

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

HON. MILTON A. TINGLING, J.S.C.

-----X
COMMISSIONERS OF THE STATE
INSURANCE FUND,

Index No.: 406555/07

Plaintiff(s),

NOTICE OF MOTION

- against -

HARRY'S NURSES REGISTRY, INC.,

Defendant(s).
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PLEASE TAKE NOTICE, that upon the Affidavit of Merit of LAUREN HILL, sworn to on the 27th day of October, 2010, with Exhibits "A" through "I" annexed thereto, and the Affirmation of DANIEL F. FLORIO, JR, ESQ. with Exhibits "J" through "M", subscribed and affirmed the 27th day of October, 2010, the undersigned will move this Court, at the Supreme Court of the State of New York, County of New York, 60 Centre Street, New York, New York 10007, in the Motion Support Office Courtroom (Room 130), on **December 1, 2010, at 9:30 A.M.**, or as soon thereafter as counsel can be heard, for an Order granting to Plaintiff, the following enumerated items for relief:

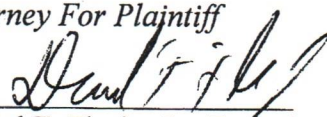
- 1) Summary Judgment in favor of the Plaintiff and against the Defendant pursuant to CPLR §3212 in the amount of \$122,729.01 together with interest from June 19, 2007 at the rate of nine per cent per annum together with collection costs and attorneys fees pursuant to State Finance Law §18 in the amount of \$27,000.38 together with costs and disbursements of the action; and/or
- 2) Such other and further relief this Court deems just and proper under the circumstances.

PLEASE TAKE FURTHER NOTICE, that pursuant to CPLR Section 2214(b) all answering affidavits, if any, must be served at least (7) days before the return date of this motion.

Dated: White Plains, New York
October 27, 2010

Yours, etc.
GREGORY J. ALLEN
Attorney For Plaintiff

By: _____


Daniel F. Florio, Jr., Esq., for
JASNE & FLORIO, L.L.P.,
Of Counsel to GREGORY J. ALLEN
30 Glenn Street, Suite 103
White Plains, New York 10603
(914) 997-1212

To: ALTER & BARBARO, ESQS.
Attorneys For Defendant
26 Court Street, Suite 1812
Brooklyn, New York 11236
(718) 237-0880

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK**

Index No.: **406555/07**

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**COMMISSIONERS OF THE STATE
INSURANCE FUND,**

Plaintiff(s),

AFFIDAVIT OF MERIT

- against -

HARRY'S NURSES REGISTRY, INC.,

Defendant(s).
-----X

State of New York }
 } ss:
County of New York }

I, LAUREN HILL, being duly sworn, hereby depose and say, under the penalties of perjury that:

1. I am an employee of the Plaintiff, Commissioners of the State Insurance Fund (hereinafter referred to as the "State Insurance Fund"), and am assigned to the Policy Holder Services Department as an Underwriter. As such, I am fully familiar with the facts and circumstances of this action, based upon records kept in the normal course of business by the State Insurance Fund in which it is the business of the State Insurance Fund to keep such records.
2. I make this Affidavit of Merit In Support of Plaintiff's motion for summary judgment in its favor pursuant to CPLR §3212.
3. The Plaintiff is an entity organized and existing pursuant to the laws of the State of New York. It is an agency of the State of New York and was created and authorized, pursuant to the Workers' Compensation Law, to issue workers compensation and disability insurance policies.
4. Heretofore, the Plaintiff and the Defendant HARRY'S NURSES REGISTRY, INC., at

said Defendant's special instance and request, entered into an agreement wherein the Plaintiff, State Insurance Fund, issued and maintained workers' compensation insurance coverage on behalf of the Defendant.

