

**CAPTIVE/RRG
MANAGEMENT**

1. Name of Captive or RRG: Liberty First Insurance Company - RRG

2. State of Captive/RRG Domicile: Salt Lake City, UTAH

3. State approved Captive Manager: F. Darrell Lindsey / ART New World Insurance Services

Address of State Office: 7400 So. Union Park Ave., #201, SLC, UT 84047

E-mail: fdl@artnwinsuranceservices.com / E-Mail: fdl@libertyfirstrrg.com

Phone: 1-866-937-7037 FAX: 1-866-937-7010 Direct: 801-942-7134

4. Law Firm: Loren Barker

Kirton & McConkie

60 East So. Temple, #1800, SLC, UT 84111

E-mail: lbarker@kmclaw.com

Phone: 801-328-3600

4a. National Law Firm: Robert H. Myers, Jr.

Morris, Manning & Martin, LLP

1401 'H' Street, N.W., #760, Washington, D.C. 20005

E-Mail: rmyers@mmmlaw.com

PH: 202-898-0011 / FX: 202-408-5146

5. Banking: Zion's First National Bank

One South Main, Salt Lake City, UT 84111

E-Mail:

Phone: 801-524-4763 / FAX:

6. CPA Insurance Company Statements/Audits: Dennis Larson – CPA

Larson & Company - CPA's

9065 So. 1300 East, Salt Lake City, UT 84094

E-Mail: Dennis@larsco.com

Phone: 801-313-1900 / FAX: 801-313-1912

7. State of Domicile Accounting Services: Sherilynn Erickson
Larson & Company, CPA
9065 South 1300 East, Salt Lake City, UT 84094

E-Mail: sherilynn@larsco.com or dennis@larsco.com
Phone: 801-313-1900 / FAX: 801-313-1912

7a. Susan Jorgensen, CPA
Transportation Staffing Services
870 South 300 West, Heber City, UT 84032
E-mail: susanj@transtaff.com / susanj@libertyfirsttrrg.com
Phone: 435-657-2954 / FAX: 801-262-2012

8. Actuary: Glen Taylor
Taylor – Walker & Associates
7681 South Main, Midvale, UT 84047
E-Mail: gtaylor@taylor-walker.com
Phone: 801-562-5748 / Fax: 801-562-2916

9. Investment Banker: Ms. Kris MacKay, Vice President
Wells Fargo Bank / Wells Capital Management
299 So. Main Street #500, Salt Lake City, UT
E-Mail: kris.mackay@wellsfargo.com
Phone: 801-246-1478 / FAX: 801-246-1645

10. Underwriting Services: V.J. Pettitt, CPCU
Tri Com Insurance Managers, Inc.
5679 So. Redwood Road #26, Salt Lake City, UT 84123
E-Mail: vjpetitt@riskmanagersinc.com / vjpetitt@libertyfirsttrrg.com
Phone: 801-262-1220 / FAX: 801-262-2012

11. Reinsurance Services: Justin Tweedie
P – G Facilities
65 Madison Ave., Morristown, NJ 07960
E-Mail: jtweedie@p-g-inc.com
Phone: 410-280-0300 / FAX:

12. Program Administrator: V. J. Petitt – CPCU
Tri Com Insurance Managers, Inc.
5679 So. Redwood Road, #26, Salt Lake City, UT 84123
E-Mail: vjetitt@libertyfirstrrg.com / vjetitt@riskmanagersinc.com
Phone: 801-262-1220 / FAX: 801-262-2012

13. Computer Services: R. L. Lindsey Services
7400 So. Union Park Ave. #201, Midvale, UT 84047
E-Mail: RLL@libertyfirstrrg.com / Robbysl@highcountryagency.com
Phone: 801-307-0052 / FAX: 801-307-0069

14. Claims Services: _____

A. Greg Dunn – RRG Claims Manager
Liberty First Risk Retention Group Insurance Company
Claims Office
5679 South Redwood Road #26 , Salt Lake City, UT 84123
E-mail: gregd@riskmanagersinc.com / gregd@libertyfirstrrg.com
Phone: 801-262-1220 / FAX: 801-262-2012

B. V.J. Petitt, CPCU
RRG Claim Service Provider
Tri Com Insurance Managers, Inc.
5679 So. Redwood Road, #26 , Salt Lake City, UT 84123
E-Mail: vjetitt@riskmanagersinc.com / vjetitt@libertyfirstrrg.com
Phone: 801-262-1220 / FAX: 801-262-2012

C. Misty Mitchell
Trucking Company – Claims & Safety Director
P O Box 100 , Heber City, UT 84032
E-Mail: mistym@riskmanagersinc.com / mistym@libertyfirstrrg.com
Phone: 435-657-2954 / FAX: 800-466-7496

D. Dave Mehren – Administrator
National Association of Independent Insurance Adjusters
825 West State Street #117 C & B , Geneva, ILL 60134
E-mail: assist@naiia.com
Phone: 630-397-5012 / 312-315-2305 / FAX: 630-397-5013

