03 AMOUNT GUARANTY PAID : \$49,552.03 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301352-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088771 CLAIM NUMBER : 019800000866 INS/CLMT STATE : FL DATE OF LOSS : 04/23/1998 DATE PROOF FILED : 07/27/1998	INSURED : ASHCO ENTERPRISES METRO SERVICES CLAIMANT : ASHCO ENTERPRISES 571 W CHURCH ST ORLANDO,FL 32805	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301356-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071038 CLAIM NUMBER : 019800000862 INS/CLMT STATE : FL DATE OF LOSS : 04/20/1998 DATE PROOF FILED : 07/29/1998	INSURED : CASUAL LINE CORPORATION CLAIMANT : CASUAL LINE CORP 1065 E STORY RD WINTER GARDEN,FL 34787	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301357-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000091445 CLAIM NUMBER : 019800000861 INS/CLMT STATE : FL DATE OF LOSS : 03/11/1998 DATE PROOF FILED : 07/22/1998	INSURED : SUNCOAST ROOFERS SUPPLY CLAIMANT : WILLIAM ANDERSON 6314 S HAROLD AVE # B TAMPA,FL 336162613	AMOUNT CLAIMED : \$500.00 AMOUNT RECOMMENDED : \$614.97 AMOUNT GUARANTY PAID : \$614.97 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301358-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077098 CLAIM NUMBER : 019800000860 INS/CLMT STATE : FL DATE OF LOSS : 04/22/1998 DATE PROOF FILED : 07/28/1998	INSURED : BAYCO DEVELOPMENT CO., INC. CLAIMANT : BAYCO DEVELOPMENT 1405 HICKORY AVE PANAMA CITY,FL 32401	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301359-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088882 CLAIM NUMBER : 019800000859 INS/CLMT STATE : FL DATE OF LOSS : 04/22/1998 DATE PROOF FILED : 08/03/1998	INSURED : KELLY BROTHERS, INC. CLAIMANT : KELLY BROTHERS 15775 PINE RIDGE RD FORT MYERS,FL 339082632	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301361-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 019800000857 INS/CLMT STATE : FL DATE OF LOSS : 04/18/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301362-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100093534 CLAIM NUMBER : 019800000856 INS/CLMT STATE : FL DATE OF LOSS : 04/04/1998 DATE PROOF FILED : 10/12/1998	INSURED : MCLEOD RENTALS INC CLAIMANT : MCLEOD RENTALS INC P O BOX 608047 ORLANDO,FL 328608047	AMOUNT CLAIMED : \$1,200.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301362-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100093534 CLAIM NUMBER : 019800000856 INS/CLMT STATE : FL DATE OF LOSS : 04/04/1998 DATE PROOF FILED : 10/07/1998	INSURED : MCLEOD RENTALS INC CLAIMANT : BRIAN DULSKY PO BOX 366 SORRENTO,FL 327760366	AMOUNT CLAIMED : \$500.00 AMOUNT RECOMMENDED : \$995.50 AMOUNT GUARANTY PAID : \$995.50 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301371-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071443 CLAIM NUMBER : 019800000870 INS/CLMT STATE : FL DATE OF LOSS : 04/27/1998 DATE PROOF FILED : 07/21/1998	INSURED : SOUTHWEST FLORIDA ADDICTION CLAIMANT : SOUTHWEST FL ADDICTIONS SERVICES 2101 MCGREGOR BLVD FORT MYERS,FL 339013411	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301373-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 010007198 CLAIM NUMBER : 019800000873 INS/CLMT STATE : FL DATE OF LOSS : 04/25/1998 DATE PROOF FILED : 08/21/1998	INSURED : AMAN PLUMBING CLAIMANT : AMAN PLUMBING 230 US HWY 301 #5 RIVERVIEW,FL 33569	AMOUNT CLAIMED : \$222.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301375-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090755 CLAIM NUMBER : 019800000885 INS/CLMT STATE : FL DATE OF LOSS : 04/20/1998 DATE PROOF FILED : 07/20/1998	INSURED : SUPREME AUTO CLAIMANT : SUPREME AUTO 938 4TH AVE N NAPLES,FL 341025815	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301379-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100080926 CLAIM NUMBER : 019800000881 INS/CLMT STATE : FL DATE OF LOSS : 04/10/1998 DATE PROOF FILED : 04/23/1999	INSURED : A DIVISION OF ASSO OPTEK CLAIMANT : A DIVISION OF ASSO OPTEK 6828 38TH ST PINELLAS PARK,FL 337816118	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301379-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100080926 CLAIM NUMBER : 019800000881 INS/CLMT STATE : FL DATE OF LOSS : 04/10/1998 DATE PROOF FILED : 03/12/1999	INSURED : A DIVISION OF ASSO OPTEK CLAIMANT : DONALD M LUDWICK 4820 TAYLOR ST N SAINT PETERSBURG,FL 337143250	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$657,040.25 AMOUNT GUARANTY PAID : \$660,722.25 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301390-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089458 CLAIM NUMBER : 019800000898 INS/CLMT STATE : FL DATE OF LOSS : 04/23/1998 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES P O BOX 210243 ROYAL PALM BEACH,FL 334210243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301390-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089458 CLAIM NUMBER : 019800000898 INS/CLMT STATE : FL DATE OF LOSS : 04/23/1998 DATE PROOF FILED : 08/12/1998	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : RICHARD OLVERI 3121 NW 47TH TER LAUDERDALE LAKES,FL 333196618	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$12,406.66 AMOUNT GUARANTY PAID : \$12,406.66 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301397-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068557 CLAIM NUMBER : 019800000903 INS/CLMT STATE : FL DATE OF LOSS : 04/23/1998 DATE PROOF FILED : 07/19/1998	INSURED : W.H. PALMER, INC. CLAIMANT : W H PALMER COMPANY 11251 YOUNG RD JACKSONVILLE,FL 322181543	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301402-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072908 CLAIM NUMBER : 019800000907 INS/CLMT STATE : FL DATE OF LOSS : 05/05/1998 DATE PROOF FILED : 09/09/1998	INSURED : ADVENTURE BAY EARLY LEARNING CENTER CLAIMANT : ALBA KARADUMAN 4140 NW 5TH DR DEERFIELD BEACH,FL 334427303	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$91.18 AMOUNT GUARANTY PAID : \$91.18 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301404-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000816910 CLAIM NUMBER : 019800000908 INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 07/10/1998	INSURED : U. S. BUSINESS SERVICES INC. CLAIMANT : U.S. BUSINESS SERVICES INC 251 SE WALSH TERRACE PORT ST LUCIE,FL 349575319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301404-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000816910 CLAIM NUMBER : 019800000908 INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 07/10/1998	INSURED : U. S. BUSINESS SERVICES INC. CLAIMANT : DONALD R. BECK 261 SE WALSH TER PORT SAINT LUCIE,FL 349833764	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$9,824.69 AMOUNT GUARANTY PAID : \$9,824.69 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301408-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086219 CLAIM NUMBER : 019800000913 INS/CLMT STATE : FL DATE OF LOSS : 04/28/1998 DATE PROOF FILED : 07/20/1998	INSURED : BALLET FLORIDA, INC. CLAIMANT : CHRISTINA HAMPTON 4823 VIA PALM LKS APT 1302 WEST PALM BEACH,FL 334171262	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$2,390.08 AMOUNT GUARANTY PAID : \$2,390.08 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301409-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071607 CLAIM NUMBER : 019800000914 INS/CLMT STATE : FL DATE OF LOSS : 04/28/1998 DATE PROOF FILED : 07/20/1998	INSURED : LAMAR LONG, INC. CLAIMANT : LAMAR LONG INC 6141 CHESTER AVE JACKSONVILLE,FL 322172244	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301413-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100084051 CLAIM NUMBER : 019800000918 INS/CLMT STATE : FL DATE OF LOSS : 05/04/1998 DATE PROOF FILED : 07/21/1998	INSURED : ORTEGA INDUSTRIAL CONTR. CLAIMANT : ORTEGA INDUSTRIAL CONTR. 6415 GREENLAND RD JACKSONVILLE,FL 322582409	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301417-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100084855 CLAIM NUMBER : 019800000922 INS/CLMT STATE : FL DATE OF LOSS : 05/07/1998 DATE PROOF FILED : 07/22/1998	INSURED : H & J ELECTRONICS CLAIMANT : H & J ELECTRONICS 2700 W. CYPRESS CREEK D120 FORT LAUDERDALE,FL 333091718	AMOUNT CLAIMED : \$1,716.25 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301418-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000923 INS/CLMT STATE : FL DATE OF LOSS : 05/11/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING PO BOX 1266 BIRMINGHAM,AL 352011266	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301419-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074293 CLAIM NUMBER : 019800000924 INS/CLMT STATE : FL DATE OF LOSS : 05/12/1998 DATE PROOF FILED : 07/21/1998	INSURED : APOGEE PERSONNEL CLAIMANT : APOGEE PERSONNEL 8900 SW 107TH AVE MIAMI,FL 331761412	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301423-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200082001 CLAIM NUMBER : 942743 INS/CLMT STATE : FL DATE OF LOSS : 01/04/1994 DATE PROOF FILED : 09/04/1998	INSURED : TARIFF CONSULTANTS, INC. CLAIMANT : RIDEN EARLE & KIEFNER PA 100 2ND AVE SOUTH,STE. 400 N ST PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$593.93 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301432-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086679 CLAIM NUMBER : 019800000935 INS/CLMT STATE : FL DATE OF LOSS : 05/13/1998 DATE PROOF FILED : 07/10/1998	INSURED : TRI COUNTY COMMUNITY COUNCIL INC CLAIMANT : TRI COUNTY COMMUNITY COUNCIL 811 S 4TH ST DEFUNIAK,FL 324252223	AMOUNT CLAIMED : \$289.33 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301434-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069681 CLAIM NUMBER : 019800000937 INS/CLMT STATE : FL DATE OF LOSS : 05/11/1998 DATE PROOF FILED : 08/03/1998	INSURED : MEDSHUTTLE, INC. CLAIMANT : MEDSHUTTLE INC PO BOX 6050 DAYTONA BEACH,FL 321226050	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301435-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019800000938 INS/CLMT STATE : FL DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 04/28/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER INC 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301436-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000939 INS/CLMT STATE : FL DATE OF LOSS : 05/12/1998 DATE PROOF FILED : 07/31/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD 8117 BAJA BLVD ORLANDO,FL 32817	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301436-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000939 INS/CLMT STATE : FL DATE OF LOSS : 05/12/1998 DATE PROOF FILED : 07/15/1998	INSURED : MCINERNEY FORD CLAIMANT : RONALD RUTLAND 8117 BAJA BLVD ORLANDO,FL 328172478	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$1,187.96 AMOUNT GUARANTY PAID : \$1,187.96 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301437-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 010007679 CLAIM NUMBER : 019800000940 INS/CLMT STATE : FL DATE OF LOSS : 05/10/1998 DATE PROOF FILED : 07/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE INC 837 NE 20TH AVE FORT LAUDERDALE,FL 333043035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301437-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 010007679 CLAIM NUMBER : 019800000940 INS/CLMT STATE : FL DATE OF LOSS : 05/10/1998 DATE PROOF FILED : 07/27/1998	INSURED : NURSE CARE, INC. CLAIMANT : VIOLET MCBEAM 3670 NW 39TH ST LAUDERDALE LAKES,FL 333094818	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$60,982.42 AMOUNT GUARANTY PAID : \$60,982.42 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301441-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 019800000944 INS/CLMT STATE : FL DATE OF LOSS : 05/07/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301442-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100093092 CLAIM NUMBER : 019800000945 INS/CLMT STATE : FL DATE OF LOSS : 05/04/1998 DATE PROOF FILED : 07/24/1998	INSURED : KISSIMMEE EXPRESS CLAIMANT : KISSIMMEE EXPRESS 901 LAKE DESTINY RD MAITLAND,FL 32751	AMOUNT CLAIMED : \$63.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301442-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100093092 CLAIM NUMBER : 019800000945 INS/CLMT STATE : FL DATE OF LOSS : 05/04/1998 DATE PROOF FILED : 07/22/1998	INSURED : KISSIMMEE EXPRESS CLAIMANT : JAY GUCKIN 1743 LONGLEAF DR SAINT CLOUD,FL 347694942	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301446-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100087327 CLAIM NUMBER : 019800000949 INS/CLMT STATE : FL DATE OF LOSS : 05/13/1998 DATE PROOF FILED : 04/12/1999	INSURED : HIGHLAND AUTO CENTER, INC. CLAIMANT : ERIC H. GRICE 705 NW 133RD ST NORTH MIAMI,FL 331682822	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$2,906.72 AMOUNT GUARANTY PAID : \$2,906.72 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301457-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019800000960 INS/CLMT STATE : FL DATE OF LOSS : 05/16/1998 DATE PROOF FILED : 08/04/1998	INSURED : KFC CLAIMANT : FERBER & SONS KFC PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301459-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200047701 CLAIM NUMBER : 957211 INS/CLMT STATE : FL DATE OF LOSS : 05/15/1995 DATE PROOF FILED : 08/27/1998	INSURED : DAVCO ELECTRICAL CONTRACTORS C CLAIMANT : PATRICK G THURMOND CSR RPR 122 SOUTH COLLEGE SUITE 207 TYLER,TX 75702	AMOUNT CLAIMED : \$205.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301462-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059212 CLAIM NUMBER : 019700002948 INS/CLMT STATE : FL DATE OF LOSS : 07/11/1997 DATE PROOF FILED : 09/02/1998	INSURED : ACCUFORM MANUFACTURING, INC. CLAIMANT : ACCUFORM MFG. INC 14378 SPRING HILL DR BROOKSVILLE,FL 346098101	AMOUNT CLAIMED : \$20,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301464-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000962 INS/CLMT STATE : FL DATE OF LOSS : 05/14/1998 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD INC 2079 S KIRKMAN RD #152 ORLANDO,FL 32811	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301464-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000962 INS/CLMT STATE : FL DATE OF LOSS : 05/14/1998 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD CLAIMANT : GAIL GALLOWAY 2079 S KIRKMAN RD #152 ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$314.91 AMOUNT GUARANTY PAID : \$314.91 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301465-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000963 INS/CLMT STATE : FL DATE OF LOSS : 05/20/1998 DATE PROOF FILED : 07/20/1998	INSURED : MCINERNEY FORD CLAIMANT : KYLE B. HARTLIEF 1840 MEGANSER WAY ORLANDO,FL 32732	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$374.16 AMOUNT GUARANTY PAID : \$374.16 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301467-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002461 INS/CLMT STATE : FL DATE OF LOSS : 11/06/1997 DATE PROOF FILED : 08/10/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301468-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200048801 CLAIM NUMBER : 942980 INS/CLMT STATE : FL DATE OF LOSS : 02/18/1994 DATE PROOF FILED : 07/21/1998	INSURED : SHAW TRUCKING, INC. CLAIMANT : SHAW TRUCKING 3061 NW 17TH TER FORT LAUDERDALE,FL 333111585	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301469-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100078164 CLAIM NUMBER : 019800000964 INS/CLMT STATE : FL DATE OF LOSS : 05/20/1998 DATE PROOF FILED : 07/31/1998	INSURED : OKALOOSA ACADEMY CLAIMANT : MICHAEL BLIZZARD 8158 FOURTH ST LAUREL HILL,FL 32567	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$104.00 AMOUNT GUARANTY PAID : \$104.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301470-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068557 CLAIM NUMBER : 019800000965 INS/CLMT STATE : FL DATE OF LOSS : 05/09/1998 DATE PROOF FILED : 07/20/1998	INSURED : W.H. PALMER, INC. CLAIMANT : W. H. PALMER INC 11251 YOUNG RD JACKSONVILLE,FL 322181543	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301472-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061823 CLAIM NUMBER : 019800000967 INS/CLMT STATE : FL DATE OF LOSS : 05/18/1998 DATE PROOF FILED : 07/20/1998	INSURED : ARTISON TILE AND MARBLE CLAIMANT : ARTISON TILE AND MARBLE 206 N OLD DIKE JUPITER,FL 33458	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301472-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061823 CLAIM NUMBER : 019800000967 INS/CLMT STATE : FL DATE OF LOSS : 05/18/1998 DATE PROOF FILED : 07/20/1998	INSURED : ARTISON TILE AND MARBLE CLAIMANT : ARNOLD WARREN 101 FERN ST JUPITER,FL 334584911	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$37,097.40 AMOUNT GUARANTY PAID : \$37,097.40 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301474-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086362 CLAIM NUMBER : 019800000969 INS/CLMT STATE : FL DATE OF LOSS : 05/14/1998 DATE PROOF FILED : 07/20/1998	INSURED : GUSTIN COTHERN & TUCKER CLAIMANT : TIM J. KANE 121 HART ST NICEVILLE,FL 325781040	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$485.26 AMOUNT GUARANTY PAID : \$485.26 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301480-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094126 CLAIM NUMBER : 019800000974 INS/CLMT STATE : FL DATE OF LOSS : 05/23/1998 DATE PROOF FILED : 07/24/1998	INSURED : F. P. I. DETECTIVE CLAIMANT : F. P. I. DETECTIVE 1784 W 38TH PL HIALEAH,FL 330127072	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301484-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 13960091009 CLAIM NUMBER : 019700002949 INS/CLMT STATE : FL DATE OF LOSS : 10/23/1997 DATE PROOF FILED : 07/24/1998	INSURED : FPI DETECTIVE INC CLAIMANT : FPI DETECTIVE INC 1784 W 38TH PL HIALEAH,FL 330127072	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301485-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071443 CLAIM NUMBER : 019800000977 INS/CLMT STATE : FL DATE OF LOSS : 05/22/1998 DATE PROOF FILED : 07/21/1998	INSURED : SOUTHWEST FLORIDA ADDICTION CLAIMANT : S. W. ADDICTION SERVICES 2101 MCGREGOR BLVD FORT MYERS,FL 339013411	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301486-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000978 INS/CLMT STATE : FL DATE OF LOSS : 05/15/1998 DATE PROOF FILED : 12/28/1998	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : ROBERT MAXSON PO BOX 1266 BIRMINGHAM,AL 352011266	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301487-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200081001 CLAIM NUMBER : 943273 INS/CLMT STATE : FL DATE OF LOSS : 04/05/1994 DATE PROOF FILED : 07/20/1998	INSURED : SUNSHINE MATERIALS, INC. CLAIMANT : SUNSHINE MATERIALS, INC. 2461 GOLF TO LAKE INVERNESS,FL 34457	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301489-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063409 CLAIM NUMBER : 019800000491 INS/CLMT STATE : FL DATE OF LOSS : 03/06/1998 DATE PROOF FILED : 07/31/1998	INSURED : TEID ENDOCRINE CLAIMANT : RHODA HEINLICH 7460 SW 107TH AVE MIAMI,FL 331732983	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$4,320.06 AMOUNT GUARANTY PAID : \$4,320.06 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301490-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 010085447 CLAIM NUMBER : 019800000979 INS/CLMT STATE : FL DATE OF LOSS : 05/23/1998 DATE PROOF FILED : 07/29/1998	INSURED : KOON'S PONTIAC CLAIMANT : KOON'S PONTIAC 500 HOWARD ST W LIVE OAK,FL 320602209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301491-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000980 INS/CLMT STATE : FL DATE OF LOSS : 05/22/1998 DATE PROOF FILED : 07/31/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD 5839 CURRY FORD RD ORLANDO,FL 32822	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301492-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090435 CLAIM NUMBER : 019800000981 INS/CLMT STATE : FL DATE OF LOSS : 05/22/1998 DATE PROOF FILED : 07/23/1998	INSURED : NORTH BAY CONSTRUCTION CLAIMANT : GROVER D. KENT 7230 SHADY DR PANAMA CITY,FL 324045226	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301494-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100079838 CLAIM NUMBER : 019800000983 INS/CLMT STATE : FL DATE OF LOSS : 05/21/1998 DATE PROOF FILED : 07/21/1998	INSURED : ABS OF MIAMI, INC. CLAIMANT : ABS OF MIAMI, INC. 7172 NW 12TH ST MIAMI,FL 331261304	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301494-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100079838 CLAIM NUMBER : 019800000983 INS/CLMT STATE : FL DATE OF LOSS : 05/21/1998 DATE PROOF FILED : 07/24/1998	INSURED : ABS OF MIAMI, INC. CLAIMANT : CLINA R. CARRENO 550 SW 84TH AVE MIAMI,FL 331443530	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$3,772.86 AMOUNT GUARANTY PAID : \$3,772.86 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301497-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200139001 CLAIM NUMBER : 968594 INS/CLMT STATE : FL DATE OF LOSS : 05/27/1996 DATE PROOF FILED : 08/18/1998	INSURED : BOCA RATON JEWISH COMMUNITY DAY SCHOOL CLAIMANT : HILLEL COMM. DAY SCHOOL 6261 SW 18TH ST BOCA RATON,FL 334337146	AMOUNT CLAIMED : \$35,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301497-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200139001 CLAIM NUMBER : 968594 INS/CLMT STATE : FL DATE OF LOSS : 05/27/1996 DATE PROOF FILED : 11/01/1998	INSURED : BOCA RATON JEWISH COMMUNITY DAY SCHOOL CLAIMANT : M SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$44.63 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301497-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200139001 CLAIM NUMBER : 968594 INS/CLMT STATE : FL DATE OF LOSS : 05/27/1996 DATE PROOF FILED : 09/17/1998	INSURED : BOCA RATON JEWISH COMMUNITY DAY SCHOOL CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$793.86 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301498-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100052242 CLAIM NUMBER : 019700001391 INS/CLMT STATE : FL DATE OF LOSS : 07/14/1997 DATE PROOF FILED : 10/06/1998	INSURED : THE CAR STORE OF WEST ORANGE, CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327656031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301500-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058871 CLAIM NUMBER : 019700001765 INS/CLMT STATE : FL DATE OF LOSS : 07/28/1997 DATE PROOF FILED : 09/04/1998	INSURED : REGISTER CONTRACTING CO. INC. CLAIMANT : REGISTER CONTRACTING 2116 W BEAVER ST JACKSONVILLE,FL 322097535	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301501-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002266 INS/CLMT STATE : FL DATE OF LOSS : 10/10/1997 DATE PROOF FILED : 09/02/1998	INSURED : LABOR RITE CLAIMANT : HAYES ERACLIDES HALL & GREENE LLP PO BOX 172359 TAMPA,FL 336720359	AMOUNT CLAIMED : \$956.48 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301503-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065945 CLAIM NUMBER : 019700000757 INS/CLMT STATE : FL DATE OF LOSS : 04/29/1997 DATE PROOF FILED : 09/14/1998	INSURED : CSC HOLDING CORP. CLAIMANT : CSC 255 S DIXIE AVE TITUSVILLE,FL 327963340	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301503-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065945 CLAIM NUMBER : 019700000757 INS/CLMT STATE : FL DATE OF LOSS : 04/29/1997 DATE PROOF FILED : 09/17/1998	INSURED : CSC HOLDING CORP. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$306.91 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301504-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001074 INS/CLMT STATE : FL DATE OF LOSS : 06/10/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR SOLUTIONS 2304 ALOMA SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301507-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065278 CLAIM NUMBER : 019700002169 INS/CLMT STATE : FL DATE OF LOSS : 09/17/1997 DATE PROOF FILED : 09/17/1998	INSURED : TERM PERSONNEL OF SARASOTA, INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$22.84 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301508-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019700002351 INS/CLMT STATE : FL DATE OF LOSS : 10/28/1997 DATE PROOF FILED : 08/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20 AVENUE FT LAUDERDALE,FL 33304	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301508-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076379 CLAIM NUMBER : 019700002351 INS/CLMT STATE : FL DATE OF LOSS : 10/28/1997 DATE PROOF FILED : 07/28/1998	INSURED : NURSE CARE, INC. CLAIMANT : PAOLA URBINA 125 SW 21ST RD MIAMI,FL 331291430	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$311.23 AMOUNT GUARANTY PAID : \$311.23 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301514-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071387 CLAIM NUMBER : 019700001775 INS/CLMT STATE : FL DATE OF LOSS : 08/24/1997 DATE PROOF FILED : 07/20/1998	INSURED : PASCO NURSING & REHAB CENTER CLAIMANT : PASCO NURSING CENTER 15834 BARRY RD DADE CITY,FL 335233418	AMOUNT CLAIMED : \$240.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301523-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000877910 CLAIM NUMBER : 019800000986 INS/CLMT STATE : FL DATE OF LOSS : 04/16/1998 DATE PROOF FILED : 11/02/1998	INSURED : HOLLYWOOD FOOD SYSTEMS, INC. CLAIMANT : ALPHONSINE VERNEUS 218 SW 14TH CT FORT LAUDERDALE,FL 333151536	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$12,133.00 AMOUNT GUARANTY PAID : \$12,133.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301524-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053723 CLAIM NUMBER : 019700002951 INS/CLMT STATE : FL DATE OF LOSS : 06/02/1997 DATE PROOF FILED : 08/18/1998	INSURED : K.D. CONSTRUCTION CLAIMANT : ATHOL MORRIS 2816 SW 5TH ST FORT LAUDERDALE,FL 333122043	AMOUNT CLAIMED : \$15,000.00 AMOUNT RECOMMENDED : \$10,480.03 AMOUNT GUARANTY PAID : \$10,480.03 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301525-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089183 CLAIM NUMBER : 019800000987 INS/CLMT STATE : FL DATE OF LOSS : 05/21/1998 DATE PROOF FILED : 07/21/1998	INSURED : AA ACTION RECYCLING CORP. CLAIMANT : AA ACTION RECYCLING CORP. 1465 CR 210 WEST JACKSONVILLE,FL 322592104	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301526-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069512 CLAIM NUMBER : 019700002119 INS/CLMT STATE : FL DATE OF LOSS : 09/18/1997 DATE PROOF FILED : 10/29/1998	INSURED : TEMPORARY LABOR CLAIMANT : STAVER & ASSOCIATES SUITE 540 1900 SUMMIT TOWER BLVD ORLANDO,FL 328105919	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301527-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000075 INS/CLMT STATE : FL DATE OF LOSS : 01/12/1998 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE. SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301527-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019800000075 INS/CLMT STATE : FL DATE OF LOSS : 01/12/1998 DATE PROOF FILED : 09/17/1998	INSURED : LABOR RITE CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$868.43 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301529-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069025 CLAIM NUMBER : 019700002609 INS/CLMT STATE : FL DATE OF LOSS : 11/24/1997 DATE PROOF FILED : 10/16/1998	INSURED : DWIGHT CHILDS CARPENTRY CLAIMANT : CLARK PARTINGTON HART LARRY BOND PO BOX 13010 PENSACOLA,FL 325913010	AMOUNT CLAIMED : \$216.80 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301530-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200047801 CLAIM NUMBER : 944220 INS/CLMT STATE : PA DATE OF LOSS : 06/26/1994 DATE PROOF FILED : 10/28/1998	INSURED : FISHMAN AND TOBIN, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$1,687.52 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301535-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067547 CLAIM NUMBER : 019700002845 INS/CLMT STATE : FL DATE OF LOSS : 12/23/1997 DATE PROOF FILED : 08/24/1998	INSURED : CANTERBURY HOUSE AT THE VINEYA CLAIMANT : CANTERBURY HOUSE AT THE VINEYA 10 7TH ST BONITA SPRINGS,FL 341347415	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301537-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100093936 CLAIM NUMBER : 019800000248 INS/CLMT STATE : FL DATE OF LOSS : 02/04/1998 DATE PROOF FILED : 08/05/1998	INSURED : EDWARD BLACK MASONARY INC CLAIMANT : EDWARD BLACK MASONARY INC 1220 SW 10TH TER DEERFIELD BEACH,FL 334416225	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301538-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072617 CLAIM NUMBER : 019800000990 INS/CLMT STATE : FL DATE OF LOSS : 05/22/1998 DATE PROOF FILED : 07/20/1998	INSURED : PRIMATO INC CLAIMANT : DEE A GALLO 15895 TANGERINE BLVD LOXAHATCHEE,FL 334703457	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$16.06 AMOUNT GUARANTY PAID : \$16.06 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301539-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086304 CLAIM NUMBER : 019800000991 INS/CLMT STATE : FL DATE OF LOSS : 05/19/1998 DATE PROOF FILED : 07/14/1998	INSURED : TOM WINNER GLASS CLAIMANT : TOM WINNER GLASS CO 999 FLORIDA AVE S ROCKLEDGE,FL 329552190	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301539-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086304 CLAIM NUMBER : 019800000991 INS/CLMT STATE : FL DATE OF LOSS : 05/19/1998 DATE PROOF FILED : 08/05/1998	INSURED : TOM WINNER GLASS CLAIMANT : JOSEPH A BELL 7 OAK ST COCOA,FL 329227867	AMOUNT CLAIMED : \$25,000.00 AMOUNT RECOMMENDED : \$13,425.98 AMOUNT GUARANTY PAID : \$13,425.98 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301543-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062957 CLAIM NUMBER : 019700002651 INS/CLMT STATE : FL DATE OF LOSS : 10/23/1997 DATE PROOF FILED : 08/24/1998	INSURED : SEARCY,DENNEY,SCAROLA,BARNHART CLAIMANT : SEARCY,DENNEY,SCAROLA,BARNHART 1404 LEE OSBORNE RD LANSING,NC 28643	AMOUNT CLAIMED : \$5,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301551-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061323 CLAIM NUMBER : 019700000894 INS/CLMT STATE : FL DATE OF LOSS : 05/16/1997 DATE PROOF FILED : 07/22/1998	INSURED : ARLINGTON ELECTRIC INC. CLAIMANT : ARLINGTON ELECTRIC INC. 3251 SE DIXIE HWY STUART,FL 349975238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301552-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060051 CLAIM NUMBER : 019700001861 INS/CLMT STATE : FL DATE OF LOSS : 09/09/1997 DATE PROOF FILED : 07/20/1998	INSURED : KOON'S PONTIAC GMC TRUCK INC CLAIMANT : KOON'S PONTIAC GMC TRUCK, INC. 500 HOWARD ST W LIVE OAK,FL 320602209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301557-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051716 CLAIM NUMBER : 019700000967 INS/CLMT STATE : WI DATE OF LOSS : 05/23/1997 DATE PROOF FILED : 08/03/1998	INSURED : MID WEST BOTTLE GAS,ET AL CLAIMANT : MIDWEST BOTTLE GAS CO PO BOX 429 3600 ST 157 LA CROSSE,FL 54602	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301558-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002138 INS/CLMT STATE : FL DATE OF LOSS : 10/05/1997 DATE PROOF FILED : 08/04/1998	INSURED : KFC CLAIMANT : FSI PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301561-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200010201 CLAIM NUMBER : 931316 INS/CLMT STATE : FL DATE OF LOSS : 03/12/1993 DATE PROOF FILED : 07/23/1998	INSURED : SEARCY,DENNEY,SCAROLA,BARNHART CLAIMANT : SEARCY,DENNEY,SCAROLA,BARNHART & SHIPLEY PA 2139 PALM BEACH LAKES BLVD WEST PALM BEACH,FL 334096601	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301562-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052591 CLAIM NUMBER : 019700000595 INS/CLMT STATE : FL DATE OF LOSS : 03/18/1997 DATE PROOF FILED : 07/21/1998	INSURED : CHAMPS, INC. CLAIMANT : CHAMPS INC 973 CENTRAL PKWY STUART,FL 349943986	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301563-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061476 CLAIM NUMBER : 019700001604 INS/CLMT STATE : FL DATE OF LOSS : 08/06/1997 DATE PROOF FILED : 07/20/1998	INSURED : JENASIS STRUCTURES INC CLAIMANT : JENASIS STRUCTURES INC TOM JONES PO BOX 9223 TAMPA,FL 336044056	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301567-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067547 CLAIM NUMBER : 019700001245 INS/CLMT STATE : FL DATE OF LOSS : 06/12/1997 DATE PROOF FILED : 08/24/1998	INSURED : CANTERBURY HOUSE AT THE VINEYA CLAIMANT : CANTERBURY HOUSE AT THE VINEYA 707 VINEYARDS BLVD NAPLES,FL 341194768	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301568-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058215 CLAIM NUMBER : 019700002527 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1997 DATE PROOF FILED : 07/30/1998	INSURED : KAREN GORDON D.M.D. CLAIMANT : KAREN GORDON D.M.D. 3990 SHERIDAN ST STE 216 HOLLYWOOD,FL 330213656	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301568-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058215 CLAIM NUMBER : 019700002527 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1997 DATE PROOF FILED : 07/30/1998	INSURED : KAREN GORDON D.M.D. CLAIMANT : BARBARA LUSK 325 SE 11TH TER APT 107 DANIA,FL 330045242	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$3.32 AMOUNT GUARANTY PAID : \$3.32 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301572-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042006027 CLAIM NUMBER : 019700001928 INS/CLMT STATE : FL DATE OF LOSS : 09/12/1997 DATE PROOF FILED : 08/21/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20TH AVE FORT LAUDERDALE,FL 333043035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301573-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100079089 CLAIM NUMBER : 019700002740 INS/CLMT STATE : FL DATE OF LOSS : 12/15/1997 DATE PROOF FILED : 09/30/1998	INSURED : JUNIOR LEAGUE OF DAYTONA BEACH CLAIMANT : JUNIOR LEAGUE OF DAYTONA BEACH 200 ORANGE AVE DAYTONA BEACH,FL 321144312	AMOUNT CLAIMED : \$6.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301578-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001502 INS/CLMT STATE : FL DATE OF LOSS : 07/31/1997 DATE PROOF FILED : 07/21/1998	INSURED : LABOR RITE CLAIMANT : LABOR SOLUTIONS 2304 ALOMA AVE SUITE 201 WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301584-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061476 CLAIM NUMBER : 019700000897 INS/CLMT STATE : FL DATE OF LOSS : 05/05/1997 DATE PROOF FILED : 07/20/1998	INSURED : JENASIS STRUCTURES INC CLAIMANT : JENASIS STRUCTURES INC TOM JONES PO BOX 9223 TAMPA,FL 336044056	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301584-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061476 CLAIM NUMBER : 019700000897 INS/CLMT STATE : FL DATE OF LOSS : 05/05/1997 DATE PROOF FILED : 07/20/1998	INSURED : JENASIS STRUCTURES INC CLAIMANT : RUPERT LEWIS 551 NASTURTIUM AVE SEBRING,FL 338703730	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$159.06 AMOUNT GUARANTY PAID : \$159.06 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301584-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100061476 CLAIM NUMBER : 019700000897 INS/CLMT STATE : FL DATE OF LOSS : 05/05/1997 DATE PROOF FILED : 09/04/1998	INSURED : JENASIS STRUCTURES INC CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE SOUTH ST PETERSBURG,FL 337014336	AMOUNT CLAIMED : \$60.26 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301588-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700001279 INS/CLMT STATE : FL DATE OF LOSS : 06/27/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301592-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076422 CLAIM NUMBER : 019800000998 INS/CLMT STATE : FL DATE OF LOSS : 05/11/1998 DATE PROOF FILED : 09/09/1998	INSURED : ANGELO'S PIZZA CLAIMANT : ANGELO'S PIZZA 14260 NE 40TH CT ANTHONY,FL 326172355	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301606-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069181 CLAIM NUMBER : 019700002504 INS/CLMT STATE : FL DATE OF LOSS : 11/14/1997 DATE PROOF FILED : 08/24/1998	INSURED : ACE AUTO PARTS CLAIMANT : HAYES ERACLIDES JOHNS HALL GREENE GELMAN LLP PO BOX 18165 TAMPA,FL 336798165	AMOUNT CLAIMED : \$18.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301644-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200156901 CLAIM NUMBER : 967998 INS/CLMT STATE : FL DATE OF LOSS : 02/12/1996 DATE PROOF FILED : 11/01/1998	INSURED : K.D. CONSTRUCTION OF FLORIDA, CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$290.06 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301647-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002128 INS/CLMT STATE : FL DATE OF LOSS : 09/25/1997 DATE PROOF FILED : 09/28/1998	INSURED : LABOR RITE CLAIMANT : LABOR SOLUTIONS 2304 ALOMA AVE WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301648-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002853 INS/CLMT STATE : FL DATE OF LOSS : 12/30/1997 DATE PROOF FILED : 09/28/1998	INSURED : LABOR RITE CLAIMANT : LABOR SOLUTIONS 2304 ALOMA AVE WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301650-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100076297 CLAIM NUMBER : 019700002634 INS/CLMT STATE : FL DATE OF LOSS : 11/25/1997 DATE PROOF FILED : 08/27/1998	INSURED : J SONS AUTO AIR & RADIO REPAIR INC CLAIMANT : J SONS AUTO AIR & RADIO REPAIR INC UNITS A&B 3701 NE 36TH AVE OCALA,FL 344792283	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301657-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002571 INS/CLMT STATE : FL DATE OF LOSS : 10/07/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301658-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077723 CLAIM NUMBER : 019700002836 INS/CLMT STATE : FL DATE OF LOSS : 12/30/1997 DATE PROOF FILED : 10/05/1998	INSURED : NORSEMAN MARINE U S A, INC. CLAIMANT : NORSEMAN MARINE U S A, INC. 516 W LAS OLAS BLVD FORT LAUDERDALE,FL 333127136	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301665-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800001006 INS/CLMT STATE : FL DATE OF LOSS : 05/20/1998 DATE PROOF FILED : 09/21/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301669-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089125 CLAIM NUMBER : 019800001007 INS/CLMT STATE : FL DATE OF LOSS : 05/23/1998 DATE PROOF FILED : 08/28/1998	INSURED : F R P INDUSTRIES INC CLAIMANT : F R P INDUSTRIES INC PO BOX 478 MAYO,FL 320660478	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301676-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089125 CLAIM NUMBER : 019800001010 INS/CLMT STATE : FL DATE OF LOSS : 05/24/1998 DATE PROOF FILED : 08/28/1998	INSURED : F R P INDUSTRIES INC CLAIMANT : F R P INDUSTRIES INC PO BOX 478 MAYO,FL 32066	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301677-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019700002954 INS/CLMT STATE : FL DATE OF LOSS : 08/23/1997 DATE PROOF FILED : 04/29/1999	INSURED : BEST WESTERN CLAIMANT : BEST WESTERN 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301680-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200226801 CLAIM NUMBER : 969862 INS/CLMT STATE : FL DATE OF LOSS : 10/19/1996 DATE PROOF FILED : 09/02/1998	INSURED : CANTERBURY HOUSE, INC. CLAIMANT : CANTERBURY HOUSE, INC. 551 NEAPOLITAN LANE NAPLES,FL 34103	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301682-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057705 CLAIM NUMBER : 019700000965 INS/CLMT STATE : FL DATE OF LOSS : 05/26/1997 DATE PROOF FILED : 11/30/1998	INSURED : VITO'S RISTORANTE CLAIMANT : VITO'S RISTORANTE 1079 BALD EAGLE MARCO ISLAND,FL 34145	AMOUNT CLAIMED : \$120.95 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301686-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002511 INS/CLMT STATE : FL DATE OF LOSS : 11/05/1997 DATE PROOF FILED : 09/28/1998	INSURED : LABOR RITE CLAIMANT : LABOR SOLUTIONS 2304 ALOMA AVE WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301693-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153402 CLAIM NUMBER : 019600000192 INS/CLMT STATE : FL DATE OF LOSS : 11/21/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO LINING SYSTEMS CLAIMANT : LANZO LINING SYSTEMS 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301693-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200153402 CLAIM NUMBER : 019600000192 INS/CLMT STATE : FL DATE OF LOSS : 11/21/1996 DATE PROOF FILED : 08/28/1998	INSURED : LANZO LINING SYSTEMS CLAIMANT : DONNA C HURTAK ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$1,001.90 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301694-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100073601 CLAIM NUMBER : 019700002870 INS/CLMT STATE : FL DATE OF LOSS : 09/01/1997 DATE PROOF FILED : 09/17/1998	INSURED : SUPER 8 MOTEL CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON ORLANDO,FL 32801	AMOUNT CLAIMED : \$877.05 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301697-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058273 CLAIM NUMBER : 019700001104 INS/CLMT STATE : FL DATE OF LOSS : 06/12/1997 DATE PROOF FILED : 09/17/1998	INSURED : SAFARI SERVICES, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$292.39 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301701-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 955954 INS/CLMT STATE : FL DATE OF LOSS : 04/21/1995 DATE PROOF FILED : 10/01/1998	INSURED : S.I. NICHOLAS, INC. CLAIMANT : S.I. NICHOLAS, INC. 1600 S FEDERAL HWY STE 811 POMPANO BEACH,FL 330627500	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301703-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060479 CLAIM NUMBER : 019700002423 INS/CLMT STATE : FL DATE OF LOSS : 11/05/1997 DATE PROOF FILED : 09/17/1998	INSURED : COMMUNITY COORDINATED CARE FOR CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON ORLANDO,FL 32801	AMOUNT CLAIMED : \$218.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301704-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200158702 CLAIM NUMBER : 019600000463 INS/CLMT STATE : FL DATE OF LOSS : 12/23/1996 DATE PROOF FILED : 09/17/1998	INSURED : REGENCY DODGE, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$419.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301708-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200157101 CLAIM NUMBER : 955214 INS/CLMT STATE : FL DATE OF LOSS : 03/04/1995 DATE PROOF FILED : 11/01/1998	INSURED : RIO VISTA MGT., INC. CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 3207 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$89.26 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301709-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002115 INS/CLMT STATE : FL DATE OF LOSS : 09/26/1997 DATE PROOF FILED : 09/28/1998	INSURED : LABOR RITE CLAIMANT : LABOR SOLUTIONS 2304 ALOMA AVE WINTER PARK,FL 327927009	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301709-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002115 INS/CLMT STATE : FL DATE OF LOSS : 09/26/1997 DATE PROOF FILED : 09/11/1998	INSURED : LABOR RITE CLAIMANT : DAVID LEE MORTON 816 1/2 MILLER ST ORLANDO,FL 32805	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301709-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002115 INS/CLMT STATE : FL DATE OF LOSS : 09/26/1997 DATE PROOF FILED : 09/17/1998	INSURED : LABOR RITE CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$275.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301712-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100053961 CLAIM NUMBER : 019700002673 INS/CLMT STATE : FL DATE OF LOSS : 12/08/1997 DATE PROOF FILED : 09/04/1998	INSURED : B.E.T.-ER MIX, INC. CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE S SAINT PETERSBURG,FL 337014360	AMOUNT CLAIMED : \$235.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301713-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060479 CLAIM NUMBER : 019700001686 INS/CLMT STATE : FL DATE OF LOSS : 08/01/1997 DATE PROOF FILED : 09/17/1998	INSURED : COMMUNITY COORDINATED CARE FOR CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 328022928	AMOUNT CLAIMED : \$301.34 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301715-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200119301 CLAIM NUMBER : 969534 INS/CLMT STATE : FL DATE OF LOSS : 09/19/1996 DATE PROOF FILED : 09/17/1998	INSURED : SOUTHEASTERN REFRACTORIES, INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$689.38 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301717-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100069512 CLAIM NUMBER : 019700001772 INS/CLMT STATE : FL DATE OF LOSS : 08/25/1997 DATE PROOF FILED : 09/02/1998	INSURED : TEMPORARY LABOR CLAIMANT : SEA 7349 WORTHINGTON GALENA RD COLUMBUS,OH 430851599	AMOUNT CLAIMED : \$1,920.85 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301718-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100063621 CLAIM NUMBER : 019700002594 INS/CLMT STATE : FL DATE OF LOSS : 08/22/1997 DATE PROOF FILED : 11/01/1998	INSURED : NATIONAL JOB SOURCE, INC. CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$44.63 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301719-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200031801 CLAIM NUMBER : 932502 INS/CLMT STATE : FL DATE OF LOSS : 10/29/1993 DATE PROOF FILED : 11/01/1998	INSURED : SAVOY CONSTRUCTION, INC. CLAIMANT : R SUZANNE M LEIDER PA 5970 SW 18THE STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$276.68 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301720-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200247701 CLAIM NUMBER : 019700000624 INS/CLMT STATE : FL DATE OF LOSS : 04/07/1997 DATE PROOF FILED : 09/17/1998	INSURED : MEDSHUTTLE, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$2,010.74 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301721-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200183501 CLAIM NUMBER : 968078 INS/CLMT STATE : FL DATE OF LOSS : 03/21/1996 DATE PROOF FILED : 08/27/1998	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : DONNA C HURTAQ ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$572.90 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301722-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060479 CLAIM NUMBER : 019700001501 INS/CLMT STATE : FL DATE OF LOSS : 07/29/1997 DATE PROOF FILED : 09/17/1998	INSURED : COMMUNITY COORDINATED CARE FOR CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200E ROBINSON STREET SUITE 102 ORLANDO,FL 32801	AMOUNT CLAIMED : \$1,079.06 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301723-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200025101 CLAIM NUMBER : 019600000152 INS/CLMT STATE : FL DATE OF LOSS : 11/14/1996 DATE PROOF FILED : 09/17/1998	INSURED : MID WEST BOTTLE GAS ETAL CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$190.96 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301724-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200152701 CLAIM NUMBER : 967772 INS/CLMT STATE : FL DATE OF LOSS : 01/23/1996 DATE PROOF FILED : 09/17/1998	INSURED : UNDERGROUND DEWATERING SYSTEMS CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$363.83 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301726-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100058593 CLAIM NUMBER : 019700000898 INS/CLMT STATE : FL DATE OF LOSS : 04/30/1997 DATE PROOF FILED : 10/28/1998	INSURED : SERVICING CONSTRUCTION INDUSTR CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA 200 E ROBINSON ST SUITE 1020 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$1,360.18 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301727-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200125001 CLAIM NUMBER : 956018 INS/CLMT STATE : FL DATE OF LOSS : 03/30/1995 DATE PROOF FILED : 08/28/1998	INSURED : THUNDER ELECTRICAL CONTRACTOR, CLAIMANT : DONNA C HURTAK ESQ 10800 BISCAYNE BLVD STE 520 MIAMI,FL 331617805	AMOUNT CLAIMED : \$498.75 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301729-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200233001 CLAIM NUMBER : 969067 INS/CLMT STATE : FL DATE OF LOSS : 07/24/1996 DATE PROOF FILED : 09/14/1998	INSURED : CSC HOLDING CORPORATION CLAIMANT : CSC HOLDING CORPORATION 810 PEACH ST COCOA,FL 32922	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301729-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200233001 CLAIM NUMBER : 969067 INS/CLMT STATE : FL DATE OF LOSS : 07/24/1996 DATE PROOF FILED : 09/15/1998	INSURED : CSC HOLDING CORPORATION CLAIMANT : RISSMAN WEISBERG BARRETT HURT 15TH FLOOR 201 E PINE ST ORLANDO,FL 328012729	AMOUNT CLAIMED : \$586.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301730-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200010501 CLAIM NUMBER : 943329 INS/CLMT STATE : VA DATE OF LOSS : 04/18/1994 DATE PROOF FILED : 09/17/1998	INSURED : PARTS DEPOT COMPANY, L.P. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$124.14 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301731-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100070393 CLAIM NUMBER : 019700001572 INS/CLMT STATE : FL DATE OF LOSS : 08/05/1997 DATE PROOF FILED : 09/17/1998	INSURED : ELITE METAL FABRICATORS, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$66.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301733-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042006027 CLAIM NUMBER : 019700001084 INS/CLMT STATE : FL DATE OF LOSS : 06/03/1997 DATE PROOF FILED : 08/26/1998	INSURED : NURSE CARE, INC. CLAIMANT : NURSE CARE, INC. 837 NE 20TH AVE FORT LAUDERDALE,FL 333043035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301735-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051716 CLAIM NUMBER : 019700001563 INS/CLMT STATE : WI DATE OF LOSS : 07/31/1997 DATE PROOF FILED : 09/08/1998	INSURED : MID WEST BOTTLE GAS,ET AL CLAIMANT : MID WEST BOTTLE GAS CO PO BOX 429 LA CROSSE,WI 546020429	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301740-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200220201 CLAIM NUMBER : 019600000266 INS/CLMT STATE : FL DATE OF LOSS : 12/05/1996 DATE PROOF FILED : 09/08/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : PALM BEACH COUNTY HEALTH CARE 324 DATURA STREET, STE 401 WEST PALM BEACH,FL 33401	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301744-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100066037 CLAIM NUMBER : 019700001645 INS/CLMT STATE : FL DATE OF LOSS : 07/11/1997 DATE PROOF FILED : 09/30/1998	INSURED : TWO MEN & A TRUCK CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE S SAINT PETERSBURG,FL 337014360	AMOUNT CLAIMED : \$532.20 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301745-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200229701 CLAIM NUMBER : 968351 INS/CLMT STATE : FL DATE OF LOSS : 04/29/1996 DATE PROOF FILED : 12/03/1998	INSURED : STEVE BLACK, INC CLAIMANT : W DEAN RINGERS MORGAN AND LAWTON PA 200 E ROBINSON ST SUITE 1020 ORLANDO,FL 32802	AMOUNT CLAIMED : \$76.32 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301746-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063941 CLAIM NUMBER : 019700001193 INS/CLMT STATE : FL DATE OF LOSS : 06/18/1997 DATE PROOF FILED : 09/02/1998	INSURED : LESTER PAINTING INC CLAIMANT : LESTER PAINTING, INC. PO BOX 1143 WEIRSDALE,FL 321951143	AMOUNT CLAIMED : \$6,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301750-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200139001 CLAIM NUMBER : 955611 INS/CLMT STATE : FL DATE OF LOSS : 04/24/1995 DATE PROOF FILED : 09/14/1998	INSURED : BOCA RATON JEWISH COMMUNITY DAY SCHOOL CLAIMANT : BOCA RATON JEWISH COMMUNITY DAY SCHOOL 21011 95TH AVE S BOCA RATON,FL 33428	AMOUNT CLAIMED : \$11,500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301753-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100061561 CLAIM NUMBER : 019700000423 INS/CLMT STATE : FL DATE OF LOSS : 02/25/1997 DATE PROOF FILED : 10/06/1998	INSURED : CAPITAL CITY CABINETS CO., INC CLAIMANT : N MARK BECKER PA 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE,FL 32217	AMOUNT CLAIMED : \$43.25 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301754-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200138701 CLAIM NUMBER : 956714 INS/CLMT STATE : FL DATE OF LOSS : 09/05/1995 DATE PROOF FILED : 09/23/1998	INSURED : TLC DIVERSIFIED, INC. CLAIMANT : PASCUAL ANDRES 611 N F ST LAKE WORTH,FL 33460	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$9,704.43 AMOUNT GUARANTY PAID : \$9,704.43 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301762-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200199601 CLAIM NUMBER : 968785 INS/CLMT STATE : CA DATE OF LOSS : 06/21/1996 DATE PROOF FILED : 12/03/1998	INSURED : B & B CONTRACTING, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA 200 E ROBINSON ST SUITE 1020 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$207.80 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301763-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072773 CLAIM NUMBER : 0980001709 INS/CLMT STATE : FL DATE OF LOSS : 04/02/1998 DATE PROOF FILED : 08/28/1998	INSURED : WHITROCK ASSOCIATES CLAIMANT : WHITROCK ASSOCIATES 1793 F I M BLVD FORT WALTON BEACH,FL 325477050	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301769-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069234 CLAIM NUMBER : 019800000090 INS/CLMT STATE : FL DATE OF LOSS : 01/07/1998 DATE PROOF FILED : 11/23/1998	INSURED : BOYS & GIRLS CLUBS OF PALM BEACH COUNTY INC CLAIMANT : MICHELLE WOODARD 8717-A DOVELAND DRIVE PAHOKEE,FL 33476	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$7,547.34 AMOUNT GUARANTY PAID : \$7,547.34 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301771-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100051967 CLAIM NUMBER : 019700002483 INS/CLMT STATE : FL DATE OF LOSS : 11/08/1997 DATE PROOF FILED : 11/24/1999	INSURED : LA VIELLE MAISON CLAIMANT : LA VIEILLE MAISON 770 E PALMETTO PARK RD BOCA RATON,FL 334325179	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301776-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100091001 CLAIM NUMBER : 0980001710 INS/CLMT STATE : FL DATE OF LOSS : 01/05/1998 DATE PROOF FILED : 08/26/1998	INSURED : STRAIT LINE CONSTRUCTION OF SOUTH FLORIDA CLAIMANT : STRAIT LINE CONSTRUCTION OF SOUTH FLORIDA 4352 NW 73RD WAY CORAL SPRINGS,FL 330652155	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301776-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100091001 CLAIM NUMBER : 0980001710 INS/CLMT STATE : FL DATE OF LOSS : 01/05/1998 DATE PROOF FILED : 09/02/1998	INSURED : STRAIT LINE CONSTRUCTION OF SOUTH FLORIDA CLAIMANT : GEORGE PINNOCK 4551 NW 25TH ST LAUDERHILL,FL 333133530	AMOUNT CLAIMED : \$8,640.00 AMOUNT RECOMMENDED : \$32,251.98 AMOUNT GUARANTY PAID : \$32,251.98 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301777-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200047301 CLAIM NUMBER : 944403 INS/CLMT STATE : FL DATE OF LOSS : 07/25/1994 DATE PROOF FILED : 09/09/1998	INSURED : INTERLACHEN COUNTRY CLUB, INC. CLAIMANT : INTERLACHEN COUNTRY CLUB 2245 INTERLACHEN CT WINTER PARK,FL 327922106	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301777-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200047301 CLAIM NUMBER : 944403 INS/CLMT STATE : FL DATE OF LOSS : 07/25/1994 DATE PROOF FILED : 09/17/1998	INSURED : INTERLACHEN COUNTRY CLUB, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$47.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301778-4 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200073601 CLAIM NUMBER : 969042 INS/CLMT STATE : FL DATE OF LOSS : 07/19/1996 DATE PROOF FILED : 09/17/1998	INSURED : M P WILLINGHAM, JR. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$257.78 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301779-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200087001 CLAIM NUMBER : 955174 INS/CLMT STATE : FL DATE OF LOSS : 02/27/1995 DATE PROOF FILED : 09/17/1998	INSURED : ACT SERVICES, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$123.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301785-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700002925 INS/CLMT STATE : FL DATE OF LOSS : 07/23/1997 DATE PROOF FILED : 09/28/1998	INSURED : LABOR RITE CLAIMANT : LABOR RITE 2304 ALOMA AVE WINTER PARK,FL 32792	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301789-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200042901 CLAIM NUMBER : 957475 INS/CLMT STATE : FL DATE OF LOSS : 12/11/1995 DATE PROOF FILED : 12/03/1998	INSURED : K & K ELECTRIC COMPANY CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$75.64 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301799-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059029 CLAIM NUMBER : 019700002584 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1997 DATE PROOF FILED : 08/26/1998	INSURED : BRADLEY INDUSTRIAL TEXTILE,INC CLAIMANT : BRADLEY INDUSTRIAL TEXTILE,INC 101 JOHN SIMS PARKWAY VALPARAISO,FL 32580	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301803-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200250701 CLAIM NUMBER : 969214 INS/CLMT STATE : FL DATE OF LOSS : 08/05/1996 DATE PROOF FILED : 10/06/1998	INSURED : SUPERIOR HOME CARE DBA CLAIMANT : CCMC 140 ALEXANDRIA BLVD STE H OVIEDO,FL 327659032	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301806-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002458 INS/CLMT STATE : FL DATE OF LOSS : 11/09/1997 DATE PROOF FILED : 09/10/1998	INSURED : KFC CLAIMANT : KENTUCKY FRIED CHICKEN PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301809-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100085725 CLAIM NUMBER : 019700002662 INS/CLMT STATE : FL DATE OF LOSS : 12/01/1997 DATE PROOF FILED : 08/26/1998	INSURED : V&M ERECTORS INC CLAIMANT : V&M ERECTORS INC 9806 PINES BLVD. PEMBROKE PINES,FL 33024	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301813-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200012701 CLAIM NUMBER : 969384 INS/CLMT STATE : FL DATE OF LOSS : 08/29/1996 DATE PROOF FILED : 08/24/1998	INSURED : ARLINGTON ELECTRIC INC. CLAIMANT : ARLINGTON ELECTRIC INC. 3251 SE DIXIE HWY STUART,FL 34997	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301820-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200069901 CLAIM NUMBER : 956268 INS/CLMT STATE : FL DATE OF LOSS : 07/18/1995 DATE PROOF FILED : 09/17/1998	INSURED : GATOR GAS LP, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA SUITE 1020 200 E ROBINSON STREET ORLANDO,FL 32801	AMOUNT CLAIMED : \$153.21 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301823-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0042005041 CLAIM NUMBER : 019600000168 INS/CLMT STATE : FL DATE OF LOSS : 10/28/1996 DATE PROOF FILED : 10/28/1998	INSURED : STAR INDUSTRIAL DRY CLEANERS & CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$95.57 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301824-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100054217 CLAIM NUMBER : 0970001780 INS/CLMT STATE : FL DATE OF LOSS : 08/13/1997 DATE PROOF FILED : 09/25/1998	INSURED : D E CHASTIN MD PA CLAIMANT : D E CHASTIN MD PA 1309 GARDEN ST TITUSVILLE,FL 327963312	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301824-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100054217 CLAIM NUMBER : 0970001780 INS/CLMT STATE : FL DATE OF LOSS : 08/13/1997 DATE PROOF FILED : 10/01/1998	INSURED : D E CHASTIN MD PA CLAIMANT : BEVERLY MCGINNIS APT 367 2825 S WASHINGTON AVE TITUSVILLE,FL 327805007	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$462,861.95 AMOUNT GUARANTY PAID : \$462,861.95 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301828-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 957951 INS/CLMT STATE : FL DATE OF LOSS : 07/01/1995 DATE PROOF FILED : 09/09/1998	INSURED : MIDDLETON PEST CONTROL CLAIMANT : MIDDLETON PEST CONTROL 1600 33RD ST ORLANDO,FL 32839	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301828-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 957951 INS/CLMT STATE : FL DATE OF LOSS : 07/01/1995 DATE PROOF FILED : 10/28/1998	INSURED : MIDDLETON PEST CONTROL CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$397.24 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 301834-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000100 INS/CLMT STATE : FL DATE OF LOSS : 01/20/1997 DATE PROOF FILED : 09/02/1998	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 17607 CAUDEL ROAD ORLANDO,FL 32833	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301840-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061323 CLAIM NUMBER : 019700001079 INS/CLMT STATE : FL DATE OF LOSS : 06/10/1997 DATE PROOF FILED : 09/02/1998	INSURED : ARLINGTON ELECTRIC INC. CLAIMANT : ARLINGTON ELECTRIC INC. 3251 SE DIXIE HWY STUART,FL 349975238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301841-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700000804 INS/CLMT STATE : FL DATE OF LOSS : 04/30/1997 DATE PROOF FILED : 12/01/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF TREASURE COAST PO BOX 2762 STUART,FL 34995	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301842-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077876 CLAIM NUMBER : 0980001803 INS/CLMT STATE : FL DATE OF LOSS : 04/28/1998 DATE PROOF FILED : 10/02/1998	INSURED : BANNERMAN LANDSCAPING CLAIMANT : BANNERMAN LANDSCAPING PO BOX 470216 MIAMI,FL 33150	AMOUNT CLAIMED : \$1,200.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301842-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100077876 CLAIM NUMBER : 0980001803 INS/CLMT STATE : FL DATE OF LOSS : 04/28/1998 DATE PROOF FILED : 09/30/1998	INSURED : BANNERMAN LANDSCAPING CLAIMANT : EUGENE NELOMS 825 NW 75TH ST MIAMI,FL 33150	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$35,997.90 AMOUNT GUARANTY PAID : \$35,997.90 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301862-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057705 CLAIM NUMBER : 019700000567 INS/CLMT STATE : FL DATE OF LOSS : 04/03/1997 DATE PROOF FILED : 11/30/1998	INSURED : VITO'S RISTORANTE CLAIMANT : VITO'S RESTAURANT 1079 BALD EAGLE DR MARCO ISLAND,FL 34145	AMOUNT CLAIMED : \$76.95 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301863-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 67494 CLAIM NUMBER : 0970001832 INS/CLMT STATE : FL DATE OF LOSS : 11/01/1997 DATE PROOF FILED : 10/20/1998	INSURED : DOUGLAS FERTILIZER CLAIMANT : TILLMAN F AMMONS JR 343 LINCOLN BLVD LAKE PLACID,FL 338527519	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$63,310.86 AMOUNT GUARANTY PAID : \$63,310.86 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301867-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061323 CLAIM NUMBER : 019700000252 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1997 DATE PROOF FILED : 10/19/1998	INSURED : ARLINGTON ELECTRIC INC. CLAIMANT : ARLINGTON ELECTRIC INC. 3251 SE DIXIE HWY STUART,FL 349975238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301870-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700001823 INS/CLMT STATE : FL DATE OF LOSS : 09/02/1997 DATE PROOF FILED : 10/20/1998	INSURED : KFC CLAIMANT : KENTUCKY FRIED CHICKEN 925 S LIME AVE SARASOTA,FL 342378031	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301874-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 956044 INS/CLMT STATE : FL DATE OF LOSS : 06/26/1995 DATE PROOF FILED : 10/01/1998	INSURED : S.I. NICHOLAS, INC. CLAIMANT : S.I. NICHOLAS INC 1600 S FEDERAL HWY STE 811 POMPANO BEACH,FL 330627500	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301880-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053249 CLAIM NUMBER : 019700000909 INS/CLMT STATE : FL DATE OF LOSS : 05/16/1997 DATE PROOF FILED : 10/07/1998	INSURED : HONEY TRANSPORT, INC. CLAIMANT : MARK MILLS 2455 KIMBERLY DR DELTONA,FL 327382471	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$19,744.44 AMOUNT GUARANTY PAID : \$19,744.44 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301887-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065334 CLAIM NUMBER : 019700001567 INS/CLMT STATE : FL DATE OF LOSS : 08/06/1997 DATE PROOF FILED : 09/28/1998	INSURED : LABOR RITE CLAIMANT : LABOR SOLUTIONS 2304 ALOMA AVE WINTER PARK,FL 327923501	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301888-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200241501 CLAIM NUMBER : 019600000438 INS/CLMT STATE : FL DATE OF LOSS : 12/29/1996 DATE PROOF FILED : 10/21/1998	INSURED : SOUTHERN HEALTH MGMT., INC. CLAIMANT : PATRICIA TWIFORD RR 4 BOX 397 STARKE,FL 320919413	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$2,500.00 AMOUNT GUARANTY PAID : \$2,500.