5. Annexed hereto, made a part hereof and marked as "**EXHIBIT A**", is a true copy of the Policy of Insurance, issued by the Plaintiff to the Defendant, and which contains the terms and conditions of the agreement between the parties. This policy of insurance was in full force and effect at all times herein mentioned.
6. That the aforementioned insurance coverage was afforded subsequent to the preparation and submission of an application for insurance coverage by the Defendant. A true copy of this application is annexed hereto, made a part hereof and marked "**EXHIBIT B**".
7. That pursuant to the Defendant's request, as set forth on page 1 of "**EXHIBIT B**", workers' compensation insurance coverage was afforded as of February 7, 2006 and Policy number 14466643 was issued.
8. The subject policy of insurance was to be renewed on an annual basis. It was renewed, effective February 7, 2007 for an additional year but was subsequently cancelled effective June 19, 2007 (short of the February 7, 2008 renewal) at the request of Defendant.
9. The premium to be paid to Plaintiff by Defendant was calculated by taking the remuneration paid by the employer to its employees multiplied by a predetermined manual rate. This predetermined manual rate was determined by the New York Compensation Insurance Rating Board (hereinafter "**NYCIRB**" or "**Rating Board**"), an unincorporated association of insurance carriers which establishes the premium rates for workers' compensation insurance within the State of New York.
10. The Defendant was charged an estimated premium at the outset of each policy term based

upon what the anticipated payroll would be for the next year. Generally speaking, for each annual period on all insurance policies, a deposit is charged based upon the estimated premium and the balance of the estimated premium is payable in installments. Each installment is billed by Plaintiff in what is referred to as a "provisional bill". After the conclusion of the particular annual policy term, audits are performed wherein the actual payroll is determined (generally speaking, if the estimated premium billed is greater than the actual amount owed, a refund or credit is provided to the insured or if the estimated premium billed is less than the actual amount owed, a bill is generated).

11. In accordance with New York Compensation Insurance Rating Board Rules, the Defendant was also charged ancillary charges which included, but not limited to expense constants and assessment charges.
12. The sum of \$122,729.01 is currently due and owing to the Plaintiff as premiums for insurance coverage provided. This sum is based upon actual audit(s) of Defendant's books and records for the 2/7/06 to 2/7/07 and 2/7/07 to 6/19/07 period(s) respectively, reversing charges on all applicable estimated, provisional or renewal bills (including billings for the annual renewal period 2/7/07 to 2/7/08) and taking into account all payments made by Defendant and other applicable credits. Said sum is now more than ninety (90) days overdue.
13. All bills and other correspondence relative to the subject policy, payments by the assured, other credits and charges are evidenced and summarized by a "Statement of Account", maintained by the State Insurance Fund in the normal course of business. Employees of the State Insurance Fund input the data that forms the basis of this computer record contemporaneous in time or shortly after the particular transaction occurs. A copy of said

“Statement of Account” which shows the history of the account is annexed hereto, made a part hereof and marked **“EXHIBIT C”**.

14. The “Statement of Account” is organized in chronological order from latest date to earlier dates. The first column shows the “Date” (transaction date) or date of the particular transaction. The second column labeled “Bill #” shows the bill or document reference number for that particular transaction. The third column labeled “Type” a description of the transaction. The fourth column labeled “Per St” references the particular annual period the transaction refers to. The fifth column labeled “Bill Amount” shows the amount billed if the transaction is a bill or the amount of the payment if the type of transaction is a payment (denoted CASH in the third column labeled “Type”). Finally the sixth column labeled “Balance” shows the running balance on the particular date of the transaction.
15. The actual bills and the information that appear thereon and other correspondence relative to the subject policy that are evidenced and summarized by the “Statement of Account”, are also maintained in a computer database by the State Insurance Fund in the normal course of business. Employees of the State Insurance Fund input the data that forms the basis of these computer records contemporaneous in time or shortly after the particular transaction occurs. A copy of relevant statements and/or bills which detail the charges and credits to this policy referenced in the “Statement of Account” (see “EXHIBIT C”), as well as other relevant policy information and notices of cancellation are annexed hereto in reverse chronological order, made a part hereof and marked collectively **“EXHIBIT D”**.
16. It is Plaintiff’s policy to mail each statement and/or other correspondence documented in

Plaintiff's statement of account (see "EXHIBIT C") and/or annexed as "EXHIBIT D" by first class mail to the insured at the address(es) set forth in each statement and/or correspondence contemporaneous in time or shortly after each document is issued (with the exception of Notice(s) of Cancellation which are mailed via certified mail, return receipt requested).