15. Target Date for Completion: September 1, 2006

16. Other: _____
Reinsurance Agreement – Excess of Loss
Imagine Insurance Company Limited
Cedar Court, Wildey Business Park
St. Michael, Barbados
FAX: 246-467-9204

17. Immediate Contact person for the Project: The Captive Manager
Name: F. Darrell Lindsey / ART New World Insurance Services
Street Address: 7400 So. Union Park Ave., SLC, UT
Mailing Address: P. O. Box 526357, Salt Lake City, UT 84152-6357
Phone: 866-937-7037 FAX: 866-937-7010
E-mail: fdl@artnwinsuranceservices.com / fdl@libertyfirstrrg.com
Special Notes: Captive Manager Offices in 6 states and Bermuda.

17A. Assistant to the Captive Manager: Tim Martin
Address: same as Captive Manager
E-Mail: tim@artnwinsuranceservices.com / timm@libertyfirstrrg.com

18. Business(s) Organizing this entity: Contact Person: Gary Aliengena
Name: Transportation Staffing Services Inc
Address: P. O. Box 100 , Heber City, UT 84032
Title: President – Owner
Phone: 435-657-2954 FAX: 800-466-7496
E-mail: garya@riskmanagersinc.com / garya@libertyfirstrrg.com

19. Estimated Gross Insurance Premiums: _____

A. Commercial Liability	\$	<u>-0-</u>
B. Professional Liability	\$	<u>-0-</u>
C. Commercial Auto	\$	<u>1,800,000.00</u>
D. Business Auto	\$	<u>-0-</u>
E. Workers Compensation	\$	<u>-0-</u>
F. Property Insurance	\$	<u>-0-</u>
G. Employee Benefits	\$	<u>-0-</u>
H. Directors & Officers	\$	<u>-0-</u>
I. Other	\$	<u> </u>
Total	\$	<u>1,800,000.00</u>

20. Insurance coverage Limits to be Issued:

- A. Commercial Liability
 - 1. Per Person \$ -0-
 - 2. Annual Aggregate \$ -0-
- B. Commercial Auto
 - 1. Per claim \$ 1,800,000
 - 2. Annual Aggregate \$ 1,800,000
- C. Business Auto
 - 1. Per claim \$ -0-
 - 2. Annual Aggregate \$ -0-
- D. Professional Liability
 - 1. Per claim \$ -0-
 - 2. Annual Aggregate \$ -0-
- E. Workers Compensation
 - 1. State: -0-
 - 2. Service Classifications:
 - A. _____ %
 - B. _____ %
 - C. _____ %
 - D. _____ %
 - E. _____ %
 - F. _____ %

Total must equal 100% of all Payroll.

F. Directors and Officers
 1. Per claim \$ -0-
 2. Annual Aggregate \$ -0-

G. Employee Benefits

<input type="checkbox"/> 1. Group Health	<input type="checkbox"/> 5. Retirement Plans
<input type="checkbox"/> 2. Group Life	<input type="checkbox"/> 6. Stock Ownership Plans
<input type="checkbox"/> 3. Group Disability	<input type="checkbox"/> 7. Dental
<input type="checkbox"/> 4. Long-Term Care	<input type="checkbox"/> 8. Other _____

H. Property Insurance:
 1. Current Premium Paid \$ -0-
 2. States Located:

A. _____	F. _____
B. _____	G. _____
C. _____	H. _____
D. _____	I. _____
E. _____	J. _____

J. Any other Purposes? Explain: -0-

21. Will Fronting Paper be required? Yes No

22. Which states will the Insurer be required to provide Insurance coverage to members of the Group?:

All States Eastern States Western States Southern States

Mid-America States These specific states:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

23. Provide a narrative that best describes the intent. Purpose or objective, and any special needs, for this project: This program is intended to address two important issues under Federal Law: (1) the availability and affordability of insurance; and (2) Risk Management under this plan, liability insurance will be available to qualified business owners that meet the underwriting criteria of the program. The level and size of the business (single location or multi-location chain) will not, in and of themselves, preclude participation in the Company. However, compliance with the risk management protocol is mandatory for insurance coverage to remain in force.

The company will provide commercial auto liability for INTERMODAL Trucking Companies that transport containerized freight to and from railroads and seaports. The INTERMODAL trucking industry has forever suffered from insurance industry pricing and coverage made available from the standard Commercial market. Pricing has ranged from no reason at \$2,000 a power unit to make no sense \$7,000 per unit. The Company will issue a master policy to each INTERMODAL trucking company with certificates of insurance to each of the contracted truck owner/operators that generally furnish their own power units. INTERMODAL Trucking involves the regional distribution of containerized freight that is picked up from seaports and railroads and delivered to local distribution centers generally within a 50-mile radius. Risk Management and DIRECT claims administration is the primary objective and benefit to the owning and operating of your own Insurance Company.

Date: _____

Signed: _____

Title: _____