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301897-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060535 CLAIM NUMBER : 019700001655 INS/CLMT STATE : FL DATE OF LOSS : 02/06/1997 DATE PROOF FILED : 10/01/1998	INSURED : STARLIGHT TOWERS ASSOCIATION, CLAIMANT : BRYAN GARRITY 1212 SW 74TH AVE NORTH LAUDERDALE,FL 330683607	AMOUNT CLAIMED : \$5,000.00 AMOUNT RECOMMENDED : \$6,613.81 AMOUNT GUARANTY PAID : \$6,613.81 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301898-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200222001 CLAIM NUMBER : 019600000357 INS/CLMT STATE : FL DATE OF LOSS : 12/17/1996 DATE PROOF FILED : 09/28/1998	INSURED : WEST COAST TOMATO INC CLAIMANT : WEST COAST TOMATO INC 530 5TH AVENUE DR W PALMETTO,FL 342215154	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301906-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001580 INS/CLMT STATE : FL DATE OF LOSS : 08/01/1997 DATE PROOF FILED : 10/01/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301910-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200104701 CLAIM NUMBER : 968679 INS/CLMT STATE : FL DATE OF LOSS : 06/06/1996 DATE PROOF FILED : 10/28/1998	INSURED : HONEY TRANSPORT INC CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$114.32 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301919-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057705 CLAIM NUMBER : 019700000544 INS/CLMT STATE : FL DATE OF LOSS : 04/02/1997 DATE PROOF FILED : 11/30/1998	INSURED : VITO'S RISTORANTE CLAIMANT : VITO'S RESTAURANT 1079 BALD EAGLE DR MARCO ISLAND,FL 341452130	AMOUNT CLAIMED : \$93.10 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301920-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060051 CLAIM NUMBER : 019700002211 INS/CLMT STATE : FL DATE OF LOSS : 10/13/1997 DATE PROOF FILED : 09/28/1998	INSURED : KOON'S PONTIAC GMC TRUCK INC CLAIMANT : KOON'S PONTIAC GMC TRUCK INC 500 HOWARD ST W LIVE OAK,FL 320602209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301928-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200047801 CLAIM NUMBER : 956620 INS/CLMT STATE : PA DATE OF LOSS : 08/23/1995 DATE PROOF FILED : 10/28/1998	INSURED : FISHMAN AND TOBIN, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$143.57 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301932-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042006015 CLAIM NUMBER : 019600000207 INS/CLMT STATE : DATE OF LOSS : 11/08/1996 DATE PROOF FILED : 10/26/1998	INSURED : CLAIMANT : JOEL JOHNSON 303 N BRUNNELL PKWY APT 20 LAKELAND,FL 338151244	AMOUNT CLAIMED : \$5,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301938-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153902 CLAIM NUMBER : 955677 INS/CLMT STATE : FL DATE OF LOSS : 04/24/1995 DATE PROOF FILED : 10/19/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : PRODUCTION TRUSS & FABRICATION 161 NW 4TH ST BOCA RATON,FL 334323832	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301953-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200164101 CLAIM NUMBER : 955334 INS/CLMT STATE : FL DATE OF LOSS : 03/24/1995 DATE PROOF FILED : 09/30/1998	INSURED : TOTAL QUALITY ASSURANCE SERVIC CLAIMANT : RIDEN EARLE & KIEFNER PA 4TH FLOOR NORTH TOWER 100 2ND AVE S SAINT PETERSBURG,FL 337014360	AMOUNT CLAIMED : \$186.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301956-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 944205 INS/CLMT STATE : FL DATE OF LOSS : 09/17/1994 DATE PROOF FILED : 10/01/1998	INSURED : S.I. NICHOLAS, INC. CLAIMANT : S.I. NICHOLAS, INC. 1600 S FEDERAL HWY STE 611 POMPANO BEACH,FL 330627500	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301956-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 944205 INS/CLMT STATE : FL DATE OF LOSS : 09/17/1994 DATE PROOF FILED : 10/28/1998	INSURED : S.I. NICHOLAS, INC. CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$332.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301957-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200179401 CLAIM NUMBER : 957299 INS/CLMT STATE : FL DATE OF LOSS : 11/07/1995 DATE PROOF FILED : 10/28/1998	INSURED : DOLPH DISTRIBUTING PROPANE USA CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$21.91 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301958-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100060022 CLAIM NUMBER : 019700000111 INS/CLMT STATE : FL DATE OF LOSS : 01/02/1997 DATE PROOF FILED : 10/28/1998	INSURED : HOME HEALTH CARE OF GREATER MI CLAIMANT : DEAN RINGERS MORGAN & LAWTON PA PO BOX 2928 ORLANDO,FL 328022928	AMOUNT CLAIMED : \$38.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 301964-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000611 INS/CLMT STATE : FL DATE OF LOSS : 03/19/1998 DATE PROOF FILED : 11/19/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD, INC. 5700 E.COLONIAL DR ORLANDO,FL 32807	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301966-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089487 CLAIM NUMBER : 019800000326 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1998 DATE PROOF FILED : 11/02/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD, INC. 5700 E. COLONIAL DR. ORLANDO,FL 32807	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301973-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 019800000677 INS/CLMT STATE : FL DATE OF LOSS : 03/27/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301984-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090644 CLAIM NUMBER : 019800000559 INS/CLMT STATE : FL DATE OF LOSS : 03/05/1998 DATE PROOF FILED : 11/09/1998	INSURED : WYNNE BUILDING CORPORATION CLAIMANT : TERRY A REILLY 300 NW AIROSO BLVD. PORT ST LUCIE,FL 34983	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$344.30 AMOUNT GUARANTY PAID : \$344.30 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301985-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100088771 CLAIM NUMBER : 019800000341 INS/CLMT STATE : FL DATE OF LOSS : 02/14/1998 DATE PROOF FILED : 10/15/1998	INSURED : ASHCO ENTERPRISES METRO SERVICES CLAIMANT : METRO SERVICES PO BOX 555238 ORLANDO,FL 328555238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 301987-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002832 INS/CLMT STATE : FL DATE OF LOSS : 08/22/1997 DATE PROOF FILED : 10/01/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 301992-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100092717 CLAIM NUMBER : 019800000226 INS/CLMT STATE : FL DATE OF LOSS : 01/21/1998 DATE PROOF FILED : 10/12/1998	INSURED : NOZZLE NOLEN, INC. CLAIMANT : NOZZLE NOLEN, INC. 428 OLD DIXIE HWY VERO BEACH,FL 329621641	AMOUNT CLAIMED : \$123.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302003-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064628 CLAIM NUMBER : 019800000383 INS/CLMT STATE : FL DATE OF LOSS : 02/13/1998 DATE PROOF FILED : 10/28/1998	INSURED : FOREVERGREEN LAWN & LANDSCAPE CLAIMANT : OZIEL ESCALANTE P.O. BOX 8351 WEST PALM BEACH,FL 33407	AMOUNT CLAIMED : \$2,254.73 AMOUNT RECOMMENDED : \$19.00 AMOUNT GUARANTY PAID : \$19.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302004-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 0100065278 CLAIM NUMBER : 019700001990 INS/CLMT STATE : FL DATE OF LOSS : 07/18/1997 DATE PROOF FILED : 12/03/1998	INSURED : TERM PERSONNEL OF SARASOTA,INC CLAIMANT : DEAN RINGERS MORGAN AND LAWTON PA PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$813.79 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302006-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 019800000408 INS/CLMT STATE : FL DATE OF LOSS : 01/14/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302008-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052824 CLAIM NUMBER : 019700001407 INS/CLMT STATE : FL DATE OF LOSS : 07/12/1997 DATE PROOF FILED : 12/01/1998	INSURED : CUTS BY US, INC. CLAIMANT : MELISSA JOLENE GILLMAN 527 NORRIS AVE PENSACOLA,FL 32505	AMOUNT CLAIMED : \$75.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302011-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089321 CLAIM NUMBER : 019800000052 INS/CLMT STATE : FL DATE OF LOSS : 01/08/1998 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,FL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302022-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019800000367 INS/CLMT STATE : FL DATE OF LOSS : 02/19/1998 DATE PROOF FILED : 11/04/1998	INSURED : KFC CLAIMANT : KENTUCKY FRIED CHICKEN 925 LIME AVE SARASOTA,FL 34237	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 302023-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200177301 CLAIM NUMBER : 969250 INS/CLMT STATE : AL DATE OF LOSS : 08/09/1996 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302024-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000207 INS/CLMT STATE : FL DATE OF LOSS : 01/28/1998 DATE PROOF FILED : 11/18/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC P.O. BOX 2762 STUART,FL 34995	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302025-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072908 CLAIM NUMBER : 019800000334 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1998 DATE PROOF FILED : 10/26/1998	INSURED : ADVENTURE BAY EARLY LEARNING CENTER CLAIMANT : ADVENTURE BAY EARLY LEARNING CENTER OF BOCA RATON 19805 HAMPTON DR BOCA RATON,FL 33434	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302030-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100084313 CLAIM NUMBER : 019800000155 INS/CLMT STATE : FL DATE OF LOSS : 01/22/1998 DATE PROOF FILED : 11/16/1998	INSURED : CARMINE'S PRIME MEATS, INC. CLAIMANT : CARMINE'S PRIME MEAT 2460 PGA BLVD. PALM BEACH GARDENS,FL 33410	AMOUNT CLAIMED : \$118.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302030-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100084313 CLAIM NUMBER : 019800000155 INS/CLMT STATE : FL DATE OF LOSS : 01/22/1998 DATE PROOF FILED : 11/16/1998	INSURED : CARMINE'S PRIME MEATS, INC. CLAIMANT : ALLEN J SELDON 1863 DILLONE LN NORTH PALM BEACH,FL 334082849	AMOUNT CLAIMED : \$118.00 AMOUNT RECOMMENDED : \$29.00 AMOUNT GUARANTY PAID : \$29.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302051-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200155201 CLAIM NUMBER : 0950002055 INS/CLMT STATE : FL DATE OF LOSS : 03/23/1995 DATE PROOF FILED : 11/06/1998	INSURED : TOWNLEY MANUFACTURING CO., INC CLAIMANT : TOWNLEY MANUFACTURING CO., INC P.O. BOX 221 CANDLER,FL 32111	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302051-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200155201 CLAIM NUMBER : 0950002055 INS/CLMT STATE : FL DATE OF LOSS : 03/23/1995 DATE PROOF FILED : 11/25/1998	INSURED : TOWNLEY MANUFACTURING CO., INC CLAIMANT : DUFFY WESTFARE 11370 S.E. 92ND COURT BELLVIEW,FL 34420	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302051-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200155201 CLAIM NUMBER : 0950002055 INS/CLMT STATE : FL DATE OF LOSS : 03/23/1995 DATE PROOF FILED : 11/11/1998	INSURED : TOWNLEY MANUFACTURING CO., INC CLAIMANT : STAVER AND ASSOCIATES SUITE 540 1900 SUMMIT TOWER BLVD ORLANDO,FL 328105919	AMOUNT CLAIMED : \$290.26 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 302052-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200211001 CLAIM NUMBER : 0960002056 INS/CLMT STATE : FL DATE OF LOSS : 08/29/1996 DATE PROOF FILED : 12/03/1998	INSURED : COMMUNITY COORDINATED CARE FOR CLAIMANT : DEAN RINGER MORGAN AND LAWTON PA PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$500.04 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 302056-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200131401 CLAIM NUMBER : 0950002067 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1995 DATE PROOF FILED : 12/03/1998	INSURED : K & L PICK-UP & DELIVERY, INC. CLAIMANT : DEAN RINGERS MORGAN AND LAWTON PA PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$47.82 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 302057-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200241501 CLAIM NUMBER : 0960002069 INS/CLMT STATE : FL DATE OF LOSS : 08/06/1996 DATE PROOF FILED : 12/02/1998	INSURED : SOUTHERN HEALTH MGMT., INC. CLAIMANT : JANICE RHODEN 4432 WEEKS ROAD GREEN COVE SPRINGS,FL 32043	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$43.00 AMOUNT GUARANTY PAID : \$43.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302062-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 0980002076 INS/CLMT STATE : FL DATE OF LOSS : 02/04/1998 DATE PROOF FILED : 04/29/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER INC 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 302063-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153902 CLAIM NUMBER : 0950002077 INS/CLMT STATE : FL DATE OF LOSS : 07/07/1995 DATE PROOF FILED : 11/09/1998	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : PRODUCTION TRUSS & FABRICATION CORP 161 NW 4TH STREET BOCA RATON,FL 33432	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302065-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061323 CLAIM NUMBER : 0970002080 INS/CLMT STATE : FL DATE OF LOSS : 01/09/1997 DATE PROOF FILED : 11/06/1998	INSURED : ARLINGTON ELECTRIC INC. CLAIMANT : ARLINGTON ELECTRIC INC. 3251 SOUTH EAST DIXIE HWY STUART,FL 34997	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302066-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060577 CLAIM NUMBER : 0970002081 INS/CLMT STATE : FL DATE OF LOSS : 08/14/1997 DATE PROOF FILED : 11/11/1998	INSURED : TDJ, INC. CLAIMANT : TDJ, INC. P.O.BOX 6955 LAKELAND,FL 33807	AMOUNT CLAIMED : \$39.82 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302068-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 0980002083 INS/CLMT STATE : FL DATE OF LOSS : 02/03/1998 DATE PROOF FILED : 04/22/1999	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : FRENCH'S AIR COND. INC. 3818 N 40TH ST TAMPA,FL 336108015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 302073-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 89487 CLAIM NUMBER : 0980002070 INS/CLMT STATE : FL DATE OF LOSS : 05/18/1998 DATE PROOF FILED : 11/19/1998	INSURED : MCINERNEY FORD CLAIMANT : MCINERNEY FORD 5700 E COLONIAL DR ORLANDO,FL 32806	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302082-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 89876 CLAIM NUMBER : 0980002037 INS/CLMT STATE : FL DATE OF LOSS : 05/12/1998 DATE PROOF FILED : 01/19/1999	INSURED : BANANA BOAT CLAIMANT : ALLISON MELIVIN 48 TARA LAKES DR E BOYNTON BEACH,FL 33436	AMOUNT CLAIMED : \$31.00 AMOUNT RECOMMENDED : \$57.00 AMOUNT GUARANTY PAID : \$57.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302084-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200010301 CLAIM NUMBER : 0940002089 INS/CLMT STATE : FL DATE OF LOSS : 08/01/1994 DATE PROOF FILED : 11/20/1998	INSURED : NOZZLE NOLEN, INC. CLAIMANT : NOZZLE NOLEN PEST CONTROL INC 5400 BROADWAY WEST PALM BEACH,FL 33407	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302088-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062526 CLAIM NUMBER : 0970002090 INS/CLMT STATE : FL DATE OF LOSS : 10/20/1997 DATE PROOF FILED : 11/12/1998	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : PALM BEACH COUNTY HEALTH CARE DISTRICT 324 DATURA ST SUITE 401 WEST PALM BEACH,FL 33401	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302092-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042003023 CLAIM NUMBER : 0970002096 INS/CLMT STATE : FL DATE OF LOSS : 04/22/1997 DATE PROOF FILED : 11/04/1998	INSURED : COMPREHENSIVE COMMUNITY SERV. CLAIMANT : COMPREHENSIVE COMMUNITY SERVICES 511 GOLD KIST BLVD LIVE OAK,FL 32060	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302101-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200173501 CLAIM NUMBER : 0960002106 INS/CLMT STATE : FL DATE OF LOSS : 09/19/1996 DATE PROOF FILED : 11/16/1998	INSURED : ALLIED TIRES, INC. CLAIMANT : ALLIED TIRES INC 3320-A MAGGIE BOULEVARD ORLANDO,FL 32811	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302106-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 969308 INS/CLMT STATE : FL DATE OF LOSS : 08/13/1996 DATE PROOF FILED : 12/03/1998	INSURED : MIDDLETON PEST CONTROL CLAIMANT : MIDDLETON PEST CONTROL 1600 33RD ST ORLANDO,FL 328398850	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302106-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 969308 INS/CLMT STATE : FL DATE OF LOSS : 08/13/1996 DATE PROOF FILED : 11/12/1998	INSURED : MIDDLETON PEST CONTROL CLAIMANT : PYLE JONES HURLEY AND HAND PA ATTORNEYS AT LAW 1069 WEST MORSE BLVD WINTER PARK,FL 32789	AMOUNT CLAIMED : \$527.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 302107-3 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : 004200109401 CLAIM NUMBER : 955897 INS/CLMT STATE : FL DATE OF LOSS : 05/25/1995 DATE PROOF FILED : 01/25/1999	INSURED : WEST COAST INSULATION, INC. CLAIMANT : P DEAN RINGERS MORGAN AND LAWTON PA PO BOX 2928 ORLANDO,FL 32802	AMOUNT CLAIMED : \$67.46 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 302109-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700000934 INS/CLMT STATE : FL DATE OF LOSS : 05/20/1997 DATE PROOF FILED : 11/18/1998	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF TREASURE COAST PO BOX 2762 STUART,FL 34995	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302111-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200173501 CLAIM NUMBER : 969551 INS/CLMT STATE : FL DATE OF LOSS : 09/20/1996 DATE PROOF FILED : 11/16/1998	INSURED : ALLIED TIRES, INC. CLAIMANT : ALLIED TIRES INC 3320-A MAGGIE BOULEVARD ORLANDO,FL 32811	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302129-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074068 CLAIM NUMBER : 0970002124 INS/CLMT STATE : FL DATE OF LOSS : 10/13/1997 DATE PROOF FILED : 01/11/1999	INSURED : DENNIS DRUCK GENERAL CONTRACTORS INC CLAIMANT : DENNIS DRUCK GENERAL CONTRACTORS INC 921 W 46 ST MIAMI BEACH,FL 33140	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302133-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 58646 CLAIM NUMBER : 0970002121 INS/CLMT STATE : FL DATE OF LOSS : 08/15/1997 DATE PROOF FILED : 01/11/1999	INSURED : LANZO CONSTRUCTION CLAIMANT : LANZO CONSTRUCTION 1900 NW 44TH ST POMPANO BEACH,FL 33064	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302140-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200230301 CLAIM NUMBER : 0960002138 INS/CLMT STATE : FL DATE OF LOSS : 07/11/1996 DATE PROOF FILED : 01/11/1999	INSURED : S BROWARD ANIMAL HOSPITAL CLAIMANT : ELIZABETH MCDANIEL 6711 SW 26TH COURT MIRAMAR,FL 33023	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$38,781.90 AMOUNT GUARANTY PAID : \$38,781.90 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302143-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 0970002142 INS/CLMT STATE : FL DATE OF LOSS : 08/14/1997 DATE PROOF FILED : 01/19/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING INC 10540 S FEDERAL HWY PT ST LUCIE,FL 34952	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302144-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060577 CLAIM NUMBER : 0970002141 INS/CLMT STATE : FL DATE OF LOSS : 11/04/1997 DATE PROOF FILED : 02/16/1999	INSURED : TDJ, INC. CLAIMANT : SAMUEL P SOKOLIK 925 LAKE LURE LOOP W LAKELAND,FL 33801	AMOUNT CLAIMED : \$3,500.00 AMOUNT RECOMMENDED : \$141.00 AMOUNT GUARANTY PAID : \$141.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 302146-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 0980002139 INS/CLMT STATE : FL DATE OF LOSS : 03/14/1998 DATE PROOF FILED : 01/11/1999	INSURED : KFC CLAIMANT : FERBES & SONS 925 N LINE RD SARASOTA,FL 34236	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302150-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100067661 CLAIM NUMBER : 0970002148 INS/CLMT STATE : FL DATE OF LOSS : 07/06/1997 DATE PROOF FILED : 01/21/1999	INSURED : CANTERBURY HOUSE, INC. CLAIMANT : CANTERBURY HOUSE, INC. 551 NEAPOLITAN LANE NAPLES,FL 34103	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302155-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 0980002151 INS/CLMT STATE : FL DATE OF LOSS : 02/19/1998 DATE PROOF FILED : 01/20/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT ST LUCIE,FL 34985	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302157-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072908 CLAIM NUMBER : 0980002157 INS/CLMT STATE : FL DATE OF LOSS : 02/07/1998 DATE PROOF FILED : 01/15/1999	INSURED : ADVENTURE BAY EARLY LEARNING CENTER CLAIMANT : ADVENTURE BAY EARLY LEARNING CENTER 19805 HAMPTON DR. BOCA RATON,FL 33434	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302157-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072908 CLAIM NUMBER : 0980002157 INS/CLMT STATE : FL DATE OF LOSS : 02/07/1998 DATE PROOF FILED : 04/02/1999	INSURED : ADVENTURE BAY EARLY LEARNING CENTER CLAIMANT : JUILE SINOYIANNIS 10058 TWIN LAKES DR CORAL SPRINGS,FL 330715351	AMOUNT CLAIMED : \$246.59 AMOUNT RECOMMENDED : \$114.67 AMOUNT GUARANTY PAID : \$114.67 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302166-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 59992 CLAIM NUMBER : 01970002164 INS/CLMT STATE : FL DATE OF LOSS : 08/05/1997 DATE PROOF FILED : 01/11/1999	INSURED : WYNNE BUILDING CORP CLAIMANT : TERRY REILLY 300 NW AIROSO BLVD PORT ST LUCIE,FL 34952	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$4,500.00 AMOUNT GUARANTY PAID : \$4,500.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302177-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200132201 CLAIM NUMBER : 0960002173 INS/CLMT STATE : FL DATE OF LOSS : 07/30/1996 DATE PROOF FILED : 02/18/1999	INSURED : IRENE E. MALESIC MD CLAIMANT : IRENE E. MALESIC MD 11857 SAN JOSE BLVD. JACKSONVILLE,FL 32223	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302196-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 0980002193 INS/CLMT STATE : FL DATE OF LOSS : 02/08/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 302196-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 0980002193 INS/CLMT STATE : FL DATE OF LOSS : 02/08/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : EDWARD DIXON C/O AETNA MAINTENANCE 1911 N US HIGHWAY 301 STE 150 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$172.19 AMOUNT GUARANTY PAID : \$172.19 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302210-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 60826 CLAIM NUMBER : 0970002208 INS/CLMT STATE : FL DATE OF LOSS : 04/25/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302212-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 64186 CLAIM NUMBER : 0970002206 INS/CLMT STATE : FL DATE OF LOSS : 06/11/1997 DATE PROOF FILED : 04/01/1999	INSURED : KRO, INC. CLAIMANT : KRO INC 15723 SCRIMSHAW DR TAMPA,FL 336241570	AMOUNT CLAIMED : \$2,179.68 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302222-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 249601 CLAIM NUMBER : 0960002220 INS/CLMT STATE : FL DATE OF LOSS : 12/22/1996 DATE PROOF FILED : 04/14/1999	INSURED : DOLPHIN MEDICAL CLAIMANT : NORMA MILLER 20020 NW 3RD PL MIAMI,FL 331692932	AMOUNT CLAIMED : \$1,600.00 AMOUNT RECOMMENDED : \$151.21 AMOUNT GUARANTY PAID : \$151.21 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302231-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 59185 CLAIM NUMBER : 0970002228 INS/CLMT STATE : AL DATE OF LOSS : 09/19/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302231-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 59185 CLAIM NUMBER : 0970002228 INS/CLMT STATE : AL DATE OF LOSS : 09/19/1997 DATE PROOF FILED : 03/31/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : JOHN J GALINDO 22119 LAKEVIEW DRIVE PANAMA CITY BEACH,FL 32413	AMOUNT CLAIMED : \$4,000.00 AMOUNT RECOMMENDED : \$4,000.00 AMOUNT GUARANTY PAID : \$4,000.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302234-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 57107 CLAIM NUMBER : 0970002231 INS/CLMT STATE : FL DATE OF LOSS : 09/01/1997 DATE PROOF FILED : 03/16/1999	INSURED : BROOKSIDE PROPERTIES CLAIMANT : BROOKSIDE PROPERTIES 224 WHITE BRIDGE ROAD NASHVILLE,TN 37209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302238-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 58702 CLAIM NUMBER : 0970002235 INS/CLMT STATE : FL DATE OF LOSS : 12/17/1997 DATE PROOF FILED : 03/25/1999	INSURED : PALS INC CLAIMANT : PALS INC 3260 SE DIXIE HWY STUART,FL 34997	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 302238-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 58702 CLAIM NUMBER : 0970002235 INS/CLMT STATE : FL DATE OF LOSS : 12/17/1997 DATE PROOF FILED : 03/25/1999	INSURED : PALS INC CLAIMANT : ROBERT T DIBBLE 2719 NE HICKORY RIDGE AVE JENSEN BEACH,FL 34957	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$8,135.26 AMOUNT GUARANTY PAID : \$8,135.26 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302239-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 156801 CLAIM NUMBER : 0950002234 INS/CLMT STATE : FL DATE OF LOSS : 12/21/1995 DATE PROOF FILED : 04/06/1999	INSURED : LINSTROM AIR CONDITIONING INC CLAIMANT : LINSTROM AIR CONDITIONING INC 6601 LYONS RD D8 COCOANUT CREEK,FL 33073	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 302239-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 156801 CLAIM NUMBER : 0950002234 INS/CLMT STATE : FL DATE OF LOSS : 12/21/1995 DATE PROOF FILED : 04/29/1999	INSURED : LINSTROM AIR CONDITIONING INC CLAIMANT : PAUL C ESPOSITO 723 SE 2ND AVE DELRAY BEACH,FL 33444	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310010-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 019600000329 INS/CLMT STATE : FL DATE OF LOSS : 12/18/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310010-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 019600000329 INS/CLMT STATE : FL DATE OF LOSS : 12/18/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : MICHEAL VENTRELLA C/O LANZO CONSTRUCTION CO. FL 6261 COUNTRY FAIR CIR POMPANO BEACH,FL 33064	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310016-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200209301 CLAIM NUMBER : 019600000337 INS/CLMT STATE : TN DATE OF LOSS : 12/11/1996 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE MANAGEMENT GROUP, IN CLAIMANT : BROOKSIDE MANAGEMENT GROUP INC 224 WHITE BRIDGE ROAD NASHVILLE,TN 372093207	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310022-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200040901 CLAIM NUMBER : 019600000345 INS/CLMT STATE : FL DATE OF LOSS : 12/06/1996 DATE PROOF FILED : 04/16/1999	INSURED : ALLSTAR BUILDERS CORPORATION CLAIMANT : WILLIAM BOYLE 1681 NW 70TH AVE PLANTATION,FL 333135200	AMOUNT CLAIMED : \$2,500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310032-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200043101 CLAIM NUMBER : 019600000359 INS/CLMT STATE : FL DATE OF LOSS : 12/18/1996 DATE PROOF FILED : 04/01/1999	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : STANLEY MARSH AND SONS, INC. 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310033-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200226801 CLAIM NUMBER : 019600000360 INS/CLMT STATE : FL DATE OF LOSS : 12/16/1996 DATE PROOF FILED : 05/06/1999	INSURED : CANTERBURY HOUSE, INC. CLAIMANT : CANTERBURY HOUSE, INC. 551 NEAPOLITAN LN NAPLES,FL 341038532	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 310042-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200156801 CLAIM NUMBER : 019600000377 INS/CLMT STATE : FL DATE OF LOSS : 11/04/1996 DATE PROOF FILED : 04/23/1999	INSURED : LINDSTROM AIR CONDITIONING INC CLAIMANT : MATTHEW AARON TUPPER 208.2 HENDERSON GAP RD BLOWING ROCK,NC 28605	AMOUNT CLAIMED : \$12,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310044-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200177301 CLAIM NUMBER : 019600000380 INS/CLMT STATE : AL DATE OF LOSS : 12/20/1996 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310044-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200177301 CLAIM NUMBER : 019600000380 INS/CLMT STATE : AL DATE OF LOSS : 12/20/1996 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : JACK SHECKTON 820 GIBSON RD LOT #6 FORT WALTON BEACH,FL 32547	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310057-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 019600000408 INS/CLMT STATE : FL DATE OF LOSS : 12/30/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO LINING SERVICES INC FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310157-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000034 INS/CLMT STATE : FL DATE OF LOSS : 01/08/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310157-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000034 INS/CLMT STATE : FL DATE OF LOSS : 01/08/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : HENK WOLTERS PO BOX 4754 WINTER PARK,FL 327934754	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310158-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000035 INS/CLMT STATE : FL DATE OF LOSS : 01/07/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310158-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000035 INS/CLMT STATE : FL DATE OF LOSS : 01/07/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MICHEAL MAYFIELD 422 SOUTH CHARM DRIVE ORLANDO,FL 32807	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310162-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200240701 CLAIM NUMBER : 019700000049 INS/CLMT STATE : FL DATE OF LOSS : 01/06/1997 DATE PROOF FILED : 03/22/1999	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : FLAGLER COUNTY COA COMMUNITY 1000 BELLE TERRE BLVD PALM COAST,FL 321645238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310162-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200240701 CLAIM NUMBER : 019700000049 INS/CLMT STATE : FL DATE OF LOSS : 01/06/1997 DATE PROOF FILED : 04/09/1999	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : LUISA MOORE 20 FEDERAL LN PALM COAST,FL 321378472	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310187-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053961 CLAIM NUMBER : 019700000093 INS/CLMT STATE : FL DATE OF LOSS : 01/08/1997 DATE PROOF FILED : 04/12/1999	INSURED : B.E.T.-ER MIX, INC. CLAIMANT : BERNARD COVER 7524 GALAHAD RD PORT RICHEY,FL 346682625	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310188-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052157 CLAIM NUMBER : 019700000094 INS/CLMT STATE : FL DATE OF LOSS : 01/21/1997 DATE PROOF FILED : 04/01/1999	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS MFG 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310197-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200220201 CLAIM NUMBER : 019700000106 INS/CLMT STATE : FL DATE OF LOSS : 01/19/1997 DATE PROOF FILED : 04/01/1999	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : AYERS FLOYDZELL 1340 W 34TH ST RIVIERA BEACH,FL 334042908	AMOUNT CLAIMED : \$140.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310200-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058633 CLAIM NUMBER : 019700000110 INS/CLMT STATE : FL DATE OF LOSS : 01/23/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310206-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : 019700000120 INS/CLMT STATE : FL DATE OF LOSS : 01/29/1997 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE PROPERTIES 224 WHITE BRIDGE ROAD NASHVILLE,TN 32709	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310214-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058633 CLAIM NUMBER : 019700000135 INS/CLMT STATE : FL DATE OF LOSS : 01/27/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310232-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700000163 INS/CLMT STATE : FL DATE OF LOSS : 01/28/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC 1911 N US HWY 301 SUITE 150 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310246-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000182 INS/CLMT STATE : FL DATE OF LOSS : 02/04/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310246-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000182 INS/CLMT STATE : FL DATE OF LOSS : 02/04/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : PEDRO GHIRGHI 7457 FACULTY DR ORLANDO,FL 328076405	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310249-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700000186 INS/CLMT STATE : FL DATE OF LOSS : 01/29/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC 1400 MCCRORY LN BIRMINGHAM,AL 352164899	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310249-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700000186 INS/CLMT STATE : FL DATE OF LOSS : 01/29/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : CLINT D MICKOW 1116 MAPELWOOD COURT GULF BREEZE,FL 32561	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310275-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059307 CLAIM NUMBER : 019700000225 INS/CLMT STATE : FL DATE OF LOSS : 02/14/1997 DATE PROOF FILED : 04/22/1999	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : TRANSPORTE AERO MERCANTILES PA PO BOX 524235 MIAMI,FL 331524235	AMOUNT CLAIMED : \$3,800.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310275-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059307 CLAIM NUMBER : 019700000225 INS/CLMT STATE : FL DATE OF LOSS : 02/14/1997 DATE PROOF FILED : 04/22/1999	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : ROODY DONAIS 447 NE 75TH STREET MIAMI,FL 33138	AMOUNT CLAIMED : \$3,800.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310278-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700000231 INS/CLMT STATE : FL DATE OF LOSS : 02/06/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO BOX DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310278-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700000231 INS/CLMT STATE : FL DATE OF LOSS : 02/06/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : WILLIAM A. MANNING 5760 JV WOLLEY ROAD CRESTVIEW,FL 32539	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310285-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053707 CLAIM NUMBER : 019700000239 INS/CLMT STATE : FL DATE OF LOSS : 02/12/1997 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES 1128 ROYAL PALM BEACH BLVD #172 ROYAL PALM BEACH,FL 33411	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310289-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : 019700000244 INS/CLMT STATE : FL DATE OF LOSS : 02/14/1997 DATE PROOF FILED : 03/18/1999	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE MANAGEMENT GROUP INC 13300 WALSINGHAM RD LARGO,FL 337743541	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310290-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : 019700000245 INS/CLMT STATE : FL DATE OF LOSS : 02/13/1997 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE PROPERTIES 224 WHITE BRIDGE ROAD NASHVILLE,TN 37209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310297-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059307 CLAIM NUMBER : 019700000259 INS/CLMT STATE : FL DATE OF LOSS : 02/18/1997 DATE PROOF FILED : 03/22/1999	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : EDUARDO GONZALEZ-REAL 14206 SW 52ND ST MIAMI,FL 331755829	AMOUNT CLAIMED : \$6,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310313-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100050719 CLAIM NUMBER : 019700000284 INS/CLMT STATE : FL DATE OF LOSS : 02/23/1997 DATE PROOF FILED : 04/09/1999	INSURED : CRYSTAL PALMS ETAL CLAIMANT : YFODA DORSAN 910 SOUTH D ST LAKE WORTH,FL 334604732	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310314-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053707 CLAIM NUMBER : 019700000285 INS/CLMT STATE : FL DATE OF LOSS : 02/24/1997 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES 1128 ROYAL PALM BCH BLVD #172 PO BOX 210243 ROYAL PALM BEACH,FL 33411	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310328-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059796 CLAIM NUMBER : 019700000304 INS/CLMT STATE : FL DATE OF LOSS : 02/25/1997 DATE PROOF FILED : 04/19/1999	INSURED : J.E. ABERCROMBIE, INC. CLAIMANT : JOHN KENDALL 858 COLONIAL COURT EAST JACKSONVILLE,FL 32225	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310332-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065207 CLAIM NUMBER : 019700000310 INS/CLMT STATE : FL DATE OF LOSS : 02/24/1997 DATE PROOF FILED : 04/12/1999	INSURED : PAPER MASTER, INC. CLAIMANT : ANSON JOACHIN 375 NE 162ND ST NORTH MIAMI BEACH,FL 331624352	AMOUNT CLAIMED : \$7,626.73 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310357-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051549 CLAIM NUMBER : 019700000339 INS/CLMT STATE : FL DATE OF LOSS : 02/28/1997 DATE PROOF FILED : 04/16/1999	INSURED : LANDSCAPE TECHNIQUES OF S. FLA. CLAIMANT : LANDSCAPE TECHNIQUES OF SO FL MANAGEMENT 1115 ROYAL PALM DR DELRAY BEACH,FL 334441226	AMOUNT CLAIMED : \$124.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310376-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100050928 CLAIM NUMBER : 019700000366 INS/CLMT STATE : FL DATE OF LOSS : 02/08/1997 DATE PROOF FILED : 04/12/1999	INSURED : ALEC'S CAMPER CENTER, INC. CLAIMANT : ALECS CAMPER CENTER INC 16960 S DIXIE HWY MIAMI,FL 331574354	AMOUNT CLAIMED : \$315.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310410-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058799 CLAIM NUMBER : 019700000410 INS/CLMT STATE : FL DATE OF LOSS : 03/14/1997 DATE PROOF FILED : 04/01/1999	INSURED : LICO II CLAIMANT : WALTER T TIETJE 29 BELLEAIRE DR PALM COAST,FL 321378622	AMOUNT CLAIMED : \$1,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310424-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058633 CLAIM NUMBER : 019700000425 INS/CLMT STATE : FL DATE OF LOSS : 03/19/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310433-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : 019700000435 INS/CLMT STATE : FL DATE OF LOSS : 03/14/1997 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE PROPERTIES 224 WHITE BRIDGE PIKE NASHVILLE,TN 372093207	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310434-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058633 CLAIM NUMBER : 019700000436 INS/CLMT STATE : FL DATE OF LOSS : 03/19/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310446-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064964 CLAIM NUMBER : 019700000450 INS/CLMT STATE : FL DATE OF LOSS : 03/14/1997 DATE PROOF FILED : 03/26/1999	INSURED : ACUTEC, INC. CLAIMANT : ACUTEC, INC. 5485 NW 22ND AVE FORT LAUDERDALE,FL 333092712	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310446-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064964 CLAIM NUMBER : 019700000450 INS/CLMT STATE : FL DATE OF LOSS : 03/14/1997 DATE PROOF FILED : 03/26/1999	INSURED : ACUTEC, INC. CLAIMANT : CHAE YU 409 SE 20 ST #9 FT LAUDERDALE,FL 33316	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310467-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100061476 CLAIM NUMBER : 019700000478 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1997 DATE PROOF FILED : 04/19/1999	INSURED : JENASIS STRUCTURES INC CLAIMANT : ALBERT TRIGO 336 WOOD IBIS AVE TARPON SPRINGS,FL 34689	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310476-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100050526 CLAIM NUMBER : 019700000489 INS/CLMT STATE : FL DATE OF LOSS : 03/17/1997 DATE PROOF FILED : 06/02/1999	INSURED : S & S ROOFING SOUTH, INC. CLAIMANT : WILLIAM P FRENCH APT #2 432 WESTWOOD RD WEST PALM BEACH,FL 334017934	AMOUNT CLAIMED : \$18,586.69 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310485-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019700000499 INS/CLMT STATE : FL DATE OF LOSS : 03/23/1997 DATE PROOF FILED : 04/28/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER INC 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310509-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019700000528 INS/CLMT STATE : FL DATE OF LOSS : 03/20/1997 DATE PROOF FILED : 04/28/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER INC 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310514-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100058659 CLAIM NUMBER : 019700000536 INS/CLMT STATE : FL DATE OF LOSS : 03/27/1997 DATE PROOF FILED : 05/03/1999	INSURED : GAZEBO LANDSCAPE DESIGN, INC. CLAIMANT : UBALDO MORALES PO BOX 1713 INDIANTOWN,FL 349561713	AMOUNT CLAIMED : \$780.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310528-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060937 CLAIM NUMBER : 019700000557 INS/CLMT STATE : FL DATE OF LOSS : 04/03/1997 DATE PROOF FILED : 03/22/1999	INSURED : KELLY BROTHERS, INC. CLAIMANT : HELEN GUERRERO 1409 APPLE ST IMMOKALEE,FL 341422128	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310550-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200240701 CLAIM NUMBER : 019700000590 INS/CLMT STATE : FL DATE OF LOSS : 04/08/1997 DATE PROOF FILED : 03/22/1999	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : FLAGLER COUNTY COA COMMUNITY 1000 BELLE TERRE BLVD PALM COAST,FL 321645238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310554-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000594 INS/CLMT STATE : FL DATE OF LOSS : 02/12/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310554-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000594 INS/CLMT STATE : FL DATE OF LOSS : 02/12/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : HERMAN WALDEN 1420 PARK MANOR DR ORLANDO,FL 328255736	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310569-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058979 CLAIM NUMBER : 019700000612 INS/CLMT STATE : FL DATE OF LOSS : 04/10/1997 DATE PROOF FILED : 04/12/1999	INSURED : DISCOUNT PROPANE, INC. & CLAIMANT : DISCOUNT PROPANE, INC. & 546 S SHELL RD DEBARY,FL 327139726	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310593-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700000641 INS/CLMT STATE : FL DATE OF LOSS : 04/07/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING 10542 S FEDERAL HWY PO BOX 7151 PORT SAINT LUCIE,FL 34985	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310594-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059267 CLAIM NUMBER : 019700000643 INS/CLMT STATE : FL DATE OF LOSS : 04/16/1997 DATE PROOF FILED : 03/31/1999	INSURED : KREEPY KRAULY USA, INC. CLAIMANT : RUDOLFO R MARTINEZ 1931 NW 18TH ST MIAMI,FL 331251409	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310601-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100056975 CLAIM NUMBER : 019700000650 INS/CLMT STATE : FL DATE OF LOSS : 04/08/1997 DATE PROOF FILED : 04/21/1999	INSURED : U. S. BUSINESS SERVICES INC. CLAIMANT : LOUIS F MCQUAID 1897 NE 21ST TER JENSON BEACH,FL 34957	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310606-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053707 CLAIM NUMBER : 019700000656 INS/CLMT STATE : FL DATE OF LOSS : 04/14/1997 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES INC 1128 ROYAL PALM BCH BLVD #172 PO 210243 ROYAL PALM BCH,FL 33411	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310622-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000676 INS/CLMT STATE : FL DATE OF LOSS : 04/16/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310622-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000676 INS/CLMT STATE : FL DATE OF LOSS : 04/16/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : ARNOLD JAMES 454 SAND DOLLAR LN COCOA,FL 329275930	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310645-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 019700000705 INS/CLMT STATE : FL DATE OF LOSS : 04/21/1997 DATE PROOF FILED : 04/23/1999	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : FRENCHS AIR CONDITIONING INC 3818 N 40TH ST TAMPA,FL 336108015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310651-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700000712 INS/CLMT STATE : FL DATE OF LOSS : 04/19/1997 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT SAINT LUCIE,FL 34985	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310653-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066913 CLAIM NUMBER : 019700000714 INS/CLMT STATE : FL DATE OF LOSS : 04/21/1997 DATE PROOF FILED : 03/22/1999	INSURED : WEST COAST TOMATO, INC. CLAIMANT : WEST COAST TOMATO, INC. 530 5TH AVENUE DR W PALMETTO,FL 342215154	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310668-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062957 CLAIM NUMBER : 019700000729 INS/CLMT STATE : FL DATE OF LOSS : 04/21/1997 DATE PROOF FILED : 04/19/1999	INSURED : SEARCY,DENNEY,SCAROLA,BARNHART CLAIMANT : SEARCY,DENNEY,SCAROLA,BARNHART 2139 PALM BEACH LAKES BLVD WEST PALM BEACH,FL 334096601	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310668-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062957 CLAIM NUMBER : 019700000729 INS/CLMT STATE : FL DATE OF LOSS : 04/21/1997 DATE PROOF FILED : 04/19/1999	INSURED : SEARCY,DENNEY,SCAROLA,BARNHART CLAIMANT : BONNIE D. LANDRIGAN 313 PINE RIDGE CIR APT A-2 LAKE WORTH,FL 334631926	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310686-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065376 CLAIM NUMBER : 019700000751 INS/CLMT STATE : FL DATE OF LOSS : 04/29/1997 DATE PROOF FILED : 04/01/1999	INSURED : X MAN CLAIMANT : EXTRA MAN INC 23 E BEAVER ST JACKSONVILLE,FL 322023020	AMOUNT CLAIMED : \$110.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310686-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065376 CLAIM NUMBER : 019700000751 INS/CLMT STATE : FL DATE OF LOSS : 04/29/1997 DATE PROOF FILED : 04/01/1999	INSURED : X MAN CLAIMANT : JEREMY KRUSE PO BOX 74 SANDERSON,FL 320870074	AMOUNT CLAIMED : \$110.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310686-3 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065376 CLAIM NUMBER : 019700000751 INS/CLMT STATE : FL DATE OF LOSS : 04/29/1997 DATE PROOF FILED : 04/01/1999	INSURED : X MAN CLAIMANT : EMPLOYMED PO BOX 440655 JACKSONVILLE,FL 32203	AMOUNT CLAIMED : \$110.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310694-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700000762 INS/CLMT STATE : FL DATE OF LOSS : 04/24/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST PO BOX 7445 PT ST LUCIE,FL 34985	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310698-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 019700000767 INS/CLMT STATE : FL DATE OF LOSS : 04/24/1997 DATE PROOF FILED : 04/07/1999	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : FRENCHS AIR CONDITIONING INC 3818 N 40TH ST TAMPA,FL 336108015	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310698-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065109 CLAIM NUMBER : 019700000767 INS/CLMT STATE : FL DATE OF LOSS : 04/24/1997 DATE PROOF FILED : 04/05/1999	INSURED : FRENCH'S AIR COND. INC. CLAIMANT : LUIS ROBERTS 8601 FRANKLIN RD PLANT CITY,FL 335653011	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310709-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700000782 INS/CLMT STATE : FL DATE OF LOSS : 04/30/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO LINING SERVICES INC FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310716-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : 019700000789 INS/CLMT STATE : FL DATE OF LOSS : 05/01/1997 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE PROPERTIES 224 WHITE BRIDGE ROAD NASHVILLE,TN 37209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310728-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700000802 INS/CLMT STATE : FL DATE OF LOSS : 04/28/1997 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT SAINT LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310730-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700000805 INS/CLMT STATE : FL DATE OF LOSS : 04/25/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310730-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700000805 INS/CLMT STATE : FL DATE OF LOSS : 04/25/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : JAMES B. BEARD 6614 LILLIAN HWY # 2 PENSACOLA,FL 325063950	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310759-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700000839 INS/CLMT STATE : FL DATE OF LOSS : 05/07/1997 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT SAINT LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310829-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000603010 CLAIM NUMBER : 019700000924 INS/CLMT STATE : FL DATE OF LOSS : 05/14/1997 DATE PROOF FILED : 04/02/1999	INSURED : VRG OWNERS LEAGUE INC CLAIMANT : FLORENCIO MONTANEZ 1951 N SEACREST BLVD BOYNTON BEACH,FL 334352213	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310831-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000926 INS/CLMT STATE : FL DATE OF LOSS : 05/13/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310831-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700000926 INS/CLMT STATE : FL DATE OF LOSS : 05/13/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : JOSE CUEVAS 7048 HIWASSEE OAK DR ORLANDO,FL 328188354	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310848-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700000948 INS/CLMT STATE : FL DATE OF LOSS : 05/22/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310852-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700000954 INS/CLMT STATE : FL DATE OF LOSS : 05/22/1997 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS INC PO BOX 7445 PORT ST LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310890-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700000999 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310891-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001000 INS/CLMT STATE : FL DATE OF LOSS : 05/28/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST PO BOX 7445 PORT ST LUCIE,FL 34985	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310896-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100052157 CLAIM NUMBER : 019700001005 INS/CLMT STATE : FL DATE OF LOSS : 05/29/1997 DATE PROOF FILED : 04/01/1999	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS MFG 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310903-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060593 CLAIM NUMBER : 019700001016 INS/CLMT STATE : FL DATE OF LOSS : 05/31/1997 DATE PROOF FILED : 03/24/1999	INSURED : ALPHA PERSONNEL CLAIMANT : THERESA MILLER 3935 NW 19TH AVE OKEECHOBEE,FL 349721537	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310919-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066913 CLAIM NUMBER : 019700001039 INS/CLMT STATE : FL DATE OF LOSS : 06/02/1997 DATE PROOF FILED : 03/22/1999	INSURED : WEST COAST TOMATO, INC. CLAIMANT : WEST COAST TOMATO, INC. 530 5TH AVENUE DR W PALMETTO,FL 342215154	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310920-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066913 CLAIM NUMBER : 019700001040 INS/CLMT STATE : FL DATE OF LOSS : 05/31/1997 DATE PROOF FILED : 03/22/1999	INSURED : WEST COAST TOMATO, INC. CLAIMANT : WEST COAST TOMATO, INC. 530 5TH AVENUE DR W PALMETTO,FL 342215154	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310922-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066913 CLAIM NUMBER : 019700001042 INS/CLMT STATE : FL DATE OF LOSS : 05/30/1997 DATE PROOF FILED : 03/22/1999	INSURED : WEST COAST TOMATO, INC. CLAIMANT : WEST COAST TOMATO, INC. 530 5TH AVENUE DR W PALMETTO,FL 342215154	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310939-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700001060 INS/CLMT STATE : FL DATE OF LOSS : 01/24/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310947-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064964 CLAIM NUMBER : 019700001070 INS/CLMT STATE : FL DATE OF LOSS : 04/09/1997 DATE PROOF FILED : 03/26/1999	INSURED : ACUTEK, INC. CLAIMANT : ACUTEK, INC. 823 NW 57TH ST FORT LAUDERDALE,FL 333092826	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310947-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064964 CLAIM NUMBER : 019700001070 INS/CLMT STATE : FL DATE OF LOSS : 04/09/1997 DATE PROOF FILED : 03/26/1999	INSURED : ACUTEK, INC. CLAIMANT : JULIAN LEWIS 2915 NW 60TH AVE APT 404 SUNRISE,FL 333131249	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310949-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700001072 INS/CLMT STATE : FL DATE OF LOSS : 06/07/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310949-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700001072 INS/CLMT STATE : FL DATE OF LOSS : 06/07/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : JOSE CUEVAS 7048 HIAWASSEE OAK DR ORLANDO,FL 328188354	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310974-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700001103 INS/CLMT STATE : FL DATE OF LOSS : 06/06/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,FL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310974-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700001103 INS/CLMT STATE : FL DATE OF LOSS : 06/06/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : RAY M HOWLAND 315 SOMERSET DR FORT WALTON BEACH,FL 325473132	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310980-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001111 INS/CLMT STATE : FL DATE OF LOSS : 06/12/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST PO BOX 7445 PORT ST LUCIE,FL 34985	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310989-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700001122 INS/CLMT STATE : FL DATE OF LOSS : 06/12/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING, INC. PO BOX 7151 PORT SAINT LUCIE,FL 349857151	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 310995-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700001128 INS/CLMT STATE : FL DATE OF LOSS : 05/01/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING, INC. PO BOX 7151 PORT SAINT LUCIE,FL 349857151	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310996-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700001129 INS/CLMT STATE : FL DATE OF LOSS : 04/23/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING, INC. PO BOX 7151 PORT SAINT LUCIE,FL 349857151	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 310998-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700001131 INS/CLMT STATE : FL DATE OF LOSS : 05/20/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING, INC. PO BOX 7151 PORT SAINT LUCIE,FL 349857151	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311006-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063507 CLAIM NUMBER : 019700001140 INS/CLMT STATE : FL DATE OF LOSS : 06/08/1997 DATE PROOF FILED : 04/22/1999	INSURED : GENJE FARMS, INC. CLAIMANT : CAROL UNDERWOOD 4614 OLD SAYBROOK AVE TAMPA,FL 33624	AMOUNT CLAIMED : \$5,517.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311013-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700001149 INS/CLMT STATE : FL DATE OF LOSS : 06/12/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311016-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053707 CLAIM NUMBER : 019700001152 INS/CLMT STATE : FL DATE OF LOSS : 06/14/1997 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES PO BOX 210243 ROYAL PALM BEACH,FL 334210243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311020-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057816 CLAIM NUMBER : 019700001157 INS/CLMT STATE : FL DATE OF LOSS : 06/06/1997 DATE PROOF FILED : 03/23/1999	INSURED : TANGENT ASSOCIATES, INC. CLAIMANT : TANGENT ASSOCIATES, INC. 5000 SW 52ND ST STE 501 DAVIE,FL 333145514	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311025-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001165 INS/CLMT STATE : FL DATE OF LOSS : 06/13/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311052-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001199 INS/CLMT STATE : FL DATE OF LOSS : 06/20/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311053-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001200 INS/CLMT STATE : FL DATE OF LOSS : 06/20/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311061-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051983 CLAIM NUMBER : 019700001211 INS/CLMT STATE : FL DATE OF LOSS : 06/17/1997 DATE PROOF FILED : 04/09/1999	INSURED : KENCO MANAGEMENT, INC CLAIMANT : KENCO MANAGEMENT, INC 1000 CLINT MOORE RD # 10 BOCA RATON,FL 334872818	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311069-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001222 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311070-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001223 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS, INC. PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311089-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700001261 INS/CLMT STATE : FL DATE OF LOSS : 06/16/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING, INC. 10542 S FEDERAL HWY PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311090-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001262 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311103-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700001278 INS/CLMT STATE : FL DATE OF LOSS : 06/24/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311112-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700001297 INS/CLMT STATE : FL DATE OF LOSS : 07/01/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311116-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700001301 INS/CLMT STATE : FL DATE OF LOSS : 07/02/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311131-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100058979 CLAIM NUMBER : 019700001323 INS/CLMT STATE : FL DATE OF LOSS : 06/19/1997 DATE PROOF FILED : 04/30/1999	INSURED : DISCOUNT PROPANE, INC. & CLAIMANT : DISCOUNT PROPANE, INC. & 546 S SHELL RD DEBARY,FL 327139726	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311146-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059307 CLAIM NUMBER : 019700001345 INS/CLMT STATE : FL DATE OF LOSS : 07/07/1997 DATE PROOF FILED : 04/07/1999	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : TRANSPORTE AERO MERCANTILES PA PO BOX 524235 MIAMI,FL 331524235	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311147-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051261 CLAIM NUMBER : 019700001347 INS/CLMT STATE : FL DATE OF LOSS : 07/01/1997 DATE PROOF FILED : 04/23/1999	INSURED : PLUMBCON, INC. CLAIMANT : DANIEL CASTILLO 9686 FONTAINE BLEAU BLVD #101 MIAMI,FL 331724146	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311166-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001374 INS/CLMT STATE : FL DATE OF LOSS : 07/08/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311167-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001375 INS/CLMT STATE : FL DATE OF LOSS : 07/08/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311200-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001425 INS/CLMT STATE : FL DATE OF LOSS : 07/21/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311215-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100064546 CLAIM NUMBER : 019700001441 INS/CLMT STATE : FL DATE OF LOSS : 06/19/1997 DATE PROOF FILED : 04/01/1999	INSURED : PRO-FRAME CONTRACTING, INC. CLAIMANT : RAMON MENDOZA 1114 N H ST LAKE WORTH,FL 334602127	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311222-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700001450 INS/CLMT STATE : FL DATE OF LOSS : 07/05/1997 DATE PROOF FILED : 04/01/1999	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311224-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700001452 INS/CLMT STATE : FL DATE OF LOSS : 07/20/1997 DATE PROOF FILED : 04/01/1999	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311261-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019700001497 INS/CLMT STATE : FL DATE OF LOSS : 07/26/1997 DATE PROOF FILED : 04/28/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER INC & DENNIS E 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311263-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001500 INS/CLMT STATE : FL DATE OF LOSS : 07/25/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE INC 4362 NORTHLAKE BLVD STE 208 PALM BEACH GARDENS,FL 334106269	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311265-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700001505 INS/CLMT STATE : FL DATE OF LOSS : 07/31/1997 DATE PROOF FILED : 04/01/1999	INSURED : KFC CLAIMANT : KENTUCKY FRIED CHICKEN 925 LIME AVENUE SARASOTA,FL 34237	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311281-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700001526 INS/CLMT STATE : FL DATE OF LOSS : 07/29/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING, INC. 10540 S FEDERAL HWY PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311301-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071816 CLAIM NUMBER : 019700001554 INS/CLMT STATE : FL DATE OF LOSS : 08/01/1997 DATE PROOF FILED : 03/31/1999	INSURED : LIGHTING UNLIMITED OF PANAMA CITY INC CLAIMANT : LIGHTING UNLIMITED OF PANAMA CITY INC 914 W 26TH ST LYNN HAVEN,FL 324444739	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311308-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : 019700001564 INS/CLMT STATE : FL DATE OF LOSS : 08/04/1997 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE PROPERTIES INC 224 WHITE BRIDGE RD NASHVILLE,TN 37209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311314-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001579 INS/CLMT STATE : FL DATE OF LOSS : 07/29/1997 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT SAINT LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311321-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200144901 CLAIM NUMBER : 019700001592 INS/CLMT STATE : MA DATE OF LOSS : 04/29/1996 DATE PROOF FILED : 03/23/1999	INSURED : SERVICING CONSTRUCTION INDUSTR CLAIMANT : STEVEN DAILY 1197 MONTEAGLE CIR APOPKA,FL 327126205	AMOUNT CLAIMED : \$1,300.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311329-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700001600 INS/CLMT STATE : FL DATE OF LOSS : 07/29/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC PO BOX 7151 PORT SAINT LUCIE,FL 349857151	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311332-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : 019700001603 INS/CLMT STATE : FL DATE OF LOSS : 08/04/1997 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE PROPERTIES INC 224 WHITE BRIDGE PIKE NASHVILLE,TN 372093207	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311334-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700001606 INS/CLMT STATE : FL DATE OF LOSS : 07/30/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING, INC. 10542 S FEDERAL HWY PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311336-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001608 INS/CLMT STATE : FL DATE OF LOSS : 06/16/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311362-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051549 CLAIM NUMBER : 019700001641 INS/CLMT STATE : FL DATE OF LOSS : 07/28/1997 DATE PROOF FILED : 04/16/1999	INSURED : LANDSCAPE TECHNIQUES OF S. FLA. CLAIMANT : LANDSCAPE TECHNIQUES OF S. FLA. 1115 ROYAL PALM DR DELRAY BEACH,FL 334441226	AMOUNT CLAIMED : \$1,100.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311370-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700001653 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311370-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700001653 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1997 DATE PROOF FILED : 03/29/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : JOSEPH E MAGYAR 7917 POWDERHORN LN ORLANDO,FL 328253334	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311386-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058453 CLAIM NUMBER : 019700001673 INS/CLMT STATE : FL DATE OF LOSS : 08/11/1997 DATE PROOF FILED : 04/12/1999	INSURED : LINCO CONSTRUCTION, INC. CLAIMANT : LINCO CONSTRUCTION INC 1031 SUNSHINE LN STE 102 ALTAMONTE SPRINGS,FL 327143812	AMOUNT CLAIMED : \$363.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311386-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058453 CLAIM NUMBER : 019700001673 INS/CLMT STATE : FL DATE OF LOSS : 08/11/1997 DATE PROOF FILED : 04/19/1999	INSURED : LINCO CONSTRUCTION, INC. CLAIMANT : JAMIE RITZ 5350 DON MAR ST APOPKA,FL 327031952	AMOUNT CLAIMED : \$9,855.00 AMOUNT RECOMMENDED : \$114.00 AMOUNT GUARANTY PAID : \$114.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311391-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100056975 CLAIM NUMBER : 019700001678 INS/CLMT STATE : FL DATE OF LOSS : 08/18/1997 DATE PROOF FILED : 04/21/1999	INSURED : U. S. BUSINESS SERVICES INC. CLAIMANT : LOUIS F MCQUAID 1897 NE 21ST TER JENSEN BEACH,FL 349575138	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311419-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700001735 INS/CLMT STATE : FL DATE OF LOSS : 08/15/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311425-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700001743 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311425-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700001743 INS/CLMT STATE : FL DATE OF LOSS : 03/26/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : LEE SAUNDERS,JR 801 TROPICAL AVE CHULUOTA,FL 327669122	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311439-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019700001762 INS/CLMT STATE : FL DATE OF LOSS : 08/16/1997 DATE PROOF FILED : 04/28/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER INC & DENNIS E 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311460-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001800 INS/CLMT STATE : FL DATE OF LOSS : 08/27/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311474-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700001817 INS/CLMT STATE : FL DATE OF LOSS : 09/03/1997 DATE PROOF FILED : 03/25/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING, INC. PO BOX 7151 PORT SAINT LUCIE,FL 34985	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311481-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001826 INS/CLMT STATE : FL DATE OF LOSS : 08/27/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311487-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : 019700001837 INS/CLMT STATE : FL DATE OF LOSS : 08/18/1997 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE PROPERTIES INC 10610 N 30TH ST TAMPA,FL 336126413	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311498-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700001856 INS/CLMT STATE : FL DATE OF LOSS : 08/22/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311498-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700001856 INS/CLMT STATE : FL DATE OF LOSS : 08/22/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : RAYMOND SMITH PO BOX 344 MILLIGAN,FL 325370344	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311504-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100058175 CLAIM NUMBER : 019700001865 INS/CLMT STATE : FL DATE OF LOSS : 09/05/1997 DATE PROOF FILED : 04/29/1999	INSURED : CORAL REEF PARK CO., INC. CLAIMANT : MARGARET KACZKA PO BOX 2246 KEY LARGO,FL 330377246	AMOUNT CLAIMED : \$900.