17. The final charges relative to the period 2/7/06 to 2/7/07 are detailed in the "AUDIT" statement, Bill/Document number: i583569, dated 5/21/07 (see "EXHIBIT D"). The final charges relative to the period 2/7/07 to 6/19/07 are detailed in the "AUDIT" statement, Bill/Document number: i819244, dated 8/16/07 (see "EXHIBIT D").
18. The first column of all "INFORMATION PAGE AUDIT" statements (hereinafter "AUDIT" statements) issued by Plaintiff are labeled "CODE" which references the numerical code number assigned by the NYCIRB, for each particular class of employees of the assured (e.g. "8810" on the first line of the "AUDIT" statement dated 8/16/07, Bill/Document number: i819244 (see "EXHIBIT D")). The second column labeled "CLASSIFICATION DESCRIPTION" gives the NYCIRB description of the particular numerical code (e.g. "CLERICAL OFFICE EMPLOYEES NOC-U" on the first line of the "AUDIT" statement dated 8/16/07, Bill/Document number: i819244 (see "EXHIBIT D")). The third column labeled "PAYROLL" lists the total amount of payroll paid by the assured to the particular class of employees during the applicable period billed (e.g. "130,218" on the first line of the "AUDIT" statement dated 8/16/07, Bill/Document number: i819244 (see "EXHIBIT D")), reflects that Defendant paid the total amount of \$130,218 in payroll to its employees that belong in the "8810" clerical office employees code during the 2/7/07 to 6/19/07 period). The fourth column labeled "RATE PER

\$100" or "manual rate" is the charge set by the NYCIRB for the employees in each particular class per \$100 of payroll (e.g. ".36" on the first line of the "AUDIT" statement dated 8/16/07, Bill/Document number: i819244 (see "EXHIBIT D") is the charge per \$100 of payroll attributable to code number "8810"). The fifth column labeled "MANUAL PREMIUM" or "MNL PREM" is the actual charge associated by taking the payroll for each class, dividing it by 100 and then multiplying it by the applicable manual rate for the particular class (e.g. manual premium of "468.78" listed on the fifth column on the first line of the "AUDIT" statement dated 8/16/07, Bill/Document number: i819244 (see "EXHIBIT D"), references a charge of \$468.78 which is calculated by taking the payroll attributable to code "8810" in the amount of \$130,218.00, dividing it by 100 and then multiplying it by manual rate for code "8810" of .36.

19. All the "MANUAL PREMIUM" charges that appear in the Fifth column of each "AUDIT" statement are then added together and result in item "1. Manual Rate Premium" charge. Additional ancillary charges mandated by the NYCIRB such as experience rating charges, expense constants and assessment charges appear as additional items on the "AUDIT" statements. Items that are described as "TOTAL SIF PREMIUM + TOTAL TERRORISM PREMIUM + ASSESSMENT" represents the final premium for the particular policy term that is the subject of the particular statement (not taking into account payments previously made or other credits or charges to the running balance on the account).
20. After reviewing these records and other records kept in the normal course of business, the outstanding premiums can be summarized as follows:

<u>Policy period(s):</u>	<u>Total Premium:</u>
2/7/06 to 2/7/07	\$ 382,599.59 ¹
2/7/07 to 6/19/07	\$ 168,363.02 ²
Total Premiums:	\$ 550,962.61
Plus Service Charges:	\$ 100.00 ³
Less Payments	\$ 428,333.60 ⁴

¹ See "EXHIBIT D", Line 11. "TOTAL SIF PREMIUM + TOTAL TERRORISM PREMIUM + ASSESSMENT" of "AUDIT" statement, Bill/Document number: i583569, dated 5/21/07 which represents the final charges for the period 2/7/06 to 2/7/07 and was based upon an actual audit of Defendant's books and records.

² See "EXHIBIT D", Line 11. "TOTAL SIF PREMIUM + TOTAL TERRORISM PREMIUM + ASSESSMENT" of "AUDIT" statement, Bill/Document number: i819244, dated 8/16/07 which represents the final charges for the period 2/7/07 to 6/19/07 and was based upon an actual audit of Defendant's books and records.

³ Service Charges of \$100.00 (referenced in "EXHIBIT C", the "Statement of Account") can be summarized as follows:

<u>Date of Charge:</u>	<u>Amount of Charge:</u>
5/7/07	\$ 10.00
4/9/07	\$ 10.00
3/7/07	\$ 10.00
2/7/07	\$ 10.00
9/7/06	\$ 10.00
8/7/06	\$ 10.00
7/7/06	\$ 10.00
6/7/06	\$ 10.00
5/8/06	\$ 10.00
4/7/06	\$ 10.00
Total:	\$100.00

⁴ Payments of \$8,040.00 (referenced in "EXHIBIT C", the "Statement of Account") can be summarized as follows:

<u>Date Of Payment:</u>	<u>Amount of Payment:</u>
5/2/07	\$ 49,645.02
3/14/07	\$101,908.35
2/7/07	\$ 14,000.00
1/19/07	\$ 30,000.00
1/17/07	\$ 50,000.00
12/21/06	\$ 30,000.00
11/28/06	\$ 30,000.00
11/14/06	\$ 30,000.00
10/19/06	\$ 50,000.00
10/12/06	\$ 30,000.00
7/10/06	\$ 920.73
5/30/06	\$ 6,017.31
5/3/06	\$ 2,742.19
3/16/06	\$ 3,100.00
Total:	\$ 428,333.60

Total Balance:

\$122,729.01 ⁵

21. From the outset, it should be noted that the initial deposit premium of \$8,196.58 set forth in the "Information Page New Policy" dated March 15, 2006 (see "EXHIBIT D", Document # p582 800) was based upon payroll information that was disclosed in the policy application (see page 4 of "EXHIBIT B") as follows: 3 clerical office employees with a total annual payroll of \$64,950, one executive officer with annual payroll of \$31,200 and seven healthcare service professionals with total annual payroll of \$205,130. Furthermore, SIF relied upon Defendant's representation in the application that no subcontractors or independent contractors were used (see page 7 of "EXHIBIT B").
22. On or about August 2, 2006, a deposit premium review audit was conducted by SIF examining Defendant's books and records for the purpose of determining whether or not the deposit premium charged was adequate for the policy year. This review determined that "independent contractors" were identified and were paid a total of \$2,457,483 from 2/7/06 to 6/30/06, despite Defendant's representations to the contrary on the policy application. Defendant issued Form 1099 to these workers.
23. As a result of this Deposit Premium Review, it was determined that the policy would be amended to include coverage for all of these 1099 workers which would result in a substantial increase in premium. I called the policyholder's office on August 8, 2006 and explained this to Defendant's representative. I also prepared and caused to be mailed a letter to the policyholder re-iterating this on August 11, 2006, a copy of which is annexed

⁵ This final balance of \$122,729.01 was billed by a monthly statement dated 9/7/07, Bill number 2819009 which was the final bill issued for this policy ("See EXHIBIT D" and first transaction on the Statement of Account, "EXHIBIT C").

hereto, made a part hereof and marked "**EXHIBIT E**".

24. Further, the policy was amended to charge a deposit for the year in the amount of \$83,678.96 (based in part on the anticipated payroll for the home healthcare professional 1099 workers of \$4,500,000.00 for the 2/7/06/ to 2/7/07 policy year) by the "Information page Revised" Statement dated 8/11/2006 (see "EXHIBIT D", document number p699 777).
25. The premiums as reflected in the statements set forth in "EXHIBIT D" and further codified in the statement of account in "EXHIBIT C" were based on actual audit(s) of Defendant's books and records. The auditors who conduct the audits (whether they be actual or estimated audits) maintain a log of each audit which is referred to by the Plaintiff as "Auditor Worksheets." The auditors who conduct the audit(s) create these "Auditor Worksheets" contemporaneous in time or shortly after the audit is completed. The charges for this policy and all policies are based upon the "payroll" figures set forth in the "Auditor Worksheets".
26. An actual audit of Defendant's books and records was made on or about May 7, 2007 for the period(s) 2/7/06 to 2/7/07. A copy of the "Auditor Worksheets" for this particular audit are annexed hereto, made a part hereof and marked "**EXHIBIT F**".
27. The auditor who performed the audit obtained the signature of Defendant's Chief Executive Officer on SIF's Simplified Audit Information Form which summarized the payroll to be utilized for calculation of premium purposes. A copy of the Simplified Audit Information Form is annexed hereto, made a part hereof and marked "**EXHIBIT G**".
28. The payroll figures set forth in the "AUDITOR WORKSHEETS" for this particular audit as confirmed by Defendant's Chief Executive Officer on SIF's Simplified Audit

Information Form, formed the basis for the final charges relative to the 2/7/06 to 2/7/07 policy period detailed in the "AUDIT" statement, Bill/Document number: i583569, dated 5/21/07 (see "EXHIBIT D"). Specifically, premium charges were based upon \$310,130 in payroll for clerical workers in Class Code 8810 and \$6,167,169 in payroll for home health care workers in Class Code 8854 and \$0.00 in payroll for Defendant's Executive Officer Harry Dorvilier. In the Simplified Audit Information Form, Defendant's CEO represented: "I/We hereby certify that the full amount of all salaries, wages, earnings for regular time, overtime, and allowances earned by all persons in my/our employ, including officers and principals to whom said policy applied for the period from 2/7/06 to 2/7/07 Was as set forth above I ACKNOWLEDGE THAT THE AUDIT HAS BEEN FULLY EXPLAINED TO ME BY AUDITOR.