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311521-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100074068 CLAIM NUMBER : 019700001892 INS/CLMT STATE : FL DATE OF LOSS : 08/19/1997 DATE PROOF FILED : 05/14/1999	INSURED : DENNIS DRUCK GENERAL CONTRACTORS INC CLAIMANT : DENNIS DRUCK GENERAL CONTRACTORS INC 5912 JOHNSON ST HOLLYWOOD,FL 330215638	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311528-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : 019700001909 INS/CLMT STATE : FL DATE OF LOSS : 09/11/1997 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE PROPERTIES INC 10610 N 30TH ST TAMPA,FL 336126413	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311529-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100068295 CLAIM NUMBER : 019700001912 INS/CLMT STATE : FL DATE OF LOSS : 09/08/1997 DATE PROOF FILED : 03/22/1999	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : FLAGLER COUNTY COA COMMUNITY 1000 BELLE TERRE BLVD PALM COAST,FL 321645238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311542-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700001935 INS/CLMT STATE : FL DATE OF LOSS : 09/10/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311545-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074944 CLAIM NUMBER : 019700001938 INS/CLMT STATE : FL DATE OF LOSS : 09/02/1997 DATE PROOF FILED : 04/01/1999	INSURED : CCAR, INC. CLAIMANT : CCAR SERVICES INC 1107 MIDDLEBURG AVE GREEN COVE SPRINGS,FL 320432321	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311546-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074944 CLAIM NUMBER : 019700001940 INS/CLMT STATE : FL DATE OF LOSS : 09/04/1997 DATE PROOF FILED : 04/01/1999	INSURED : CCAR, INC. CLAIMANT : CCAR SERVICES INC 1107 MIDDLEBURG AVE GREEN COVE SPRINGS,FL 320432321	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311567-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0042004104 CLAIM NUMBER : 019700001971 INS/CLMT STATE : FL DATE OF LOSS : 09/18/1997 DATE PROOF FILED : 04/01/1999	INSURED : PHOENIX LANDSCAPE CLAIMANT : PHOENIX LANDSCAPE 1701 W 10TH ST RIVIERA BEACH,FL 334046431	AMOUNT CLAIMED : \$36,633.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311586-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100051549 CLAIM NUMBER : 019700002002 INS/CLMT STATE : FL DATE OF LOSS : 09/19/1997 DATE PROOF FILED : 04/14/1999	INSURED : LANDSCAPE TECHNIQUES OF S. FLA. CLAIMANT : DBA LANDSCAPE TECHNIQUES OF SO MANAGEMENT 1115 ROYAL PALM DR DELRAY BEACH,FL 33344	AMOUNT CLAIMED : \$494.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311601-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002022 INS/CLMT STATE : FL DATE OF LOSS : 09/18/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311604-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002025 INS/CLMT STATE : FL DATE OF LOSS : 09/13/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC 1400 MCCRORY LN BIRMINGHAM,AL 352164899	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311608-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100069681 CLAIM NUMBER : 019700002030 INS/CLMT STATE : FL DATE OF LOSS : 09/22/1997 DATE PROOF FILED : 03/22/1999	INSURED : MEDSHUTTLE, INC. CLAIMANT : MEDSHUTTLE, INC. 140 STATE AVE HOLLY HILL,FL 321175033	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311614-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002037 INS/CLMT STATE : FL DATE OF LOSS : 09/25/1997 DATE PROOF FILED : 04/01/1999	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311628-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002063 INS/CLMT STATE : FL DATE OF LOSS : 09/22/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC 10540 S FEDERAL HWY PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311629-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002064 INS/CLMT STATE : FL DATE OF LOSS : 09/05/1997 DATE PROOF FILED : 03/31/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS INC PO BOX 7151 PORT ST LUCIE,FL 34952	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311633-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002073 INS/CLMT STATE : FL DATE OF LOSS : 09/29/1997 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT ST LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311635-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002075 INS/CLMT STATE : FL DATE OF LOSS : 09/25/1997 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT SAINT LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311636-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002076 INS/CLMT STATE : FL DATE OF LOSS : 09/28/1997 DATE PROOF FILED : 04/01/1999	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311644-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002086 INS/CLMT STATE : FL DATE OF LOSS : 09/19/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311655-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100072884 CLAIM NUMBER : 019700002105 INS/CLMT STATE : FL DATE OF LOSS : 09/29/1997 DATE PROOF FILED : 03/24/1999	INSURED : LEVICO GROUP, INC. CLAIMANT : LEVICO GROUP, INC. 4750 OAKS RD STE M DAVIE,FL 33314	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311668-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700002131 INS/CLMT STATE : FL DATE OF LOSS : 09/29/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO., FLORID 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311677-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065376 CLAIM NUMBER : 019700002142 INS/CLMT STATE : FL DATE OF LOSS : 10/02/1997 DATE PROOF FILED : 04/01/1999	INSURED : X MAN CLAIMANT : EXTRA MAN INC 21 E BEAVER ST JACKSONVILLE,FL 322023020	AMOUNT CLAIMED : \$74.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311711-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074944 CLAIM NUMBER : 019700002192 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1997 DATE PROOF FILED : 04/01/1999	INSURED : CCAR, INC. CLAIMANT : CCAR SERVICES INC PO BOX 1248 GREEN COVE SPRINGS,FL 320431248	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311728-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700002222 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 33064	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311740-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062526 CLAIM NUMBER : 019700002242 INS/CLMT STATE : FL DATE OF LOSS : 10/09/1997 DATE PROOF FILED : 04/01/1999	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : FLOYDZELL AYERS 1340 W 34TH ST RIVIERA BEACH,FL 334042908	AMOUNT CLAIMED : \$60.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311749-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002255 INS/CLMT STATE : FL DATE OF LOSS : 10/15/1997 DATE PROOF FILED : 04/01/1999	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311750-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002256 INS/CLMT STATE : FL DATE OF LOSS : 10/17/1997 DATE PROOF FILED : 04/01/1999	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 3288 SARASOTA,FL 342303288	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311753-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002259 INS/CLMT STATE : FL DATE OF LOSS : 10/18/1997 DATE PROOF FILED : 04/01/1999	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX 3288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311753-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002259 INS/CLMT STATE : FL DATE OF LOSS : 10/18/1997 DATE PROOF FILED : 04/01/1999	INSURED : KFC CLAIMANT : KENDRA WENDE 925 LIME AVENUE SARASOTA,FL 34237	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311755-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002261 INS/CLMT STATE : FL DATE OF LOSS : 10/15/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311762-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100061587 CLAIM NUMBER : 019700002271 INS/CLMT STATE : FL DATE OF LOSS : 10/04/1997 DATE PROOF FILED : 06/03/1999	INSURED : COYOTES OF TAMPA, INC. CLAIMANT : COYOTES OF TAMPA INC 4426 W GANDY BLVD TAMPA,FL 336113302	AMOUNT CLAIMED : \$2,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311763-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019700002272 INS/CLMT STATE : FL DATE OF LOSS : 10/20/1997 DATE PROOF FILED : 04/28/1999	INSURED : BEST WESTERN CLAIMANT : ON THE WATER, INC. & DENNIS E. 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311763-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100063078 CLAIM NUMBER : 019700002272 INS/CLMT STATE : FL DATE OF LOSS : 10/20/1997 DATE PROOF FILED : 03/19/1999	INSURED : BEST WESTERN CLAIMANT : SAM W DANIELS 407 COLLEGE AVE PANAMA CITY,FL 324014780	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311776-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002291 INS/CLMT STATE : FL DATE OF LOSS : 10/21/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 34995	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311777-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002292 INS/CLMT STATE : FL DATE OF LOSS : 07/01/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311781-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100065376 CLAIM NUMBER : 019700002300 INS/CLMT STATE : FL DATE OF LOSS : 10/22/1997 DATE PROOF FILED : 04/01/1999	INSURED : X MAN CLAIMANT : EXTRA MAN INC 21 E BEAVER ST JACKSONVILLE,FL 322023020	AMOUNT CLAIMED : \$57.72 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311783-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002302 INS/CLMT STATE : FL DATE OF LOSS : 10/20/1997 DATE PROOF FILED : 03/31/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 2762 STUART,FL 349952762	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311798-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002324 INS/CLMT STATE : FL DATE OF LOSS : 10/22/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311800-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000678710 CLAIM NUMBER : 019700002327 INS/CLMT STATE : FL DATE OF LOSS : 10/04/1997 DATE PROOF FILED : 04/15/1999	INSURED : TWO MGTS, INC. CLAIMANT : TWO MGTS INC RR 10 BOX 861 LAKE CITY,FL 320259180	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311800-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000678710 CLAIM NUMBER : 019700002327 INS/CLMT STATE : FL DATE OF LOSS : 10/04/1997 DATE PROOF FILED : 04/23/1999	INSURED : TWO MGTS, INC. CLAIMANT : PAMELA WILEY RR 17 BOX 178 LAKE CITY,FL 320557308	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311806-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100071705 CLAIM NUMBER : 019700002338 INS/CLMT STATE : FL DATE OF LOSS : 10/25/1997 DATE PROOF FILED : 04/01/1999	INSURED : KFC CLAIMANT : FSI D/B/A KENTUCKY FRIED CHICK PO BOX288 SARASOTA,FL 34230	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311809-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002345 INS/CLMT STATE : FL DATE OF LOSS : 10/23/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311824-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700002367 INS/CLMT STATE : FL DATE OF LOSS : 10/30/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311824-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058646 CLAIM NUMBER : 019700002367 INS/CLMT STATE : FL DATE OF LOSS : 10/30/1997 DATE PROOF FILED : 04/16/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : KEITH STEPHENS 7400 HOOD ST HOLLYWOOD,FL 330242718	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311831-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002377 INS/CLMT STATE : FL DATE OF LOSS : 10/24/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC 10542 S FEDERAL HWY PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311832-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002378 INS/CLMT STATE : FL DATE OF LOSS : 10/28/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC 10542 S FEDERAL HWY PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311834-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002380 INS/CLMT STATE : FL DATE OF LOSS : 10/23/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC 10542 S FEDERAL HWY PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311849-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100062526 CLAIM NUMBER : 019700002400 INS/CLMT STATE : FL DATE OF LOSS : 11/02/1997 DATE PROOF FILED : 04/19/1999	INSURED : PALM BEACH COUNTY HEALTH CARE CLAIMANT : MYRA O'BRYON 4600 FOREST LN LAKE WORTH,FL 334634604	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311857-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002411 INS/CLMT STATE : FL DATE OF LOSS : 10/14/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC 10542 S FEDERAL HWY PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311858-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002412 INS/CLMT STATE : FL DATE OF LOSS : 10/27/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311860-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057443 CLAIM NUMBER : 019700002414 INS/CLMT STATE : FL DATE OF LOSS : 10/31/1997 DATE PROOF FILED : 03/25/1999	INSURED : ACCESS SAFE & LOCK CO., INC. CLAIMANT : ACCESS SAFE & LOCK CO., INC. 5515 US HIGHWAY 98 N STE LAKELAND,FL 338093102	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311870-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002435 INS/CLMT STATE : FL DATE OF LOSS : 10/30/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311881-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100053834 CLAIM NUMBER : 019700002453 INS/CLMT STATE : FL DATE OF LOSS : 11/06/1997 DATE PROOF FILED : 03/22/1999	INSURED : JRV INDUSTRIES, INC. CLAIMANT : JRV INDUSTRIES, INC. 9289 97TH LN LIVE OAK,FL 320607261	AMOUNT CLAIMED : \$100.78 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311918-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002518 INS/CLMT STATE : FL DATE OF LOSS : 11/07/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO BOX 1266 BIRMINGHAM,AL 352011266	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311920-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002521 INS/CLMT STATE : FL DATE OF LOSS : 10/03/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC PO BOX 7151 PORT SAINT LUCIE,FL 349857151	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311942-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002557 INS/CLMT STATE : FL DATE OF LOSS : 11/20/1997 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT SAINT LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311943-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002558 INS/CLMT STATE : FL DATE OF LOSS : 11/19/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 311965-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057652 CLAIM NUMBER : 019700002598 INS/CLMT STATE : FL DATE OF LOSS : 10/29/1997 DATE PROOF FILED : 04/13/1999	INSURED : BRYAN PROPERTIES CLAIMANT : BRYAN PROPERTIES 5505 SAND LAKE DR MELBOURNE,FL 329347819	AMOUNT CLAIMED : \$2,884.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311968-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100057747 CLAIM NUMBER : 019700002602 INS/CLMT STATE : FL DATE OF LOSS : 11/25/1997 DATE PROOF FILED : 04/27/1999	INSURED : BALLET FLORIDA, INC. CLAIMANT : RICHARD LUSSKY 210 BAY PINES CT ORMOND BEACH,FL 321744869	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311974-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066913 CLAIM NUMBER : 019700002614 INS/CLMT STATE : FL DATE OF LOSS : 11/24/1997 DATE PROOF FILED : 03/22/1999	INSURED : WEST COAST TOMATO, INC. CLAIMANT : WEST COAST TOMATO, INC. 530 5TH AVENUE DR W PALMETTO,FL 342215154	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311982-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002625 INS/CLMT STATE : FL DATE OF LOSS : 10/22/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC 10542 S FEDERAL HWY PT ST LUCIE,FL 33440	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 311991-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002650 INS/CLMT STATE : FL DATE OF LOSS : 12/03/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : PERSONNEL PROVIDERS, INC PO BOX 7151 PORT SAINT LUCIE,FL 349857151	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312000-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002672 INS/CLMT STATE : FL DATE OF LOSS : 11/28/1997 DATE PROOF FILED : 04/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT ST LUCIE,FL 334985744	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312001-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002674 INS/CLMT STATE : FL DATE OF LOSS : 12/01/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING PO BOX 7151 PORT SAINT LUCIE,FL 349857151	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312002-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057107 CLAIM NUMBER : 019700002675 INS/CLMT STATE : FL DATE OF LOSS : 11/27/1997 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE PROPERTIES INC CLAIMANT : BROOKSIDE PROPERTIES INC 224 WHITE BRIDGE ROAD NASHVILLE,TN 37209	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312012-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074944 CLAIM NUMBER : 019700002697 INS/CLMT STATE : FL DATE OF LOSS : 12/09/1997 DATE PROOF FILED : 04/01/1999	INSURED : CCAR, INC. CLAIMANT : CCAR SERVICES INC 1107 MIDDLEBURG AVE GREEN COVE SPRINGS,FL 32043	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312015-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100050928 CLAIM NUMBER : 019700002702 INS/CLMT STATE : FL DATE OF LOSS : 12/08/1997 DATE PROOF FILED : 04/12/1999	INSURED : ALEC'S CAMPER CENTER, INC. CLAIMANT : ALECS CAMPER CENTER INC 16960 S DIXIE HWY MIAMI,FL 331574354	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312030-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100086679 CLAIM NUMBER : 019700002735 INS/CLMT STATE : FL DATE OF LOSS : 12/16/1997 DATE PROOF FILED : 03/24/1999	INSURED : TRI COUNTY COMMUNITY COUNCIL INC CLAIMANT : DIANE MARTIN 213 ARETTA ST BONIFAY,FL 324252130	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312032-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100060826 CLAIM NUMBER : 019700002739 INS/CLMT STATE : FL DATE OF LOSS : 12/12/1997 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC 1911 N US HIGHWAY 301 SUITE 150 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312034-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002742 INS/CLMT STATE : FL DATE OF LOSS : 12/15/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC 1400 MCCRORY LN BIRMINGHAM,AL 352164899	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312034-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002742 INS/CLMT STATE : FL DATE OF LOSS : 12/15/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : RANDY D AMERSON 1870 JUNIPER LAKE RD DEFUNIAK SPRINGS,FL 32433	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312037-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700002750 INS/CLMT STATE : FL DATE OF LOSS : 12/05/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312037-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059032 CLAIM NUMBER : 019700002750 INS/CLMT STATE : FL DATE OF LOSS : 12/05/1997 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : ROBERT HEALY 4465 ABBOTT AVE TITUSVILLE,FL 327806438	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312055-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019700002777 INS/CLMT STATE : FL DATE OF LOSS : 12/11/1997 DATE PROOF FILED : 03/23/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC 10540 S FEDERAL HWY PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312067-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100050915 CLAIM NUMBER : 019700002799 INS/CLMT STATE : FL DATE OF LOSS : 12/22/1997 DATE PROOF FILED : 04/01/1999	INSURED : CCA PRODUCTS OF FLORIDA, INC. CLAIMANT : CCA PRODUCTS OF FLORIDA INC 102 YACHT CLUB DR MOORE HAVEN,FL 334712805	AMOUNT CLAIMED : \$2,223.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312086-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058966 CLAIM NUMBER : 019700002843 INS/CLMT STATE : FL DATE OF LOSS : 12/11/1997 DATE PROOF FILED : 03/31/1999	INSURED : ASSOCIATED BUSINESS AND COMMER CLAIMANT : KATHLEEN GRANT 18089 105TH AVE S BOCA RATON,FL 334981625	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312089-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002848 INS/CLMT STATE : FL DATE OF LOSS : 12/30/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY, INC. PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312089-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100059185 CLAIM NUMBER : 019700002848 INS/CLMT STATE : FL DATE OF LOSS : 12/30/1997 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : SHANE E ELLISON 986 COUNTY RD #178 CLANTON,AL 35045	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312091-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066079 CLAIM NUMBER : 019700002855 INS/CLMT STATE : FL DATE OF LOSS : 12/20/1997 DATE PROOF FILED : 03/23/1999	INSURED : PERSONNEL PROVIDERS, INC CLAIMANT : TREASURE COAST STAFFING PO BOX 7151 PORT SAINT LUCIE,FL 349857151	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312106-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100058633 CLAIM NUMBER : 019700002894 INS/CLMT STATE : FL DATE OF LOSS : 12/15/1997 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312111-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100057705 CLAIM NUMBER : 019700002900 INS/CLMT STATE : FL DATE OF LOSS : 11/21/1997 DATE PROOF FILED : 04/23/1999	INSURED : VITO'S RISTORANTE CLAIMANT : VITO'S RESTAURANT 1079 BALD EAGLE DR MARCO ISLAND,FL 34145	AMOUNT CLAIMED : \$93.77 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312128-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089432 CLAIM NUMBER : 019800000007 INS/CLMT STATE : FL DATE OF LOSS : 01/03/1998 DATE PROOF FILED : 04/07/1999	INSURED : H P REID CO INC CLAIMANT : LYDIA NOBOA 473 MAGNOLIA ST ORMOND BEACH,FL 321767111	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312150-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100074944 CLAIM NUMBER : 019800000078 INS/CLMT STATE : FL DATE OF LOSS : 01/07/1998 DATE PROOF FILED : 04/01/1999	INSURED : CCAR, INC. CLAIMANT : CCAR SERVICES INC 1107 MIDDLEBURG AVENUE GREEN COVE SPRINGS,FL 32043	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312160-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000112 INS/CLMT STATE : FL DATE OF LOSS : 01/19/1998 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT SAINT LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312165-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000126 INS/CLMT STATE : FL DATE OF LOSS : 01/15/1998 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT ST LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312171-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000147 INS/CLMT STATE : FL DATE OF LOSS : 01/05/1998 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT SAINT LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312175-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100089847 CLAIM NUMBER : 019800000157 INS/CLMT STATE : FL DATE OF LOSS : 01/15/1998 DATE PROOF FILED : 06/03/1999	INSURED : POOL BUILDERS, INC. CLAIMANT : JAMES BOATWRIGHT 2730 NW 16TH ST FORT LAUDERDALE,FL 333114432	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312180-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089321 CLAIM NUMBER : 019800000180 INS/CLMT STATE : FL DATE OF LOSS : 01/21/1998 DATE PROOF FILED : 04/08/1988	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,FL 35228	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312180-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089321 CLAIM NUMBER : 019800000180 INS/CLMT STATE : FL DATE OF LOSS : 01/21/1998 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : JOEL T. HARRIS 1020 PALM BLVD NICEVILLE,FL 32547	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312183-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090157 CLAIM NUMBER : 019800000191 INS/CLMT STATE : FL DATE OF LOSS : 01/07/1998 DATE PROOF FILED : 03/24/1999	INSURED : KRYSTAL CLAIMANT : KPG INVESTMENTS, INC. DBA KRYSTAL 1660 PRUDENTIAL DR STE 203 JACKSONVILLE,FL 322078185	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312199-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100089321 CLAIM NUMBER : 019800000246 INS/CLMT STATE : FL DATE OF LOSS : 02/04/1998 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312200-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 019800000250 INS/CLMT STATE : FL DATE OF LOSS : 01/15/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC 1911 N US HIGHWAY 301 SUITE 150 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312221-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000364 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1998 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY INC 1052 HIGHWAY 98 E DESTIN,FL 325412902	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312221-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000364 INS/CLMT STATE : FL DATE OF LOSS : 02/11/1998 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : WILLIAM LETLEY 21 E STRONG ST PENSACOLA,FL 325013161	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312226-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 0980002267 INS/CLMT STATE : FL DATE OF LOSS : 02/17/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC SUITE 150 1911 N US HIGHWAY 301 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312227-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000386 INS/CLMT STATE : FL DATE OF LOSS : 02/18/1998 DATE PROOF FILED : 05/03/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC PO BOX 7445 PORT SAINT LUCIE,FL 349857445	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312235-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000863210 CLAIM NUMBER : 019800000411 INS/CLMT STATE : FL DATE OF LOSS : 02/25/1998 DATE PROOF FILED : 03/26/1999	INSURED : DAYTONA EMPLOYMENT & DAYTONA CLAIMANT : DAYTONA EMPLOYMENT AGENCY 244 N RIDGEWOOD AVE DAYTONA BEACH,FL 32114	AMOUNT CLAIMED : \$90.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312238-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000431 INS/CLMT STATE : FL DATE OF LOSS : 02/24/1998 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MCCRORY BUILDING COMPANY INC 1400 MCCRORY LN BIRMINGHAM,AL 352164899	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312238-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000936910 CLAIM NUMBER : 019800000431 INS/CLMT STATE : FL DATE OF LOSS : 02/24/1998 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC CLAIMANT : MICHAEL WONG 4629 HICKORY SHORES BLVD GULF BREEZE,FL 325619214	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312242-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100066135 CLAIM NUMBER : 019800000452 INS/CLMT STATE : FL DATE OF LOSS : 03/03/1998 DATE PROOF FILED : 03/23/1999	INSURED : LABOR FINDERS OF THE TREASURE COAST INC CLAIMANT : LABOR FINDERS OF THE TREASURE COAST INC 10540 S FEDERAL HWY PORT SAINT LUCIE,FL 349525603	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312247-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 01000863210 CLAIM NUMBER : 019800000473 INS/CLMT STATE : FL DATE OF LOSS : 03/05/1998 DATE PROOF FILED : 03/26/1999	INSURED : DAYTONA EMPLOYMENT & DAYTONA CLAIMANT : DAYTONA EMPLOYMENT AGENCY 244 N RIDGEWOOD AVE DAYTONA BEACH,FL 321143244	AMOUNT CLAIMED : \$188.18 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312251-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100094155 CLAIM NUMBER : 019800000486 INS/CLMT STATE : FL DATE OF LOSS : 02/06/1998 DATE PROOF FILED : 04/22/1999	INSURED : AETNA MAINTENANCE, INC. CLAIMANT : AETNA MAINTENANCE INC 1911 N US HIGHWAY 301 SUITE 150 TAMPA,FL 33619	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312260-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100090157 CLAIM NUMBER : 019800000589 INS/CLMT STATE : FL DATE OF LOSS : 03/19/1998 DATE PROOF FILED : 03/24/1999	INSURED : KRYSTAL CLAIMANT : KPG INVESTMENTS INC. DBA KRYSTAL 1660 PRUDENTIAL DR STE 203 JACKSONVILLE,FL 322078185	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312267-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 0100081841 CLAIM NUMBER : 019800000620 INS/CLMT STATE : FL DATE OF LOSS : 03/03/1998 DATE PROOF FILED : 04/08/1999	INSURED : FIRST PRESBYTERIAN CHURCH CLAIMANT : SUZANNE S BROOKS 2707 PEMBROKE DR PANAMA CITY,FL 324054366	AMOUNT CLAIMED : \$205.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312301-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200025201 CLAIM NUMBER : 921008 INS/CLMT STATE : FL DATE OF LOSS : 12/12/1992 DATE PROOF FILED : 04/24/1999	INSURED : HORSCHEL'S CONSTRUCTION, INC. CLAIMANT : UREL LADLER 2271 NW 71ST ST MIAMI,FL 331476865	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312335-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 931890 INS/CLMT STATE : FL DATE OF LOSS : 07/13/1993 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312335-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 931890 INS/CLMT STATE : FL DATE OF LOSS : 07/13/1993 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : CLYDE E HUGHES 7015 PENDER WAY ORLANDO,FL 328224638	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312344-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200055701 CLAIM NUMBER : 931980 INS/CLMT STATE : FL DATE OF LOSS : 05/14/1993 DATE PROOF FILED : 04/19/1999	INSURED : MATTHEWS-CURRIE FORD, INC. CLAIMANT : STEVEN F BILLERI 1040 MANGROVE RD VENICE,FL 34293	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312348-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200019801 CLAIM NUMBER : 932013 INS/CLMT STATE : FL DATE OF LOSS : 08/11/1993 DATE PROOF FILED : 03/31/1999	INSURED : CENVILL RECREATION, INC. CLAIMANT : CENVILL RECREATION INC ADMINISTRATION BLDG 100 CENTURY BLVD WEST PALM BEACH,FL 334172262	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312381-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 932343 INS/CLMT STATE : FL DATE OF LOSS : 06/08/1993 DATE PROOF FILED : 04/08/1999	INSURED : MIDDLETON PEST CONTROL CLAIMANT : MIDDLETON PEST CONTROL 1900 33RD STREET ORLANDO,FL 32839	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312385-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200090801 CLAIM NUMBER : 932380 INS/CLMT STATE : FL DATE OF LOSS : 09/25/1993 DATE PROOF FILED : 05/05/1999	INSURED : P.O.R.K., INC. CLAIMANT : ANNETTE D GREEN 205 PEACEFUL RIDGE RD TARPON SPRINGS,FL 346893821	AMOUNT CLAIMED : \$1,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312404-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200097601 CLAIM NUMBER : 942893 INS/CLMT STATE : NJ DATE OF LOSS : 02/03/1994 DATE PROOF FILED : 03/24/1999	INSURED : RED & TAN TOURS, INC. ET AL CLAIMANT : WESNER PAUL 5895 BANANA RD WEST PALM BEACH,FL 334131780	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312415-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200091801 CLAIM NUMBER : 943233 INS/CLMT STATE : FL DATE OF LOSS : 04/05/1994 DATE PROOF FILED : 04/02/1999	INSURED : MULTI-TURF INC CLAIMANT : WALTER BURKS PO BOX 1817 BELLE GLADE,FL 334306817	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312429-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200047501 CLAIM NUMBER : 943566 INS/CLMT STATE : FL DATE OF LOSS : 06/02/1994 DATE PROOF FILED : 03/24/1999	INSURED : BRADFORD ELECTRIC, INC. CLAIMANT : BRADFORD ELECTRIC, INC. 3125 JUPITER PARK CIR STE 3 JUPITER,FL 334586028	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312435-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200043101 CLAIM NUMBER : 943939 INS/CLMT STATE : FL DATE OF LOSS : 08/10/1994 DATE PROOF FILED : 04/01/1999	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS INC 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312454-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 944397 INS/CLMT STATE : FL DATE OF LOSS : 09/26/1994 DATE PROOF FILED : 04/07/1999	INSURED : S.I. NICHOLAS, INC. CLAIMANT : S I NICHOLAS INC 1600 S FEDERAL HWY STE 811 POMPANO BEACH,FL 330627500	AMOUNT CLAIMED : \$150,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312459-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 944489 INS/CLMT STATE : FL DATE OF LOSS : 11/15/1994 DATE PROOF FILED : 04/08/1999	INSURED : MIDDLETON PEST CONTROL CLAIMANT : MIDDLETON PEST CONTROL 1900 33RD ST ORLANDO,FL 32839	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312465-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200134201 CLAIM NUMBER : 944569 INS/CLMT STATE : FL DATE OF LOSS : 11/14/1994 DATE PROOF FILED : 04/20/1999	INSURED : AMERICAN ALUMINUM ENTERPRISES CLAIMANT : AMERICAN ALUMINUM ENTERPRISES 1315 NEPTUNE DR BOYNTON BEACH,FL 334268403	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312465-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200134201 CLAIM NUMBER : 944569 INS/CLMT STATE : FL DATE OF LOSS : 11/14/1994 DATE PROOF FILED : 04/20/1999	INSURED : AMERICAN ALUMINUM ENTERPRISES CLAIMANT : SYLVIA A TRESKA 12016 ROYAL PALM BLVD CORAL SPRINGS,FL 330653379	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312487-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200041701 CLAIM NUMBER : 945065 INS/CLMT STATE : FL DATE OF LOSS : 12/12/1994 DATE PROOF FILED : 04/23/1999	INSURED : FPI DETECTIVE, INC. CLAIMANT : FPI DETECTIVE INC 1784 W 38TH PL HIALEAH,FL 330127072	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312487-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200041701 CLAIM NUMBER : 945065 INS/CLMT STATE : FL DATE OF LOSS : 12/12/1994 DATE PROOF FILED : 04/23/1999	INSURED : FPI DETECTIVE, INC. CLAIMANT : JUAN M ABREU 296 E 42ND ST HIALEAH,FL 330132246	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312502-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200066801 CLAIM NUMBER : 954988 INS/CLMT STATE : FL DATE OF LOSS : 01/27/1995 DATE PROOF FILED : 04/20/1999	INSURED : MARTEX INSULATION, INC. CLAIMANT : MARK A ZIDE 2780 NW 87TH LN SUNRISE,FL 333222202	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312507-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 955092 INS/CLMT STATE : FL DATE OF LOSS : 02/15/1995 DATE PROOF FILED : 04/07/1999	INSURED : S.I. NICHOLAS, INC. CLAIMANT : S I NICHOLAS INC 1600 S FEDERAL HWY STE 811 POMPANO BEACH,FL 330627500	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312527-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200043101 CLAIM NUMBER : 955397 INS/CLMT STATE : FL DATE OF LOSS : 03/30/1995 DATE PROOF FILED : 04/01/1999	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS INC 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312553-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200101801 CLAIM NUMBER : 955810 INS/CLMT STATE : FL DATE OF LOSS : 05/23/1995 DATE PROOF FILED : 07/22/1999	INSURED : NEW HORIZONS OF THE TREASURE C CLAIMANT : TERRY R WILLIAMS 3986 46TH ST VERO BEACH,FL 329671130	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312572-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 956050 INS/CLMT STATE : FL DATE OF LOSS : 06/26/1995 DATE PROOF FILED : 04/07/1999	INSURED : S.I. NICHOLAS, INC. CLAIMANT : S I NICHOLAS INC 1000 5TH FEDERAL HWY STE 105 FT LAUDERDALE,FL 33316	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312580-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200069401 CLAIM NUMBER : 956163 INS/CLMT STATE : FL DATE OF LOSS : 06/19/1995 DATE PROOF FILED : 04/06/1999	INSURED : FLORIDA WELDING FABRICATORS & CLAIMANT : FLORIDA WELDING FABRICATORS & ERECTORS INC 8020 FALLS LANE PARKLAND,FL 33064	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312582-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200076201 CLAIM NUMBER : 956172 INS/CLMT STATE : FL DATE OF LOSS : 06/29/1995 DATE PROOF FILED : 03/22/1999	INSURED : COAST TO COAST FORMING CLAIMANT : COAST TO COAST FORMING 10191 LANTANA RD LAKE WORTH,FL 334675402	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312597-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200171201 CLAIM NUMBER : 956361 INS/CLMT STATE : FL DATE OF LOSS : 07/11/1995 DATE PROOF FILED : 04/21/1999	INSURED : DELTA ELECTRIC OF BROWARD COUN CLAIMANT : DELTA ELECTRIC OF BROWARD COUNTY 1791 BLOUNT RD STE 1004 POMPANO BEACH,FL 330695138	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312634-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153902 CLAIM NUMBER : 956753 INS/CLMT STATE : FL DATE OF LOSS : 09/14/1995 DATE PROOF FILED : 03/23/1999	INSURED : PRODUCTION TRUSS & FABRICATION CLAIMANT : CLIFFORD TERHUNE 3209 HYPOLUXO RD LANTANA,FL 334623631	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312676-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 957071 INS/CLMT STATE : FL DATE OF LOSS : 10/19/1995 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312679-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 957096 INS/CLMT STATE : FL DATE OF LOSS : 09/08/1995 DATE PROOF FILED : 04/07/1999	INSURED : S.I. NICHOLAS, INC. CLAIMANT : S I NICHOLAS INC 11000 SOUTH FEDERAL HEY #105 FT LAUDERDALE,FL 33316	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312685-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200037501 CLAIM NUMBER : 957143 INS/CLMT STATE : FL DATE OF LOSS : 07/06/1995 DATE PROOF FILED : 04/09/1999	INSURED : KENCO MANAGEMENT, INC CLAIMANT : KENCO MANAGEMENT, INC 1000 CLINT MOORE RD STE 110 BOCA RATON,FL 334872847	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312688-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200060501 CLAIM NUMBER : 957157 INS/CLMT STATE : FL DATE OF LOSS : 09/18/1995 DATE PROOF FILED : 04/07/1999	INSURED : S.I. NICHOLAS, INC. CLAIMANT : S I NICHOLAS INC 1000 SOUTH FEDERAL HWY #105 FT LAUDERDALE,FL 33316	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312698-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200176001 CLAIM NUMBER : 957213 INS/CLMT STATE : FL DATE OF LOSS : 11/01/1995 DATE PROOF FILED : 03/25/1999	INSURED : METRO COURIER SERVICES, INC. CLAIMANT : VALERIE HOLL 8905 SABODA CT TAMPA,FL 336341117	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312700-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200019801 CLAIM NUMBER : 957240 INS/CLMT STATE : FL DATE OF LOSS : 11/08/1995 DATE PROOF FILED : 03/31/1999	INSURED : CENVILL RECREATION, INC. CLAIMANT : CENVILL RECREATION INC ADMINISTRATION BLDG 100 CENTURY BLVD WEST PALM BEACH,FL 334172262	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312702-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200164101 CLAIM NUMBER : 957284 INS/CLMT STATE : FL DATE OF LOSS : 07/21/1995 DATE PROOF FILED : 04/07/1999	INSURED : TOTAL QUALITY ASSURANCE SERVIC CLAIMANT : TOTAL QUALITY ASSURANCE SERVIC 118 SOUTH WESTSHORE BLVD TAMPA,FL 33609	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312702-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200164101 CLAIM NUMBER : 957284 INS/CLMT STATE : FL DATE OF LOSS : 07/21/1995 DATE PROOF FILED : 04/07/1999	INSURED : TOTAL QUALITY ASSURANCE SERVIC CLAIMANT : IBRAHIM A SHANIK 13611 LARAWAY DR RIVERVIEW,FL 33569	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312723-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200032201 CLAIM NUMBER : 957528 INS/CLMT STATE : FL DATE OF LOSS : 12/22/1995 DATE PROOF FILED : 05/13/1999	INSURED : HILCOAST DEVELOPMENT CORP. ETA CLAIMANT : HILCOAST DEVELOPMENT CORP ETAL 100 CENTURY BLVD WEST PALM BEACH,FL 334172262	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312726-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200076201 CLAIM NUMBER : 957565 INS/CLMT STATE : FL DATE OF LOSS : 12/20/1995 DATE PROOF FILED : 03/22/1999	INSURED : COAST TO COAST FORMING CLAIMANT : COAST TO COAST FORMING 10191 LANTANA RD LAKE WORTH,FL 334675402	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312741-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200069401 CLAIM NUMBER : 957817 INS/CLMT STATE : FL DATE OF LOSS : 12/16/1995 DATE PROOF FILED : 06/06/1999	INSURED : FLORIDA WELDING FABRICATORS & CLAIMANT : FLORIDA WELDING FABRICATORS & 1891 NW 33RD CT POMPANO BEACH,FL 330641314	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312747-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 958773 INS/CLMT STATE : FL DATE OF LOSS : 10/09/1995 DATE PROOF FILED : 04/08/1999	INSURED : MIDDLETON PEST CONTROL CLAIMANT : MIDDLETON PEST CONTROL 1900 33RD ST ORLANDO,FL 32839	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312758-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200205001 CLAIM NUMBER : 967627 INS/CLMT STATE : FL DATE OF LOSS : 01/07/1996 DATE PROOF FILED : 04/22/1999	INSURED : STAGE PAYMASTERS, INC CLAIMANT : ROBERT E DAVIS 4438 NICIA WAY LAKE WORTH,FL 334634683	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312762-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200152101 CLAIM NUMBER : 967643 INS/CLMT STATE : FL DATE OF LOSS : 01/06/1996 DATE PROOF FILED : 04/28/1999	INSURED : FIFESHIRE OF FLORIDA, INC. CLAIMANT : LAURA M SIMONS PO BOX 325 LABELLE,FL 339750325	AMOUNT CLAIMED : \$155.20 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312763-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200206201 CLAIM NUMBER : 967645 INS/CLMT STATE : FL DATE OF LOSS : 01/05/1996 DATE PROOF FILED : 05/11/1999	INSURED : BEND N STRETCH, INC. CLAIMANT : MANUEL ISLA 1580 W 58TH ST HIALEAH,FL 330126264	AMOUNT CLAIMED : \$10,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312766-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200125901 CLAIM NUMBER : 967659 INS/CLMT STATE : FL DATE OF LOSS : 01/11/1996 DATE PROOF FILED : 04/24/1999	INSURED : BRAILLE INTERNATIONAL, INC. CLAIMANT : DAMARIS L HAMILTON 907 E 7TH ST STUART,FL 349942409	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312768-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200156601 CLAIM NUMBER : 967663 INS/CLMT STATE : FL DATE OF LOSS : 01/12/1996 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES 1128 ROYAL PALM BLVD #172 ROYAL PALM BEACH,FL 33411	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312778-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200173501 CLAIM NUMBER : 967731 INS/CLMT STATE : FL DATE OF LOSS : 01/04/1996 DATE PROOF FILED : 04/16/1999	INSURED : ALLIED TIRES, INC. CLAIMANT : RANDY R TILICKY 1031 N EUCLID AVE SARASOTA,FL 342373023	AMOUNT CLAIMED : \$419.40 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312813-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200171201 CLAIM NUMBER : 967944 INS/CLMT STATE : FL DATE OF LOSS : 02/27/1996 DATE PROOF FILED : 04/21/1999	INSURED : DELTA ELECTRIC OF BROWARD COUN CLAIMANT : DELTA ELECTRIC OF BROWARD COUNTY 1791 BLOUNT RD STE 1004 POMPANO BEACH,FL 330695138	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312820-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200085101 CLAIM NUMBER : 967978 INS/CLMT STATE : FL DATE OF LOSS : 02/22/1996 DATE PROOF FILED : 04/23/1999	INSURED : MWI, BROWARD, INC. & MWI ADMIN CLAIMANT : ANNE MERISIES 6320 S W 9TH PLACE NORTH LAUDERDALE,FL 330682713	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312828-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153402 CLAIM NUMBER : 968010 INS/CLMT STATE : FL DATE OF LOSS : 01/23/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO LINING SYSTEMS CLAIMANT : LANZO LINING SYSTEMS 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312847-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200043101 CLAIM NUMBER : 968082 INS/CLMT STATE : FL DATE OF LOSS : 03/20/1996 DATE PROOF FILED : 04/01/1999	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS INC 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312848-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200171201 CLAIM NUMBER : 968087 INS/CLMT STATE : FL DATE OF LOSS : 03/19/1996 DATE PROOF FILED : 04/21/1999	INSURED : DELTA ELECTRIC OF BROWARD COUN CLAIMANT : DELTA ELECTRIC OF BROWARD COUN 1791 BLOUNT RD STE 1004 POMPANO BEACH,FL 330695138	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312851-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 968090 INS/CLMT STATE : FL DATE OF LOSS : 03/18/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312851-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 968090 INS/CLMT STATE : FL DATE OF LOSS : 03/18/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MARK S RICHARD 621 LAKEVIEW DR #B2 ORLANDO,FL 32804	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312859-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 968134 INS/CLMT STATE : FL DATE OF LOSS : 03/28/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312864-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200176001 CLAIM NUMBER : 968144 INS/CLMT STATE : FL DATE OF LOSS : 03/25/1996 DATE PROOF FILED : 04/19/1999	INSURED : METRO COURIER SERVICES, INC. CLAIMANT : BOBBY L KING AND DOUGLAS GLICKEN,ESQ. 720 W COLONIAL DR ORLANDO,FL 32804	AMOUNT CLAIMED : \$46,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312876-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 968201 INS/CLMT STATE : FL DATE OF LOSS : 03/28/1996 DATE PROOF FILED : 04/08/1999	INSURED : MIDDLETON PEST CONTROL CLAIMANT : MIDDLETON PEST CONTROL 1900 33RD ST ORLANDO,FL 32839	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312877-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200043101 CLAIM NUMBER : 968205 INS/CLMT STATE : FL DATE OF LOSS : 04/04/1996 DATE PROOF FILED : 04/01/1999	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS INC 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312897-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153402 CLAIM NUMBER : 968268 INS/CLMT STATE : FL DATE OF LOSS : 03/28/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO LINING SYSTEMS CLAIMANT : LANZO LINING SYSTEMS 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312907-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200138901 CLAIM NUMBER : 968320 INS/CLMT STATE : FL DATE OF LOSS : 04/11/1996 DATE PROOF FILED : 04/09/1999	INSURED : BLOSSMAN GAS, INC. & CLAIMANT : BLOSSMAN GAS, INC. & PO BOX 1110 OCEAN SPRINGS,MS 395661110	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312907-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200138901 CLAIM NUMBER : 968320 INS/CLMT STATE : FL DATE OF LOSS : 04/11/1996 DATE PROOF FILED : 04/09/1999	INSURED : BLOSSMAN GAS, INC. & CLAIMANT : JIMMY R PAUL 9625 N SMILE CREEK RD CANTONMENT,FL 32523	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312911-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200058201 CLAIM NUMBER : 968340 INS/CLMT STATE : FL DATE OF LOSS : 04/26/1996 DATE PROOF FILED : 04/23/1999	INSURED : DON WOOD, INC. CLAIMANT : DANIEL W SHULTZ 1226 WESTSIDE DR WINTER GARDEN,FL 347876004	AMOUNT CLAIMED : \$10,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312917-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200119301 CLAIM NUMBER : 968366 INS/CLMT STATE : FL DATE OF LOSS : 04/30/1996 DATE PROOF FILED : 04/30/1999	INSURED : SOUTHEASTERN REFRACTORIES, INC CLAIMANT : SOUTHEASTERN REFRACTORIES 2111 W BEAVER ST JACKSONVILLE,FL 322097575	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312917-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200119301 CLAIM NUMBER : 968366 INS/CLMT STATE : FL DATE OF LOSS : 04/30/1996 DATE PROOF FILED : 04/30/1999	INSURED : SOUTHEASTERN REFRACTORIES, INC CLAIMANT : PATRICK R MACGREGOR 1117 OREGON AVE STEUBENVILLE,OH 439521651	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312918-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200206201 CLAIM NUMBER : 968369 INS/CLMT STATE : FL DATE OF LOSS : 05/02/1996 DATE PROOF FILED : 04/29/1999	INSURED : BEND N STRETCH, INC. CLAIMANT : CONCEPCION FONTAINE 1255 W 53RD ST APT 325 HIALEAH,FL 33012	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312926-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 968405 INS/CLMT STATE : FL DATE OF LOSS : 05/03/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312926-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 968405 INS/CLMT STATE : FL DATE OF LOSS : 05/03/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : TITUS HAYDEN 525 TOWNE SQUARE WAY APT 1515 ORLANDO,FL 328186791	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312953-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200154901 CLAIM NUMBER : 968480 INS/CLMT STATE : FL DATE OF LOSS : 05/13/1996 DATE PROOF FILED : 04/01/1999	INSURED : PANHANDLE BORING & TRENCHING, CLAIMANT : DEMETRIUS J DYESS 2702 MASSACHUSETT AVE PENSACOLA,FL 32505	AMOUNT CLAIMED : \$30,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 312979-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 968574 INS/CLMT STATE : FL DATE OF LOSS : 05/22/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 312987-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200156601 CLAIM NUMBER : 968591 INS/CLMT STATE : FL DATE OF LOSS : 03/21/1996 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES 1128 ROYAL PALM BLVD #172 ROYAL PALM BEACH,FL 33411	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313005-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 968655 INS/CLMT STATE : FL DATE OF LOSS : 06/05/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313009-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029901 CLAIM NUMBER : 968675 INS/CLMT STATE : FL DATE OF LOSS : 06/05/1996 DATE PROOF FILED : 04/01/1999	INSURED : ORTEGA INDUSTRIAL CONTRACTORS, CLAIMANT : STEVE G MELTON PO BOX 2006 EATON PARK,FL 33840	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313010-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 968676 INS/CLMT STATE : FL DATE OF LOSS : 05/16/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313010-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 968676 INS/CLMT STATE : FL DATE OF LOSS : 05/16/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : JAMES DEFABRIZIO 5476 PARK VALE BLVD WINTER PARK,FL 327927331	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313012-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200226101 CLAIM NUMBER : 968682 INS/CLMT STATE : FL DATE OF LOSS : 06/02/1996 DATE PROOF FILED : 04/28/1999	INSURED : ON THE WATER, INC. & DENNIS E. CLAIMANT : ON THE WATER INC & DENNIS E 711 W BEACH DR PANAMA CITY,FL 324012319	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313043-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200207501 CLAIM NUMBER : 968766 INS/CLMT STATE : FL DATE OF LOSS : 06/15/1996 DATE PROOF FILED : 04/21/1999	INSURED : HILLSBORO CLUB, INC CLAIMANT : CHRISTOPHER LEDOUX 10215 LK CITY WAY NE #402 SEATTLE,WA 98125	AMOUNT CLAIMED : \$450.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 313053-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200247701 CLAIM NUMBER : 968790 INS/CLMT STATE : FL DATE OF LOSS : 06/04/1996 DATE PROOF FILED : 03/22/1999	INSURED : MEDSHUTTLE, INC. CLAIMANT : MEDSHUTTLE, INC. PO BOX 6050 DAYTONA BEACH,FL 32122	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313054-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 968791 INS/CLMT STATE : FL DATE OF LOSS : 06/21/1996 DATE PROOF FILED : 04/08/1999	INSURED : MIDDLETON PEST CONTROL CLAIMANT : MIDDLETON PEST CONTROL 6359 EDGEWATER DR ORLANDO,FL 328104706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313054-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 968791 INS/CLMT STATE : FL DATE OF LOSS : 06/21/1996 DATE PROOF FILED : 03/23/1999	INSURED : MIDDLETON PEST CONTROL CLAIMANT : ROLAND PROPER 1900 33RD STREET ORLANDO,FL 32839	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313056-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 968795 INS/CLMT STATE : FL DATE OF LOSS : 06/26/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313071-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200156601 CLAIM NUMBER : 968841 INS/CLMT STATE : FL DATE OF LOSS : 06/26/1996 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES PO BOX 210243 ROYAL PALM BEACH,FL 334210243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313110-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200149701 CLAIM NUMBER : 968953 INS/CLMT STATE : FL DATE OF LOSS : 07/18/1996 DATE PROOF FILED : 04/12/1999	INSURED : ALEC'S CAMPER CENTER, INC. CLAIMANT : ALECS CAMPER CENTER INC 16960 S DIXIE HWY MIAMI,FL 331574354	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313150-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 969071 INS/CLMT STATE : FL DATE OF LOSS : 07/09/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313151-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 969075 INS/CLMT STATE : FL DATE OF LOSS : 07/08/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 313164-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200041701 CLAIM NUMBER : 969109 INS/CLMT STATE : FL DATE OF LOSS : 07/30/1996 DATE PROOF FILED : 04/23/1999	INSURED : FPI DETECTIVE, INC. CLAIMANT : FPI DETECTIVE INC 1784 W 38TH PL HIALEAH,FL 330127072	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313164-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200041701 CLAIM NUMBER : 969109 INS/CLMT STATE : FL DATE OF LOSS : 07/30/1996 DATE PROOF FILED : 04/23/1999	INSURED : FPI DETECTIVE, INC. CLAIMANT : PABLO GUIDO 1629 W 64 ST HIALEAH,FL 33012	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313189-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200156601 CLAIM NUMBER : 969167 INS/CLMT STATE : FL DATE OF LOSS : 08/07/1996 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES PO BOX 210243 ROYAL PALM BEACH,FL 334210243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313214-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200156601 CLAIM NUMBER : 969235 INS/CLMT STATE : FL DATE OF LOSS : 08/02/1996 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES PO BOX 210243 ROYAL PALM BEACH,FL 334210243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313255-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200222701 CLAIM NUMBER : 969325 INS/CLMT STATE : FL DATE OF LOSS : 08/02/1996 DATE PROOF FILED : 04/12/1999	INSURED : CHOICE FIRST, INC CLAIMANT : JOLIE R CORSON 8144 COUNTY LINE RD LAUREL HILL,FL 325672516	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313256-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200222701 CLAIM NUMBER : 969326 INS/CLMT STATE : FL DATE OF LOSS : 08/23/1996 DATE PROOF FILED : 04/12/1999	INSURED : CHOICE FIRST, INC CLAIMANT : JOLIE R CORSON 8144 COUNTY LINE RD LAUREL HILL,FL 325672516	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313264-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200029301 CLAIM NUMBER : 969358 INS/CLMT STATE : FL DATE OF LOSS : 08/26/1996 DATE PROOF FILED : 04/08/1999	INSURED : MIDDLETON PEST CONTROL CLAIMANT : MIDDLETON PEST CONTROL 6359 EDGEWATER DR ORLANDO,FL 328104706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313267-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200209301 CLAIM NUMBER : 969367 INS/CLMT STATE : TN DATE OF LOSS : 08/29/1996 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE MANAGEMENT GROUP, IN CLAIMANT : BROOKSIDE MANAGEMENT GROUP INC 224 WHITE BRIDGE PIKE NASHVILLE,TN 372093207	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 313292-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200041701 CLAIM NUMBER : 969424 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1996 DATE PROOF FILED : 04/23/1999	INSURED : FPI DETECTIVE, INC. CLAIMANT : FPI DETECTIVE INC 1784 W 38TH PL HIALEAH,FL 330127072	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313292-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200041701 CLAIM NUMBER : 969424 INS/CLMT STATE : FL DATE OF LOSS : 08/28/1996 DATE PROOF FILED : 04/23/1999	INSURED : FPI DETECTIVE, INC. CLAIMANT : DENIE ARQUEZ 2750 NW RIVER DRIVE #A MIAMI,FL 99999	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313293-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 969425 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313293-2 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 969425 INS/CLMT STATE : FL DATE OF LOSS : 08/08/1996 DATE PROOF FILED : 04/27/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : JAMES A PAYNE 4107 MAU MAU LN ORLANDO,FL 328225687	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313314-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 969474 INS/CLMT STATE : FL DATE OF LOSS : 05/10/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313314-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 969474 INS/CLMT STATE : FL DATE OF LOSS : 05/10/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : TITUS HAYDEN 525 TOWNE SQUARE WAY APT 1515 ORLANDO,FL 328186791	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313318-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200046101 CLAIM NUMBER : 969483 INS/CLMT STATE : FL DATE OF LOSS : 09/06/1996 DATE PROOF FILED : 03/24/1999	INSURED : SIGA INCORPORATED CLAIMANT : GREGORIO GOMEZ 809 SW 9 CT # 1 POMPANO BEACH,FL 33060	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313365-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 969566 INS/CLMT STATE : FL DATE OF LOSS : 09/17/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 313383-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 969601 INS/CLMT STATE : FL DATE OF LOSS : 09/25/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313383-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 969601 INS/CLMT STATE : FL DATE OF LOSS : 09/25/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : RONALD HOLMES 3300 WILTS CIR S APT 42 ORLANDO,FL 328054275	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313384-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 969602 INS/CLMT STATE : FL DATE OF LOSS : 09/11/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313385-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 969603 INS/CLMT STATE : FL DATE OF LOSS : 09/23/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313404-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200128002 CLAIM NUMBER : 969631 INS/CLMT STATE : FL DATE OF LOSS : 09/30/1996 DATE PROOF FILED : 03/31/1999	INSURED : THE G.K. FISHER CO. CLAIMANT : JERZY KOBESZKO 405 GREENWOOD AVE LEHIGH ACRES,FL 339724023	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313411-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200177301 CLAIM NUMBER : 969642 INS/CLMT STATE : AL DATE OF LOSS : 09/11/1996 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313411-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200177301 CLAIM NUMBER : 969642 INS/CLMT STATE : AL DATE OF LOSS : 09/11/1996 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : ROBERT L PERKINS 519 N B ST PENSACOLA,FL 325012906	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313419-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200209301 CLAIM NUMBER : 969655 INS/CLMT STATE : TN DATE OF LOSS : 09/30/1996 DATE PROOF FILED : 04/12/1999	INSURED : BROOKSIDE MANAGEMENT GROUP, IN CLAIMANT : BROOKSIDE MANAGEMENT GROUP INC 224 WHITE BRIDGE PIKE NASHVILLE,TN 372093207	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 313445-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200038701 CLAIM NUMBER : 969705 INS/CLMT STATE : FL DATE OF LOSS : 10/04/1996 DATE PROOF FILED : 03/25/1999	INSURED : DISCOUNT PROPANE, INC. & CLAIMANT : DISCOUNT PROPANE, INC. & 546 S SHELL ROAD DEBARY,FL 32713	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313453-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200236001 CLAIM NUMBER : 969721 INS/CLMT STATE : FL DATE OF LOSS : 10/07/1996 DATE PROOF FILED : 04/19/1999	INSURED : ELITE PROTECTION SERVICES, INC CLAIMANT : STEWART KAHN 110 VALENCIA E DELRAY BEACH,FL 334462062	AMOUNT CLAIMED : \$50.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313454-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 969722 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : MCINERNEY FORD, INC. 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313454-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200051201 CLAIM NUMBER : 969722 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1996 DATE PROOF FILED : 03/26/1999	INSURED : MCINERNEY FORD, INC. CLAIMANT : RONALD HOLMES 3300 WILTS CIR S APT 42 ORLANDO,FL 328054275	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313477-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200240701 CLAIM NUMBER : 969754 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1996 DATE PROOF FILED : 03/22/1999	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : FLAGLER COUNTY COA COMMUNITY 1000 BELLE TERRE BLVD PALM COAST,FL 321645238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313477-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200240701 CLAIM NUMBER : 969754 INS/CLMT STATE : FL DATE OF LOSS : 10/08/1996 DATE PROOF FILED : 03/25/1999	INSURED : FLAGLER COUNTY COA COMMUNITY CLAIMANT : RAUL TORO PO BOX 350867 PALM COAST,FL 321350867	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313482-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200183501 CLAIM NUMBER : 969759 INS/CLMT STATE : FL DATE OF LOSS : 10/13/1996 DATE PROOF FILED : 03/31/1999	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : TRANSPORTE AERO MERCANTILES PA PO BOX 524235 MIAMI,FL 331524235	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313482-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200183501 CLAIM NUMBER : 969759 INS/CLMT STATE : FL DATE OF LOSS : 10/13/1996 DATE PROOF FILED : 03/31/1999	INSURED : TRANSPORTE AERO MERCANTILES PA CLAIMANT : FRANCISCO A MEJIA 11821 SW 174TH TER MIAMI,FL 331772250	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 313491-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200043101 CLAIM NUMBER : 969775 INS/CLMT STATE : FL DATE OF LOSS : 10/14/1996 DATE PROOF FILED : 04/01/1999	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS INC 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313492-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200177301 CLAIM NUMBER : 969776 INS/CLMT STATE : AL DATE OF LOSS : 09/30/1996 DATE PROOF FILED : 04/08/1999	INSURED : MCCRORY BUILDING COMPANY, INC. CLAIMANT : MCCRORY BUILDING COMPANY INC PO DRAWER 1266 BIRMINGHAM,AL 35201	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313508-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200047801 CLAIM NUMBER : 969797 INS/CLMT STATE : PA DATE OF LOSS : 10/14/1996 DATE PROOF FILED : 04/21/1999	INSURED : FISHMAN AND TOBIN, INC. CLAIMANT : RENE LOPEZ 2669 W 52ND ST HIALEAH,FL 330164018	AMOUNT CLAIMED : \$5,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313515-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200156601 CLAIM NUMBER : 969811 INS/CLMT STATE : FL DATE OF LOSS : 10/15/1996 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES PO BOX 210243 ROYAL PALM BEACH,FL 334210243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313529-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200153401 CLAIM NUMBER : 969831 INS/CLMT STATE : FL DATE OF LOSS : 10/15/1996 DATE PROOF FILED : 04/21/1999	INSURED : LANZO CONSTRUCTION CO., FLORID CLAIMANT : LANZO CONSTRUCTION CO FLORIDA 1900 NW 44TH ST POMPANO BEACH,FL 330648706	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313547-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200043101 CLAIM NUMBER : 969858 INS/CLMT STATE : FL DATE OF LOSS : 10/21/1996 DATE PROOF FILED : 04/01/1999	INSURED : MARSH FREEZERS & COOLERS, INC. CLAIMANT : MARSH FREEZERS & COOLERS INC 8125 NW 64TH ST MIAMI,FL 331662725	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313549-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200247701 CLAIM NUMBER : 969860 INS/CLMT STATE : FL DATE OF LOSS : 10/18/1996 DATE PROOF FILED : 03/22/1999	INSURED : MEDSHUTTLE, INC. CLAIMANT : MEDSHUTTLE, INC. PO BOX 6050 DAYTONA BEACH,FL 32122	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313557-2 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200100801 CLAIM NUMBER : 969873 INS/CLMT STATE : FL DATE OF LOSS : 10/16/1996 DATE PROOF FILED : 03/25/1999	INSURED : TONY'S PASTA CO., INC. CLAIMANT : DONNA CHULEY 767 SE 1ST WAY DEERFIELD BEACH,FL 334415312	AMOUNT CLAIMED : \$25,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