29. An actual audit of Defendant's books and records was made on or about August 7, 2007 for the period(s) 2/7/07 to 6/19/07. A copy of the "Auditor Worksheets" for this particular audit are annexed hereto, made a part hereof and marked "**EXHIBIT H**".
30. The auditor who performed the audit obtained the signature of Defendant's Administrator on SIF's Simplified Audit Information Form which summarized the payroll to be utilized for calculation of premium purposes. A copy of the Simplified Audit Information Form is annexed hereto, made a part hereof and marked "**EXHIBIT I**".
31. The payroll figures set forth in the "AUDITOR WORKSHEETS" for this particular audit as confirmed by Defendant's Administrator on SIF's Simplified Audit Information Form, formed the basis for the final charges relative to the 2/7/07 to 6/19/07 policy period detailed in the "Audit" Bill/Document number: i819244, dated 8/16/07 (see "EXHIBIT D"). Specifically, premium charges were based upon \$130,318 in payroll for clerical

workers in Class Code 8810 and \$2,154,322 in payroll for home health care workers in Class Code 8854 and \$0.00 in payroll for Defendant's Executive Officer Harry Dorvilier. In the Simplified Audit Information Form, Defendant's Administrator represented: "I/We hereby certify that the full amount of all salaries, wages, earnings for regular time, overtime, and allowances earned by all persons in my/our employ, including officers and principals to whom said policy applied for the period from 2/7/07 to 6/19/07 Was as set forth above I ACKNOWLEDGE THAT THE AUDIT HAS BEEN FULLY EXPLAINED TO ME BY AUDITOR.

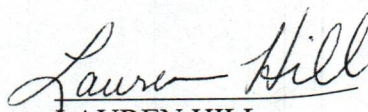
32. The reason premium was charged to Defendant for workers paid on a 1099 basis, in addition to those paid on a W2 basis, is because of the inherent risk of a job related injury of any of those 1099 workers that would impose liability on Defendant and on Plaintiff as Defendant's insurance carrier.
33. This risk is not illusory. With respect to this particular policy, one of Defendant's 1099 workers, Dorothy Goldson, filed a claim for Workers Compensation benefits for a job related injury that occurred on March 11, 2006. Plaintiff paid out \$8,736 in compensation together with \$1,738.43 in medical bills as a result of this claim.
34. The final balance of \$122,729.01 was billed by a monthly statement dated 9/7/07, Bill number 2819009 which was the final bill issued for this policy ("See EXHIBIT D" and first transaction on the Statement of Account, "EXHIBIT C"). As a result of the foregoing, the final balance due under the policy is \$122,729.01.
35. No part of said sum has been paid, although duly demanded.
36. That in addition to the aforesaid sum owed to the Plaintiff, I have been advised by Counsel for Plaintiff that the Defendant is obligated both contractually and pursuant to

State Finance Law §18 to pay interest from the date of cancellation to wit: June 19, 2007 at the rate of nine percent per annum as well as collection and legal fees in the amount of \$27,000.38 (representing 22% of the principal balance in the amount of \$122,729.01).

37. That by reason of the foregoing, the Plaintiff is entitled to judgment in it's favor.

WHEREFORE, Plaintiff, COMMISSIONERS OF THE STATE INSURANCE FUND, hereby requests entry of an order, as against the Defendant, **HARRY'S NURSES REGISTRY, INC.**, granting:

- a. Summary Judgment in favor of the Plaintiff and against the Defendant pursuant to CPLR §3212 in the amount of \$122,729.01 together with interest from June 19, 2007 at the rate of nine per cent per annum together with collection costs and attorneys fees pursuant to State Finance Law §18 in the amount of \$27,000.38 together with costs and disbursements of the action; and
- b. Such other and further relief this Court deems just and proper under the circumstances.


LAUREN HILL

Sworn to before me this
27th day of October, 2010.



NOTARY PUBLIC

HILLARY M. SPENCE-FRASER
Notary Public, State of New York
No. 01SP6079859
Qualified in Kings County
Commission Expires September 3, 2014

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
COMMISSIONERS OF THE STATE
INSURANCE FUND,

Plaintiff,

- against -

HARRY'S NURSES REGISTRY, INC.,

Defendant.
-----X

Index No.: 406555/07

**AFFIRMATION IN
SUPPORT**

I, **DANIEL F. FLORIO, JR., ESQ.**, an Attorney duly admitted to practice law in the State of New York, submit this statement subscribed, and affirmed to be true under penalty of perjury pursuant to Section 2106 of the CPLR:

1. I am a Partner of JASNE & FLORIO, L.L.P., *Of Counsel* to Gregory J. Allen, Attorney for Plaintiff COMMISSIONERS OF THE STATE INSURANCE FUND (hereinafter "STATE INSURANCE FUND"). I make this Affirmation based upon my personal knowledge, review of the Affidavit of Merit of LAUREN HILL, and review of the file maintained by my office in the prosecution of this matter.
2. This Affirmation is submitted in support of the instant Notice of Motion seeking the following enumerated items of relief:
 - 1) Summary Judgment in favor of the Plaintiff and against the Defendant pursuant to CPLR §3212 in the amount of \$122,729.01 together with interest from June 19, 2007 at the rate of nine per cent per annum together with collection costs and attorneys fees pursuant to State Finance Law §18 in the amount of \$27,000.38 together with costs and disbursements of the action; and/or
 - 2) Such other and further relief this Court deems just and proper under the circumstances.
3. Affirmant incorporates by reference the Affidavit of Merit of LAUREN HILL, an employee of Plaintiff assigned to the Policy Holder Services Department as an

Underwriter, who has knowledge of Plaintiff's underwriting, contracting, billing and record-keeping practices. As such, Ms. Hill is fully familiar with the facts and circumstances of this action, based upon records kept in the normal course of business by Plaintiff State Insurance Fund in which it is the business of the State Insurance Fund to keep such records. The Court is respectfully referred to Ms. Hill's Affidavit of Merit, submitted in support of this application, for a full recitation of the facts establishing the merit of Plaintiff's underlying breach of contract claim.

PROCEDURAL HISTORY

4. Plaintiff STATE INSURANCE FUND commenced this action against Defendant HARRY'S NURSES REGISTRY, INC. to recover monies due and owing from Defendant for unpaid premiums pursuant to an agreement wherein Plaintiff State Insurance Fund issued and maintained workers' compensation insurance coverage on Defendant's behalf.
5. This action was commenced by filing of a Summons and Complaint on October 3, 2007, a copy of which is annexed hereto as "**EXHIBIT J**". The Complaint contains a cause of action sounding in breach of contract. At the time of commencement of the action, the billed premium demanded and still is \$122,729.01, together with statutory interest from June 19, 2007, plus costs of collection pursuant to State Finance Law §18 amounting to \$27,000.38, as well as costs and disbursements of the action.
6. On or about January 7, 2008, Defendant duly interposed a Verified Answer to Plaintiff's Complaint together with a cover letter from Defendant's prior counsel, a copy of which is annexed hereto as "**EXHIBIT K**".
7. As is stated in Defendant's former counsel's letter dated January 7, 2008, Defendant's

Counsel and Defendant were under the mistaken impression that a final audit was not yet conducted for the applicable policy periods and that "...if the State insurance Fund conducted an audit of my client, this matter could be amicably resolved...."

8. Plaintiff's In House Counsel responded to said January 7, 2008 letter by a letter dated February 12, 2008, a copy of which is annexed hereto (without enclosures), made a part hereof and marked "**EXHIBIT L**".
9. Plaintiff's Counsel's February 12, 2008 letter set forth in substance that the outstanding premium balance was based upon actual audits that were billed on 5/21/07 and 8/16/07 respectively, attaching copiers of the relevant statement of account, audit worksheets and audit bills.
10. Not having received a response to the February 12, 2008 letter, Your Affirmant's Office was subsequently retained by Plaintiff to assist with the prosecution of the instant action.
11. On or about June 17, 2008, Defendant's former Counsel was served with Affirmant's Notice of Appearance as well as a cover letter advising that our office would be moving for summary judgment as there were no outstanding discovery demands. A copy of Affirmant's letter to Defendant's former Counsel dated June 17, 2008, a copy of which is annexed hereto (without enclosures), made a part hereof and marked "**EXHIBIT M**".
12. Shortly thereafter, Defendant's Counsel moved by Order to Show Cause to be relieved as Counsel. Said motion was granted by Order of the Court dated October 21, 2008.
13. Defendant retained new counsel and a preliminary conference was held on February 2, 2009. Plaintiff served various discovery demands on Defendant on or about February 10, 2009.
14. On May 28, 2009, a compliance conference was held before this Court wherein a new