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COMPANY: 482 ID NO : 313559-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200247701 CLAIM NUMBER : 969876 INS/CLMT STATE : FL DATE OF LOSS : 08/26/1996 DATE PROOF FILED : 03/22/1999	INSURED : MEDSHUTTLE, INC. CLAIMANT : MEDSHUTTLE, INC. PO BOX 6050 DAYTONA BEACH,FL 32122	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 313575-1 PRIORITY : CLASS 2 STATUS : Evaluated	POLICY NUMBER : 004200156601 CLAIM NUMBER : 969906 INS/CLMT STATE : FL DATE OF LOSS : 10/24/1996 DATE PROOF FILED : 04/23/1999	INSURED : SAWGRASS CONSTRUCTION SERVICES CLAIMANT : SAWGRASS CONSTRUCTION SERVICES PO BOX 210243 ROYAL PALM BEACH,FL 334210243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 482 ID NO : 400032-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/22/1999	INSURED : CLAIMANT : AYCO FINANCE CORPORATION DAVID H AYCOCK 1550 S LAKEMONT AVE WINTER PARK,FL 327925449	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400033-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/19/1999	INSURED : CLAIMANT : BANACO INC SIDNEY M BANACK JR PO BOX 2304 VERO BEACH,FL 329612304	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400039-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/16/1999	INSURED : CLAIMANT : BEST BUDGET PLAN INC ROBERT J SOSSIN 11601 NW 7TH AVE MIAMI,FL 331682507	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400052-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/16/1999	INSURED : CLAIMANT : COLUMBIA PREMIUM FINANCING INC W L HUNTER PO BOX 1827 LAKE CITY,FL 320561827	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400055-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/17/1999	INSURED : CLAIMANT : CONVENIENT FINANCE CORP 5040 NW 7TH STREET STE 635 MIAMI,FL 33126	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400067-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/18/1999	INSURED : CLAIMANT : EGRET PREMIUM FINANCE COMPANY PO BOX 112 FORT MYERS BEACH,FL 339311281	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 400074-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/19/1999	INSURED : CLAIMANT : FEDERATED PREMIUM FINANCE RONALD RAYMOND 4161 NW 5TH STREET FORT LAUDERDALE,FL 333342748	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400101-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/23/1999	INSURED : CLAIMANT : GM FINANCING GROUP INC 1200 W 49TH ST HIALEAH,FL 330123217	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400113-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/16/1999	INSURED : CLAIMANT : INSURANCE FIN SPECIALISTS JODY I LEVESQUE PO BOX 18241 TAMPA,FL 336798241	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400118-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/17/1999	INSURED : CLAIMANT : J.E. MURPHY CO. PREMIUM FINANCE INC JAMES LOUIS MURPHY 6440 NW 5TH WAY FORT LAUDERDALE,FL 333096112	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400120-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/22/1999	INSURED : CLAIMANT : JIFFY PREMIUM FINANCE ROBERT PEPPE PO BOX 936020 MARGATE,FL 330936020	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400131-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/24/1999	INSURED : CLAIMANT : MARLIN FINANCIAL CORPORATION VERNAMAE KINDY PO BOX 19238 WEST PALM BEACH,FL 334169238	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400134-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/23/1999	INSURED : CLAIMANT : ALL EQUITY PREMIUM FINANCE 18320 SW 97 AVE MIAMI,FL 331575503	AMOUNT CLAIMED : \$73,532.90 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400139-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/25/1999	INSURED : CLAIMANT : NATSCO INC BRIAN MCLEOD PO BOX 703 ELBA,AL 363230703	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 400148-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/24/1999	INSURED : CLAIMANT : OCASCO BUDGET INCORPORATION LESLIE C GALLEY 136 N 3RD ST HAMILTON,OH 450112726	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400154-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/18/1999	INSURED : CLAIMANT : PAM FINANCE COMPANY RICHARD K MCLEOD 1255 ROBERTS BLVD NW STE 200 KENNESAW,GA 301443694	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400160-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/17/1999	INSURED : CLAIMANT : PLAZA FINANCE CORPORATION ROSITA DON PO BOX 4781 MIAMI LAKES,FL 330140781	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400168-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/19/1999	INSURED : CLAIMANT : PREMIUM FUNDING ASSOCIATES INC MARTIN LUTHER VAUGHAN III 10 STATE HOUSE SQ HARTFORD,CT 061033604	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400189-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/16/1999	INSURED : CLAIMANT : SOUTHERN PREMIUM FINANCE CORP PO BOX 901267 HOMESTEAD,FL 330901267	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400190-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/16/1999	INSURED : CLAIMANT : SPECIALTY PREMIUM FIN CO JOHN RICCIARDELLI 8300 W FLAGLER ST MIAMI,FL 331442096	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400208-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/17/1999	INSURED : CLAIMANT : U S INSURANCE SERVICES INC PO BOX 47000 JACKSONVILLE,FL 322477000	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 400210-1 PRIORITY : CLASS 3 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/16/1999	INSURED : CLAIMANT : UNION PREMIUM ACCEPTANCE CORP JERRY L SMITH SR 401 S 25TH ST FORT PIERCE,FL 349473614	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 800000-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/30/1999	INSURED : CLAIMANT : PEGASUS ADVISORS INC MANAGER OF REINSURANCE ADMN 35 TOWER LANE AVON,CT 06001	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800001-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 09/21/1998	INSURED : CLAIMANT : DONNA C HURTAK ESQUIRE 10800 BISCAYNE BLVD STE 520 MIAMI,FL 33161	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800004-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 11/01/1998	INSURED : CLAIMANT : SUZANNE M LEIDER PA 5970 SW 18TH STREET SUITE 307 BOCA RATON,FL 33433	AMOUNT CLAIMED : \$2,486.25 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800010-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 02/22/1999	INSURED : CLAIMANT : MARK S BUCHANAN 375 COMMERCE PKWY ROCKLEDGE,FL 32955	AMOUNT CLAIMED : \$2,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800011-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/07/1999	INSURED : CLAIMANT : CARL SCHOLL 5999 SW 45TH ST MIAMI,FL 331556003	AMOUNT CLAIMED : \$1,628.10 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800025-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 11/13/1998	INSURED : CLAIMANT : ERS CONSULTANTS INC 140 ALEXANDRIA BLD H OVIEDO,FL 32765	AMOUNT CLAIMED : \$10,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800027-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 11/18/1998	INSURED : CLAIMANT : INVESTIGATIONS SPECIALISTS INC 4111 METRIC DR STE 2 WINTER PARK,FL 32792	AMOUNT CLAIMED : \$50,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800031-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 10/29/1998	INSURED : CLAIMANT : DONALD LONG 375 COMMERCE PARKWAY ROCKLEDGE,FL 32955	AMOUNT CLAIMED : \$2,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 800037-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/08/1999	INSURED : CLAIMANT : SOUTHSIDE NURSING CENTER 5644 COLCORD AVE STE 113 JACKSONVILLE,FL 322117017	AMOUNT CLAIMED : \$12,830.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800039-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 10/12/1998	INSURED : CLAIMANT : THE PLASTRIDGE AGENCY PO DRAWER 730 DELRAY BEACH,FL 33447	AMOUNT CLAIMED : \$25,750.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800043-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 10/06/1998	INSURED : CLAIMANT : UNGLAUB & CLOUD INC 202 EAST TENNESSEE ST TALLAHASSEE,FL 32301	AMOUNT CLAIMED : \$18,657.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800045-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 10/05/1998	INSURED : CLAIMANT : WIDELL INC 5365 STIRLING ROAD DAVIE,FL 33314	AMOUNT CLAIMED : \$3,310.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800046-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 11/13/1998	INSURED : CLAIMANT : RELIASTAR REINSURANCE GROUP ATTN: KATHY CHILDS-HEALY FLMI 20 WASHINGTON AVE SOUTH MINNEAPOLIS,MN 55401	AMOUNT CLAIMED : \$1,804.20 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800047-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/01/1999	INSURED : CLAIMANT : LONDON LIFE & CASUALTY REINSURANCE CORP LIFE OF BARBADOS BLDG WILDEY ST MICHAEL BARBADOS,WI	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800049-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 03/16/1999	INSURED : CLAIMANT : UNITED PARCEL SERVICE PO BOX 5126 TIMONIUM,MD 21094	AMOUNT CLAIMED : \$59.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800056-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/22/1999	INSURED : CLAIMANT : TIG REINSURANCE COMPANY ATTN: MS ANN QUINN 300 FIRST STAMFORD PL STAMFORD,CT 069026765	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 800057-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 02/02/1999	INSURED : CLAIMANT : UNDERWRITERS REINSURANCE COMPANY ATTN: MR TODD HESS 26050 MUREAU RD CALABASAS,CA 913023102	AMOUNT CLAIMED : \$88,014.27 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800059-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/24/1999	INSURED : CLAIMANT : SCOR REINSURANCE CO ATTN:ANRES PRIETO TWO WORLD TRADE CEN 24TH FL NEW YORK,NY 10048	AMOUNT CLAIMED : \$256,193.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800061-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 01/15/1999	INSURED : CLAIMANT : PALM BCH COUNTY TAX COLLECTOR PO BOX 3715 WEST PALM BEACH,FL 334023715	AMOUNT CLAIMED : \$7,422.26 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800064-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/13/1999	INSURED : CLAIMANT : NCCI ATTN: KEITH FARR 750 PARK OF COMMERCE DR BOCA RATON,FL 334873696	AMOUNT CLAIMED : \$76,851.97 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800067-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 02/15/1999	INSURED : CLAIMANT : A. M. BEST COMPANY, INC AMBEST ROAD OLDWICK,NJ 08822	AMOUNT CLAIMED : \$41.67 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800078-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 02/11/1999	INSURED : CLAIMANT : BETTER BUSINESS FORMS, INC. 10950 BELCHER RD LARGO,FL 33777	AMOUNT CLAIMED : \$3,460.44 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800088-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/21/1999	INSURED : CLAIMANT : THE BESSENBACHER CO PO BOX 480108 KANSAS CITY,MO 641480108	AMOUNT CLAIMED : \$150.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800089-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/24/1999	INSURED : CLAIMANT : MCINERNEY FORD INC ATTN: TED ALDEN 5700 E COLONIAL DR ORLANDO,FL 328073406	AMOUNT CLAIMED : \$43,664.80 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 800090-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/22/1999	INSURED : CLAIMANT : MAGNUM ENVIRONEMNTAL SERVICES INC 1280 NE 48TH ST POMPANO BEACH,FL 330644909	AMOUNT CLAIMED : \$24,252.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800092-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/24/1999	INSURED : CLAIMANT : VINCAM GROUP ATTN: TOM JONES ESQ 315 CALHOUN ST TALLAHASSEE,FL 32301	AMOUNT CLAIMED : \$108,298.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800093-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 04/24/1999	INSURED : CLAIMANT : HUMANA WORKERS COMPENSATION FINANCE PO BOX 1438 LOUISVILLE,KY 402011438	AMOUNT CLAIMED : \$1,516,388.63 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 800094-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 06/15/2000	INSURED : CLAIMANT : MC CURRY INC 24100 SOUTHFIELD ROAD STE 101 SOUTHFIELD,MI 48075	AMOUNT CLAIMED : \$1,903.50 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900000-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 09/15/1999	INSURED : CLAIMANT : ACORDIA SOUTHEAST, INC. - TAMPA PO BOX 31666 311 PARK PLACE BLVD., STE #400 TAMPA,FL 336313666	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900008-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 08/16/2007	INSURED : CLAIMANT : AMERICAN PHOENIX CORPORATION 2301 SW 27TH AVE MIAMI,FL 331453641	AMOUNT CLAIMED : \$193.28 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900042-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 08/12/1999	INSURED : CLAIMANT : FOSTER FINANCIAL SERVICES, INC. 17700 SW 76TH AVE MIAMI,FL 331576339	AMOUNT CLAIMED : \$525.80 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900049-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 06/24/1999	INSURED : CLAIMANT : GEORGE MANGAN INSURANCE, INC. 725 NE 25TH AVE OCALA,FL 34470	AMOUNT CLAIMED : \$963.84 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