discovery schedule was set as Defendant failed to respond to Plaintiff's discovery demands.

15. On or about August 4, 2009, Plaintiff's second former counsel moved by Order To Show Cause to be relieved as counsel.
16. Said motion was granted by Order of the Court dated September 9, 2009.
17. On or about November 30, 2009, a compliance conference was held with Defendant third (and current) Counsel in this case and a new discovery schedule was set by the Court.
18. Due to the efforts of Defendant's current Counsel, discovery has finally been completed, examinations before trial have been conducted and a note of issue was filed by Plaintiff on August 30, 2010.

ARGUMENT

19. Plaintiff's arguments are more fully detailed in the accompanying memorandum of law, but the key points are set forth herein for the Court's convenience.
20. The Appellate Division has held that mere allegations of questions concerning the content and procedures utilized in the audit, and subsequent calculation of premiums owed, are insufficient to defeat the State Insurance Fund's motion for summary judgment. Commissioners of the State Insurance Fund v. Country Carting Corp., 265 A.D.2d 158, 696 N.Y.S.2d 129, 130 (1st Dept. 1999). Nor can summary judgment be defeated by objections to the premium calculation unless same were previously made, in full and complete compliance with the statutes, rules and policy terms associated with the coverage issued, and are established by clear and admissible evidence in the defendants opposition papers. Commissioners of the State Insurance Fund v. Netti Wholesale Beverage Co., 245 A.D.2d 48, 665 N.Y.S.2d 84 (1st Dept. 1997).

21. The Court is respectfully referred to Ms. Hill's Affidavit of Merit, submitted in support of this application, for a full recitation of the facts establishing the merit of Plaintiff's underlying breach of contract claim.
22. Briefly, Plaintiff has established, through the Affidavit of Merit of LAUREN HILL, an employee of Plaintiff with knowledge of the file in this matter and Plaintiff's underwriting, contracting, billing and record-keeping practices, and through the accompanying documentary proof, that, at Defendant's request. Plaintiff issued Defendant workers' compensation insurance coverage commencing on February 7, 2006 under Policy Number 14466643 in exchange for the payment of premiums.
23. The subject policy of insurance was to be renewed on an annual basis. It was renewed, effective February 7, 2007 for an additional year but was subsequently cancelled effective June 19, 2007 (short of the February 7, 2008 renewal) at the request of Defendant.
24. According to the Affidavit of Merit and annexed documents, the sum of \$122,729.01 is currently due and owing to the Plaintiff as premiums for insurance coverage provided. This sum is based upon actual audits of the Defendant's books and records for the periods February 7, 2006 to February 7, 2007 and February 7, 2007 to June 19, 2007 (cancellation date) respectively, reversing charges on all estimated or provisional bills and taking into account all payments made by Defendant.
25. In the present matter, Plaintiff now comes forth with evidence, of a nature and type, that has consistently been upheld to be sufficient to warrant the entry of summary judgment in favor of the State Insurance Fund. The Plaintiff has set forth the sworn affidavit of LAUREN HILL, an underwriter with the State Insurance Fund and who has knowledge of the facts and circumstances surrounding the sums owed by the Defendant based upon

records kept in the normal course of business.