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COMPANY: 482 ID NO : 900102-1 PRIORITY : CLASS 8 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 10/29/1999	INSURED : CLAIMANT : R.V. JOHNSON AGENCY - STUART 2041 SE OCEAN BLVD STUART,FL 34996	AMOUNT CLAIMED : \$777.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900103-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 06/23/1999	INSURED : CLAIMANT : WORKERS COMPENSATION GROUP INC 1515 N FEDERAL HWY STE 204 BOCA RATON,FL 334321952	AMOUNT CLAIMED : \$60,000.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900136-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 04/24/1998 DATE PROOF FILED : 09/01/1999	INSURED : CLAIMANT : RICK CARROLL INSURANCE AGENCY PO BOX 877 2160 N.E. DIXIE HWY. JENSEN BEACH,FL 349580877	AMOUNT CLAIMED : \$220.53 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900159-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 09/01/1999	INSURED : CLAIMANT : MICHAEL KLOCKE & COMPANY 1079 W MORSE BLVD P. O. BOX #568 WINTER PARK,FL 327893751	AMOUNT CLAIMED : \$12,673.40 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900180-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 06/28/1999	INSURED : CLAIMANT : PARK AND ASSOCIATES INC 5255 N FEDERAL HWY 2ND FLOOR BOCA RATON,FL 334874907	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900196-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 09/07/1999	INSURED : CLAIMANT : BROWN INSURANCE, INC. 2357 TAMIAMI TRL S UNIT 8 VENICE,FL 342935022	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900258-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 08/11/1999	INSURED : CLAIMANT : J.W. EDENS & COMPANY, INC. PO BOX 278 758 COUNTRY CLUB DRIVE TITUSVILLE,FL 327810278	AMOUNT CLAIMED : \$1,529.80 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :
COMPANY: 482 ID NO : 900268-1 PRIORITY : CLASS 6 STATUS : Unevaluated	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED : 07/21/1999	INSURED : CLAIMANT : NEIGHBORHOOD INSURANCE SERVICES INC 13311 WINDING OAK CT TAMPA,FL 336123417	AMOUNT CLAIMED : \$602.21 AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT RECMD CLAIMANT :

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
ASSOCIATED BUSINESS AND COMMERCE INSURANCE CORP
FINAL CLAIMS REPORT
PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 482	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$748.00
ID NO : 900322-1	CLAIM NUMBER :	CLAIMANT : NEIGHBORHOOD INSURANCE SVCS., INC.	AMOUNT RECOMMENDED :	
PRIORITY : CLASS 6	INS/CLMT STATE :	PO BOX 274044	AMOUNT GUARANTY PAID :	
STATUS : Unevaluated	DATE OF LOSS :	13311 B. WINDING OAK COURT	AMOUNT RECMD CLAIMANT :	
	DATE PROOF FILED : 07/26/1999	TAMPA,FL 336884044		
COMPANY: 482	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$1.00
ID NO : 1008371-1	CLAIM NUMBER :	CLAIMANT : INTERNAL REVENUE SERVICE DEPARTMENT OF THE	AMOUNT RECOMMENDED :	
PRIORITY : CLASS 4	INS/CLMT STATE :	--	AMOUNT GUARANTY PAID :	
STATUS : Unevaluated	DATE OF LOSS :	--	AMOUNT RECMD CLAIMANT :	
	DATE PROOF FILED : 04/24/1998	ATLANTA,GA 39901		

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
ASSOCIATED BUSINESS AND COMMERCE INSURANCE CORP
FINAL CLAIMS REPORT
PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$13,986,087.21
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$200.00
TOTAL NUMBER	2,594

Secured Claims

COUNT OF SECURED CLAIMS :	0
AMOUNT CLAIMED FOR SECURED CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR SECURED CLAIMS TO NON GUARANTY ASSOCIATION	

UnSecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 2 CLAIMS :	1,189	COUNT OF CLASS 8 CLAIMS :	85
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	\$9,531,988.65	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$322,245.62
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$200.00	AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 3 CLAIMS :	907	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,593,520.14	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 4 CLAIMS :	1	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$1.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:			
COUNT OF CLASS 5 CLAIMS :	5	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$8,566.18	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS	
COUNT OF CLASS 6 CLAIMS :	407		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$2,529,765.62		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :			

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.
*** If status is unevaluated, then dollar amounts have been suppressed

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
ASSOCIATED BUSINESS AND COMMERCE INSURANCE CORP
FINAL CLAIMS REPORT
PART B - FOR GUARANTY ASSOCIATION

COMPANY:	482	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$784,658.62
ID NO :	1-1	CLAIM NUMBER :	FWCIGA CLAIMANT : FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 1	INS/CLMT STATE :	P O BOX 15159	TO GUARANTY ASSOCIATION :	\$784,658.62
STATUS :	Evaluated	DATE OF LOSS :	04/24/1998 TALLAHASSEE,FL 32317		
		DATE PROOF FILED :	09/15/1998		
COMPANY:	482	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$52,628,031.58
ID NO :	1-2	CLAIM NUMBER :	FWCIGA CLAIMANT : FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 2	INS/CLMT STATE :	P O BOX 15159	TO GUARANTY ASSOCIATION :	\$52,628,031.58
STATUS :	Evaluated	DATE OF LOSS :	04/24/1998 TALLAHASSEE,FL 32317		
		DATE PROOF FILED :	09/15/1998		
COMPANY:	482	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$1,189,168.00
ID NO :	1-3	CLAIM NUMBER :	FWCIGA CLAIMANT : FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 3	INS/CLMT STATE :	P O BOX 15159	TO GUARANTY ASSOCIATION :	
STATUS :	Unevaluated	DATE OF LOSS :	04/24/1998 TALLAHASSEE,FL 32317		
		DATE PROOF FILED :	09/15/1998		
COMPANY:	482	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$5,195,885.75
ID NO :	1-4	CLAIM NUMBER :	FWCIGA CLAIMANT : FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 1	INS/CLMT STATE :	P O BOX 15159	TO GUARANTY ASSOCIATION :	\$5,195,885.75
STATUS :	Evaluated	DATE OF LOSS :	04/24/1998 TALLAHASSEE,FL 32317		
		DATE PROOF FILED :	09/15/1998		
COMPANY:	482	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$2,009,082.41
ID NO :	1-5	CLAIM NUMBER :	FWCIGA CLAIMANT : FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 1	INS/CLMT STATE :	P O BOX 15159	TO GUARANTY ASSOCIATION :	\$2,009,082.41
STATUS :	Evaluated	DATE OF LOSS :	04/24/1998 TALLAHASSEE,FL 32317		
		DATE PROOF FILED :	09/15/1998		
COMPANY:	482	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$7,601.28
ID NO :	1008370-1	CLAIM NUMBER :	FIGA CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 1	INS/CLMT STATE :	PO BOX 14249	TO GUARANTY ASSOCIATION :	\$7,601.28
STATUS :	Evaluated	DATE OF LOSS :	04/24/1998 TALLAHASSEE,FL 32317		
		DATE PROOF FILED :	09/15/1998		
COMPANY:	482	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$119,800.00
ID NO :	1008370-2	CLAIM NUMBER :	FIGA CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 2	INS/CLMT STATE :	PO BOX 14249	TO GUARANTY ASSOCIATION :	\$119,800.00
STATUS :	Evaluated	DATE OF LOSS :	04/24/1998 TALLAHASSEE,FL 32317		
		DATE PROOF FILED :	09/15/1998		
COMPANY:	482	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$4,510.98
ID NO :	1008370-4	CLAIM NUMBER :	FIGA CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 1	INS/CLMT STATE :	PO BOX 14249	TO GUARANTY ASSOCIATION :	\$4,510.98
STATUS :	Evaluated	DATE OF LOSS :	04/24/1998 TALLAHASSEE,FL 32317		
		DATE PROOF FILED :	09/15/1998		

FLORIDA DEPARTMENT OF FINANCIAL SERVICES - DIVISION OF REHABILITATION AND LIQUIDATION
ASSOCIATED BUSINESS AND COMMERCE INSURANCE CORP
FINAL CLAIMS REPORT
PART B - FOR GUARANTY ASSOCIATION

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	\$61,938,738.62
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	\$60,749,570.62
TOTAL NUMBER	8

COUNT OF CLASS 1 CLAIMS :	5	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$8,001,739.04	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	\$8,001,739.04	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
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COUNT OF CLASS 2 CLAIMS :	2	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$52,747,831.58	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :	\$52,747,831.58	AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :	
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COUNT OF CLASS 3 CLAIMS :	1	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$1,189,168.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :	
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COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :			
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COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 11 CLAIMS TO GUARANTY ASSOCIATION CLAIMANTS :	
<hr/>			
COUNT OF CLASS 6 CLAIMS :	0		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :			

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.
*** If status is unevaluated, then dollar amounts have been suppressed

ASSOCIATED BUSINESS AND COMMERCE INSURANCE CORP
CLAIMS DISTRIBUTION REPORT

MPANY: 482	POLICY NUMBER :	UDSUNKNOWN INSURED :	AMOUNT CLAIMED :	\$784,658.62
NO : 1-01	CLAIM NUMBER :	FWCIGA CLAIMANT :FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY	AMOUNT RECOMMENDED :	\$784,658.62
IORITY : CLASS 1	INS/CLMT STATE :	FL P O BOX 15159		
ATUS : EVALUATED	DATE OF LOSS :	TALLAHASSEE,FL	AMOUNT DUE GUARANTY ASSOC. :	\$784,658.62
	DATE PROOF FILED :	09/15/1998		
MPANY: 482	POLICY NUMBER :	UDSUNKNOWN INSURED :	AMOUNT CLAIMED :	\$52,628,031.58
NO : 1-02	CLAIM NUMBER :	FWCIGA CLAIMANT :FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY	AMOUNT RECOMMENDED :	\$52,628,031.58
IORITY : CLASS 2	INS/CLMT STATE :	FL P O BOX 15159		
ATUS : EVALUATED	DATE OF LOSS :	TALLAHASSEE,FL	AMOUNT DUE GUARANTY ASSOC. :	\$52,628,031.58
	DATE PROOF FILED :	09/15/1998		
MPANY: 482	POLICY NUMBER :	UDSUNKNOWN INSURED :	AMOUNT CLAIMED :	\$5,195,885.75
NO : 1-04	CLAIM NUMBER :	FWCIGA CLAIMANT :FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY	AMOUNT RECOMMENDED :	\$5,195,885.75
IORITY : CLASS 1	INS/CLMT STATE :	FL P O BOX 15159		
ATUS : EVALUATED	DATE OF LOSS :	TALLAHASSEE,FL	AMOUNT DUE GUARANTY ASSOC. :	\$5,195,885.75
	DATE PROOF FILED :	09/15/1998		
MPANY: 482	POLICY NUMBER :	UDSUNKNOWN INSURED :	AMOUNT CLAIMED :	\$2,009,082.41
NO : 1-05	CLAIM NUMBER :	FWCIGA CLAIMANT :FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY	AMOUNT RECOMMENDED :	\$2,009,082.41
IORITY : CLASS 1	INS/CLMT STATE :	FL P O BOX 15159		
ATUS : EVALUATED	DATE OF LOSS :	TALLAHASSEE,FL	AMOUNT DUE GUARANTY ASSOC. :	\$2,009,082.41
	DATE PROOF FILED :	09/15/1998		
MPANY: 482	POLICY NUMBER :	01000679110 INSURED : ELITE PROTECTION SERVICES	AMOUNT CLAIMED :	\$1.00
NO : 300488-02	CLAIM NUMBER :	019700001210 CLAIMANT :WILLIAM SMITH	AMOUNT RECOMMENDED :	\$30,699.43
IORITY : CLASS 2	INS/CLMT STATE :	FL 2735 WINDHAM CT	AMOUNT GUARANTY PAID :	\$30,599.43
ATUS : EVALUATED	DATE OF LOSS :	DELRAY BEACH,FL	AMOUNT DUE CLAIMANT :	\$100.00
	DATE PROOF FILED :	03/17/1999		
MPANY: 482	POLICY NUMBER :	01000679110 INSURED : ELITE PROTECTION SERVICES, INC	AMOUNT CLAIMED :	\$1.00
NO : 300497-02	CLAIM NUMBER :	0197000001217 CLAIMANT :PAUL BENT	AMOUNT RECOMMENDED :	\$329,808.59
IORITY : CLASS 2	INS/CLMT STATE :	NY 28 DARTMOUTH RD	AMOUNT GUARANTY PAID :	\$329,708.59
ATUS : EVALUATED	DATE OF LOSS :	PO BOX 1078	AMOUNT DUE CLAIMANT :	\$100.00
	DATE PROOF FILED :	08/20/1998		
MPANY: 482	POLICY NUMBER :	UDSUNKNOWN INSURED :	AMOUNT CLAIMED :	\$7,601.28
NO : 1008370-01	CLAIM NUMBER :	FIGA CLAIMANT :FLORIDA INSURANCE GUARANTY ASSOCIATION	AMOUNT RECOMMENDED :	\$7,601.28
IORITY : CLASS 1	INS/CLMT STATE :	FL PO BOX 14249		
ATUS : EVALUATED	DATE OF LOSS :	TALLAHASSEE,FL	AMOUNT DUE GUARANTY ASSOC. :	\$7,601.28
	DATE PROOF FILED :	09/15/1998		
MPANY: 482	POLICY NUMBER :	UDSUNKNOWN INSURED :	AMOUNT CLAIMED :	\$119,800.00
NO : 1008370-02	CLAIM NUMBER :	FIGA CLAIMANT :FLORIDA INSURANCE GUARANTY ASSOCIATION	AMOUNT RECOMMENDED :	\$119,800.00
IORITY : CLASS 2	INS/CLMT STATE :	FL PO BOX 14249		
ATUS : EVALUATED	DATE OF LOSS :	TALLAHASSEE,FL	AMOUNT DUE GUARANTY ASSOC. :	\$119,800.00
	DATE PROOF FILED :	09/15/1998		

ASSOCIATED BUSINESS AND COMMERCE INSURANCE CORP
CLAIMS DISTRIBUTION REPORT

MPANY: 482	POLICY NUMBER :	UDSUNKNOWN INSURED :	AMOUNT CLAIMED :	\$4,510.98
NO : 1008370-04	CLAIM NUMBER :	FIGA CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION	AMOUNT RECOMMENDED :	\$4,510.98
PRIORITY : CLASS 1	INS/CLMT STATE :	PO BOX 14249		
ATUS : EVALUATED	DATE OF LOSS :	TALLAHASSEE, FL		
	DATE PROOF FILED :		AMOUNT DUE GUARANTY ASSOC. :	\$4,510.98

ASSOCIATED BUSINESS AND COMMERCE INSURANCE CORP
CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	\$60,749,572.62
TOTAL AMOUNT RECOMMENDED	\$60,749,770.62
TOTAL NUMBER	9

Secured Claims

COUNT OF SECURED CLAIMS :	0
AMOUNT CLAIMED FOR SECURED CLAIMS :	
AMOUNT RECOMMENDED FOR SECURED CLAIMS :	

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	5	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS :	\$6,001,739.04	AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :	\$6,001,739.04	AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS :	

COUNT OF CLASS 2 CLAIMS :	4	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :	\$52,747,833.58	AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :	\$52,748,031.58	AMOUNT RECOMMENDED FOR CLASS 8 CLAIMS :	

COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS :		AMOUNT CLAIMED FOR CLASS 9 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 9 CLAIMS :	

COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS :			
AMOUNT RECOMMENDED FOR CLASS 4 CLAIMS :			

COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS :		AMOUNT CLAIMED FOR CLASS 11 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 5 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 11 CLAIMS :	

COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 6 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :	

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (f) on allowed claims in Classes 1 - 9.

Claim Distribution Listing

For Company # 482

ASSOCIATED BUSINESS AND COMMERCE INSURANCE CORP

04/18/2013

13:38:18

Parameters used for Distribution Processing

		GF	Non-GF
Post Period	10-2013		
	Class 1 Percentage	100.0000	100.0000
Doc Date	04/18/2013		
	Class 2 Percentage	63.8989	63.8989
	Class 3 Percentage	0.0000	0.0000
	Class 4 Percentage	0.0000	0.0000
	Class 5 Percentage	0.0000	0.0000
	Class 6 Percentage	0.0000	0.0000
	Class 7 Percentage	0.0000	0.0000
	Class 8 Percentage	0.0000	0.0000
	Class 9 Percentage	0.0000	0.0000
	Class 10 Percentage	0.0000	0.0000
	Class 11 Percentage	0.0000	0.0000
	Secured Percentage	0.0000	0.0000

Claim Distribution Listing

04/10/2013

For Company # 482

ASSOCIATED BUSINESS AND COMMERCE INSURANCE CORP

Vendor#	ID No.	Claimant Name	Amount Due Claimant	Check Amount
00000001	1-1	FLORIDA WORKERS COMPENSATION INSURANCE	\$784,658.62	\$784,658.6200
00000001	1-2	FLORIDA WORKERS COMPENSATION INSURANCE	\$52,628,031.58	\$33,628,733.2713
00000001	1-4	FLORIDA WORKERS COMPENSATION INSURANCE	\$5,195,885.75	\$5,195,885.7500
00000001	1-5	FLORIDA WORKERS COMPENSATION INSURANCE	\$2,009,082.41	\$2,009,082.4100
13000002	300488-2	SMITH WILLIAM	\$100.00	\$63.8989 N
13000001	300497-2	BENT PAUL	\$100.00	\$63.8989
00000001	1008370-1	FLORIDA INSURANCE GUARANTY ASSOCIATION	\$7,601.28	\$7,601.2800
00000001	1008370-2	FLORIDA INSURANCE GUARANTY ASSOCIATION	\$119,800.00	\$76,550.8822
00000001	1008370-4	FLORIDA INSURANCE GUARANTY ASSOCIATION	\$4,510.98	\$4,510.9800

Total Distribution Records: 9

Incomplete NBA Records :

1

Total Amount Due Claimants

\$60,749,770.62

Total Amount to be distributed to Claimants

\$41,707,150.99

Associated Business & Commerce Insurance Company
 Distribution and Discharge Accounting
 Projected for June 2013 Distribution and Discharge

ESTIMATED ASSETS - MAY 2013

	<u>Value</u>	<u>Reference</u>
Cash	\$ 1,456,501.07	Schedule A
Accrued Interest to be paid 6/01/2013	1,000.00	
Advance to Guaranty Association	<u>40,298,831.22</u>	
Total Assets	<u>\$ 41,756,332.29</u>	

ESTIMATED FUNDS RETAINAGE

	<u>Value</u>	<u>Reference</u>
Class I - Administrative Claims Retainage for Receiver Expenses Estimate (June 2013)	15,097.00	Schedule B
Discharge Expenses Retainage for records storage, records destruction, tax return prep. & labor (post June 2013)	<u>10,000.00</u>	Schedule F
Total Proposed Retainage for Discharge	<u>25,097.00</u>	

TOTAL AVAILABLE TO DISTRIBUTE

\$ 41,731,235.29

DISTRIBUTION RECOMMENDATION

	<u>Claims Value</u>	<u>Less Previous Claims Distributions</u>	<u>Value of Claims Outstanding</u>	<u>Apply Adv. Pmts. to Guaranty Assoc.</u>	<u>Recommended Distribution</u>	<u>% Value of Claims Outstanding</u>	<u>% Value of Gross Filed Claims</u>	<u>Total % of Claims Value Distributed</u>
Class I - Administrative Claims-Guaranty Funds	\$ 8,001,739.04	\$ -	\$ 8,001,739.04	\$ 8,001,739.04	\$ -	100.0000%	100.0000%	100.0000%
Class II - Loss Claims-Guaranty Funds	52,747,831.58	-	52,747,831.58	<u>32,297,092.18</u>	1,432,276.18	63.9446%	63.9446%	63.9446%
Class II - Loss Claims-Other	200.00	-	200.00	200.00	127.89	63.9446%	63.9446%	63.9446%
Class III - Return Premium Claims-Guaranty Funds	1,189,168.00	-	1,189,168.00	-	-	0.0000%	0.0000%	0.0000%
Class III - Return Premium Claims-Other	1,593,520.14	-	1,593,520.14	-	-	0.0000%	0.0000%	0.0000%
Class IV - Federal Government Claims	1.00	-	1.00	-	-	0.0000%	0.0000%	0.0000%
Class V - Employee Claims	8,566.18	-	8,566.18	-	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims	2,529,765.62	-	2,529,765.62	-	-	0.0000%	0.0000%	0.0000%
Class VII - State & Local Government Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	322,245.62	-	322,245.62	-	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other-GA	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Totals	<u>\$ 66,393,037.18</u>	<u>\$ -</u>	<u>\$ 66,393,037.18</u>	<u>\$ 40,298,831.22</u>	<u>\$ 1,432,404.07</u>			

Index to Attached Schedules:

- Schedule A - Available Cash Projection
- Schedule B - Estimated Funds to be Retained by the Receiver for Discharge of the Estate
- Schedule C - Allocated State Funds Expensed
- Schedule D - Interest Earnings Projection - Pooled Cash
- Schedule E - Receiver Discharge Expenses

Associated Business & Commerce Insurance Company
Available Cash Projection
Projected for June 2013 Distribution and Discharge

	Cash Bal. as of April 30, 2013	May-13
Beginning Pooled Cash Balance	X	\$ 1,509,881.00
Direct Receiver Expenses (Actual or Estimated)		
SDTF Collection Services		40,118.00
Rent-Storage & Utilities		300.00
Sub-total		40,418.00
Allocated Receiver Expenses (Estimated)		
Labor & Benefits		9,022.00 ¹
Indirect Expenses		5,775.00 ²
Sub-total		14,797.00
Cash Balance Before Interest Earnings		1,454,666.00
Interest Earnings		
Pooled Cash:		
Actual SPIA Earnings for April to be credited on 5/01/2013.		1,835.07
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).		
Less: Payment for Reinsurance Services		
Ending Pooled Cash Balance	X	\$ 1,456,501.07

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity leading up

January Actual	\$	5,368.73
February Actual		3,669.50
March Actual		2,775.87
April Actual		6,228.18
Sub-total		18,042.28
4 mth. actual average (rounded)		4,511.00
Doubled for increased activity level	\$	9,022.00

² Indirect Expenses: This estimate is ABC's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on ABC's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %		3.50%
Estimated Total for the Receiver	\$	165,000.00
Estimated Expense (rounded)	\$	5,775.00

Associated Business & Commerce Insurance Company
Estimated Funds to be Retained by the Receiver for Administration of the Estate
Estimated from 06/01/2013 through the Projected Discharge Date of 08/30/2013

	May	June	Retainage Calculation
Beginning Cash Balance		\$ 1,456,501.07	
Direct Receiver Expenses			
Rent - Storage, Bank Charges		300.00	
Sub-total		300.00	\$ 300.00
Allocated Receiver Expenses			
Labor & Benefits		9,022.00 ¹	
Indirect Expenses		5,775.00 ²	
Sub-total		14,797.00	\$ 14,797.00
Claims Distribution (Approx.)		<u>\$ 1,432,404.07</u>	
Cash Balance Before Interest Earnings		9,000.00	
Interest Earnings			
Estimate based on assumed SPRA APR on the previous month's average Pooled Cash balance (See Schedule D).		-	\$ -
Projected Ending Cash Balance	\$ 1,456,501.07	\$ 9,000.00	<u>\$ 15,097.00</u>

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average doubled for increased labor through distribution.

January Actual	\$ 5,368.73
February Actual	3,669.50
March Actual	2,775.87
April Actual	6,228.18
Sub-total	18,042.28
4 mth. actual average (rounded)	\$ 4,511.00
Doubled for increased distribution activity	<u>\$ 9,022.00</u>

² Indirect Expenses: This estimate is ABC's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on ABC's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %	3.50%
Estimated Total for the Receiver	\$ 185,000.00
Estimated Expense (rounded)	<u>\$ 5,775.00</u>

³ The May 2013 interest is not included in the 'Retainage Calculation' as it is included as Accrued Interest in the Estimated Assets at June 2013 on the Distribution Account.

Associated Business & Commerce Insurance Company

Allocated State Funds Expensed

Estimated from May 2013 through the Projected Discharge Date of June 2013

THIS STATEMENT INCLUDED FOR INFORMATION PURPOSES ONLY - AMOUNTS NOT PART OF DISTRIBUTION CALCULATION

	May-13	Jun-13	Totals
Accrued Allocated State of Florida Expenses (Estimated)			
Labor & Benefits	\$ 790.00 ¹	\$ 790.00 ¹	\$ 1,580.00
Indirect Expenses	530.00 ²	530.00 ²	1,060.00
Total	\$ 1,320.00	\$ 1,320.00	\$ 2,640.00

Assumptions for Allocated State of Florida Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average doubled for increased labor activity during the distribution period.

January Actual	1,199.91
February Actual	895.23
March Actual	499.95
April Actual	574.57
Sub-total	3,169.66
4 mth. actual average (rounded)	<u>\$ 790.00</u>

² Indirect Expenses: This estimate is ABC's estimated pro rata share of the State's estimated total indirect expenses. The pro rata share calculation is based on ABC's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %	3.50%
Estimated Total for the State	\$ 15,000.00
Estimated Expense (rounded)	<u>\$ 530.00</u>

³ Per current Receiver policies and procedures, these accumulated amounts are recorded directly against estate equity as opposed to a liability account.

Associated Business & Commerce Insurance Company
Interest Earnings Projection - Pooled Cash
Projected for June 2013 Distribution and Discharge

Interest accrued for May 2013

Beginning cash balance at 5/01/2013	\$	1,509,881.00
Ending cash balance at 5/31/2013		1,456,501.07
Average cash balance for May		1,483,191.04
Assumed SPIA interest rate (Annualized)		1.50%
Subtotal (Annualized)		22,247.87

Accrual for May (Rounded)

\$	2,000.00
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Interest accrued for June 2013

Beginning cash balance at 6/01/2013	\$	1,456,501.07
Ending cash balance at 6/30/2013		9,000.00
Average cash balance for June		732,750.54
Assumed SPIA interest rate (Annualized)		1.50%
Subtotal (Annualized)		10,991.26

Accrual for June (Rounded)

\$	1,000.00
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Associated Business & Commerce Insurance Company
Receiver Discharge Expenses
Projected for June 2013 Distribution and Discharge

Discharge Expenses (Projected for Post 6/30/2013)

Records Storage, Records Destruction, 2012-2013 Final Tax Returns Preparation	\$ 10,000.00
Total	\$ 10,000.00

AGREEMENT

THIS AGREEMENT is entered into by and between the Florida Department of Financial Services, Division of Rehabilitation and Liquidation, 2020 Capital Circle, SE, Alexander Building, Suite 320, Tallahassee, Florida, 32302, hereinafter referred to as "DEPARTMENT", and the Florida Worker's Compensation Insurance Guaranty Association, whose address is P.O. Box 15159, Tallahassee, Florida 32317, hereinafter referred to as "FWCIGA".

WITNESSETH THAT:

1. WHEREAS, Associated Business and Commerce Insurance Company ("ABC") was a Florida corporation previously authorized to transact worker's compensation insurance in the State of Florida.

2. WHEREAS, ABC is presently subject to an Order of Liquidation issued by the Circuit Court of the Second Judicial Circuit, in and for Leon County, Florida, pursuant to Part I of *Chapter 631, Florida Statutes*, appointing the DEPARTMENT as Receiver for purposes of liquidation;

3. WHEREAS, FWCIGA was triggered by the liquidation proceeding and is currently administering the remaining claims in the ABC estate;

4. WHEREAS, the DEPARTMENT's only remaining task in the administration of the ABC estate is the collection of reinsurance;

5. WHEREAS, the DEPARTMENT and FWCIGA agree to a plan whereby the Department will discharge the ABC estate from receivership and FWCIGA will contract with the DEPARTMENT to collect all remaining reinsurance payments on FWCIGA's behalf;

6. NOW THEREFORE, in consideration of the services to be performed and payments to be made, together with the mutual covenants and conditions hereinafter set forth, the parties agree as follows:

7. **DATE OF CONTRACT**

This Contract shall be effective as indicated adjacent to DEPARTMENT's signature hereto at the end of this Contract.

8. **SCOPE OF WORK.** The work contemplated hereunder is as follows:

8.1. DEPARTMENT shall provide reinsurance collection services related to ABC open claims. Such services shall include, but not be limited to the following:

8.1.1. Bill reinsurers in accordance with provisions of appropriate reinsurance contracts.

8.1.2. Initiate the negotiation of commutation agreements with reinsurers at such time as ultimate reinsurance receivables have been identified.

8.1.3. Provide litigation support in the event legal proceedings become necessary in the recovery of reinsurance receivables.

8.2. DEPARTMENT has no authority to commit FWCIGA to any settlement or commutation. All settlements or commutations must be approved by FWCIGA in writing.

8.3. DEPARTMENT will not bring any legal actions without FWCIGA's written consent.

9. DELIVERABLES.

9.1. DEPARTMENT agrees to render the following services or deliverables. DEPARTMENT will provide:

9.1.1. An account statement (bordereau) with all billed recoverable for that quarter-end for each reinsurer under each reinsurance treaty, including billed reserves.

9.1.2. An aging report on billed recoverable for each reinsurer's aging schedule: 1-5 months; 6-9 months; 10-12 months; 12-24 months; and 25 months or greater.

9.1.3. Copies of billings to intermediaries or reinsurers to support the account statement in 9.1.1.

9.1.4. A progress report to FWCIGA on the actions of DEPARTMENT pursuant to this Agreement.

10. DELIVERY SCHEDULE

10.1. The services or other deliverables specified in paragraph 9 above shall be delivered to FWCIGA on the following schedule:

10.1.1. The account statement (bordereau) listed in paragraph 9.1.1. shall be provided to FWCIGA by the 20th of each quarter-end month.

10.1.2. The aging report on billed recoverable as listed in paragraph 9.1.2. shall be provided to FWCIGA by the 20th of each quarter-end month.

10.1.3. The copies of billings to intermediaries or reinsurers to support the account statement in 9.1.3. shall be provided to FWCIGA within 10 business days of the billing.

10.1.4. A progress report to FWCIGA on the actions of DEPARTMENT pursuant to this Agreement, by the 20th of the month following the month following each quarter-end month. The progress report will include an accounting of the DEPARTMENT's expenses, hourly fees and costs for that quarter.

11. FWCIGA RESPONSIBILITIES.

FWCIGA will share all payment detail records, files and knowledge arising under policies of insurance issued by ABC within its possession or control with DEPARTMENT. FWCIGA is not responsible for developing the data necessary to support settlement or commutation efforts.

12. CONTRACT PRICE.

The Contract Price for the work outlined in the *Scope of Work* provision of this Contract shall be as follows:

The DEPARTMENT agrees that its compensation for services provided under paragraph 8 shall be a 3.0% contingent fee. This 3% contingent fee shall be calculated based upon the GROSS amount collected from each reinsurer. Under the fee arrangement for services provided under paragraph 8, no hourly fee, costs or expenses are paid by the FWCIGA, and DEPARTMENT compensation, if any, will be the commission, and will depend on the degree of success the DEPARTMENT enjoys in said collection activity. All DEPARTMENT costs, time and expenses are paid out of the commission, if any, and if DEPARTMENT is unsuccessful in producing the recovery, the DEPARTMENT permanently bears the same. DEPARTMENT has no authority to commit FWCIGA to any settlement or commutation, all same must in each instance be expressly approve in writing by FWCIGA. FWCIGA agrees not to unreasonably withhold approval of a settlement or commutation.

13. PAYMENT SCHEDULE.

The DEPARTMENT will deduct its fees from any reinsurance receivables it recovers before it remits the funds to FWCIGA. Documentation supporting the gross recovery and deducted fees will be provided.

14. NO ORAL AMENDMENTS

THIS Agreement may be amended only by a written agreement between both parties. FURTHER, THE TERMS OF THIS AGREEMENT SHALL NOT BE ALTERED, MODIFIED, OR IN ANY MANNER CHANGED OTHER THAN BY THE WRITTEN, SPECIFIC AND EXPLICIT APPROVAL OF THE PARTIES IN A WRITTEN ADDENDUM TO THIS AGREEMENT OR IN OTHER CORRESPONDENCE.

15. CONFIDENTIALITY.

15.1. All materials or information or opinions received or developed, by DEPARTMENT in any engagement under this Agreement are confidential, and are to be revealed only to FWCIGA, or pursuant to FWCIGA's express instructions in each individual instance, or pursuant to Court Order. Contacts by any news reporting organization will be referred to FWCIGA for response. Requests for access to records under public records laws will be referred to FWCIGA, and will be resolved by FWCIGA.

15.2. NONDISCLOSURE.

DEPARTMENT requires access to certain confidential information pertaining to the ABC receivership. This exchange includes all communication of information between the parties in any form whatsoever, including oral, written and machine-readable form. Therefore, FWCIGA and DEPARTMENT agree, as follows:

1. That the disclosure of information by FWCIGA is in strictest confidence and DEPARTMENT will:
 - a. Not disclose to any other person the information;
 - b. Use a reasonable degree of care in maintaining such information secret and confidential;
 - c. Use the information only for the purposes of this Agreement;
 - d. Restrict disclosure of the information solely to those employees of DEPARTMENT having a need to know such information in order to accomplish the purposes of this Agreement;
 - e. Advise each such employee, before he or she receives access to the information, of the obligations of DEPARTMENT under this Agreement, and require each such employee to maintain those obligations;
 - f. Within five (5) business days following request of FWCIGA, will return to FWCIGA all documentation, copies, notes diagrams, computer memory media and other materials containing an portion of the confidential information, or confirm to FWCIGA, in writing, the destruction of such materials; and
2. The confidential information shall remain the sole property of FWCIGA. The above confidentiality and nondisclosure provisions shall survive the termination or natural expiration of this Agreement.

16. TERMINATION OF AGREEMENT.

16.1. DEPARTMENT or FWCIGA may cancel this Contract at any time for any reason upon the submission of a sixty (60) day prior written notice and balance of reinsurance recovery is remitted to FWCIGA.

16.2. This Contract shall terminate upon DEPARTMENT's satisfactory completion of the services and other units of Deliverables described or referenced in Paragraphs 8 and 9.

16.3. This Section in no way limits either party's right to terminate this Contract for breach thereof and to pursue damages for breach.

16.4. LENGTH OF SERVICE

This Contract shall conclude when services are completed, and final payment rendered to DEPARTMENT.

16.5 No party may assign this contract or delegate its duties hereunder.

17. GIFTS.

Employees and/or agents of the Florida Department of Financial Services comply fully with the state and department laws and regulations regarding gifts and are prohibited from

accepting gifts from any organization and/or person regulated by or doing business with the DEPARTMENT.

18. DISPUTES.

Any unresolved disputes rising in connection to this Contract or work hereunder, will be resolved under Florida Law, and jurisdiction and venue shall be in the Circuit Court, Second Judicial Circuit, Leon County, Florida.

19. RECORDS.

All letters, records, worksheets, explanation of benefits, memoranda, and other papers created or utilized by DEPARTMENT in performance of this contract shall be preserved by DEPARTMENT, and shall become the property of FWCIGA upon termination of the contract, and shall be transferred to the FWCIGA at the conclusion of the contract or at FWCIGA's request, whichever is earlier.

20. NO SUBCONTRACTING.

FWCIGA expects DEPARTMENT to perform all work hereunder personally or through DEPARTMENT's employee staff under DEPARTMENT's direct control and employment, unless expressly provided otherwise herein. No sub-contract may be made and no independent expert or consultant may be retained by DEPARTMENT, without the specific and explicit written consent of FWCIGA in each instance.

SIGNATURE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Signature of or for DEPARTMENT: _____

Type or Print Name of Person Signing: _____

Title of Person Signing: _____

PROVIDER's Federal Tax I.D. Number: _____

**SIGNATURE OF FLORIDA WORKER'S COMPENSATION INSURANCE GUARANTY
ASSOCIATION**

Signature for FWCIGA:

Effective Date: _____

Type or Print Name of Person Signing:

Title of Person Signing:

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