26. In addition, the Plaintiff has set forth those records accumulated, prepared and maintained in the regular course of its business, including the policy contract and terms, audit worksheets and resulting statements which reflect the sums due and owing to the State Insurance Fund.
27. These records, and the clear and concise testimony of LAUREN HILL unequivocally support and require the entry of summary judgment.
28. In addition to unpaid premiums, Defendant is obligated both contractually and pursuant to CPLR §5001 to pay interest from the date of cancellation – June 19, 2007 – at the rate of nine percent per annum (pursuant to CPLR §5004). Authority establishing that the cause of action accrues from the date of cancellation of the policy is found in WCL §93(a), which states that an action for premiums may be maintained only after the cancellation of the policy.
29. In addition to the aforesaid sum owed to the Plaintiff, the Defendant is obligated both contractually and pursuant to State Finance Law §18 to pay collection and legal fees in the amount of \$27,000.38 (representing 22% of the principal balance of \$122,729.01).
30. State Insurance Fund is obligated to pay the undersigned's firm 18% of the gross amount collected in this matter. If Plaintiff is granted the relief requested herein and collects the principal balance owed plus accrued interest, Plaintiff will be obligated to pay Affirmant's office an amount **greater** than \$27,000.38. It is respectfully requested that the Court should award to Plaintiff the full amount of 22% authorized by statute to defray further costs to Plaintiff in enforcing payment.
31. As a result of the foregoing, no issue of triable fact exists in this matter and judgment is

warranted in favor of the Plaintiff. To do otherwise would be to ignore the clear contractual obligation of the Defendant and the law this matter is premised upon.

32. No prior application for the relief requested herein has been made.

WHEREFORE, it is respectfully requested that Plaintiff's motion be granted in its entirety, that summary judgment be granted in favor of Plaintiff and against Defendant pursuant to CPLR §3212, together with such other and further relief this Court deems just and proper under the circumstances.

Dated: White Plains, New York
October 27, 2010

GREGORY J. ALLEN
Attorney For Plaintiff

By:

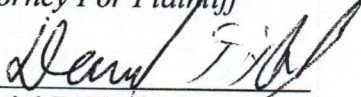

Daniel F. Florio, Jr., Esq., for
JASNE & FLORIO, L.L.P.,
Of Counsel to GREGORY J. ALLEN
30 Glenn Street, Suite 103
White Plains, New York 10603
(914) 997-1212

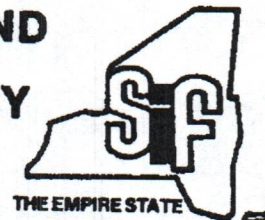
EXHIBIT A

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007



WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY POLICY



THIS IS YOUR POLICY. PLEASE READ IT.

In return for the payment of the premium and subject to all terms of this policy,
we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer or employers named in the Information Page) and us (The State Insurance Fund). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in the Information Page. If that employer is a partnership, and if you are

one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers' Compensation Law

Workers' Compensation Law means the Workers' Compensation Law of the state of New York except as otherwise provided by endorsement. It includes any amendments to that law which are in effect during the policy period. It does not include the provisions of any law that provide non-occupational disability benefits, and, except as provided by endorsement to this policy, any federal workers' compensation law or occupational disease law.

D. Locations

This policy covers all of your workplaces in the state of New York except as excluded by endorsement.

PART ONE — WORKERS' COMPENSATION INSURANCE

A. How This Insurance Applies

This workers' compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the Workers' Compensation Law.

C. We Will Defend

We have the right and duty to defend at our expense any claim or proceeding against you for benefits payable by this insurance. We have the right to investigate and settle these claims or proceedings.

We have no duty to defend a claim or proceeding that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim or proceeding we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;

2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on an award as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payment in excess of the benefits regularly provided by the Workers' Compensation Law including those required because:

1. of your serious and willful misconduct;
2. you employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee.

If we make any payments in excess of the benefits regularly provided by the Workers' Compensation Law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice or knowledge of the injury when you have notice or knowledge.
 2. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this insurance after an injury occurs while this policy is in force for you.
 3. We are exclusively liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Those duties are enforceable against us only.
 4. Jurisdiction over you is jurisdiction over us for purposes of the Workers' Compensation Law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
 5. This insurance conforms to the parts of the Workers' Compensation Law that apply to:
 - a. benefits payable by this insurance;
 - b. payments into security or other special funds, and assessments payable by us under that law.
 6. Terms of this insurance that conflict with the Workers' Compensation Law are changed by this statement to conform to that law.
- Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO — EMPLOYERS' LIABILITY INSURANCE

A. How This Insurance Applies

This employers' liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in New York.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers' Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. for which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of bodily injury to your employee;
2. for care and loss of services; and
3. for consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee;

provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

4. because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. punitive or exemplary damages;
3. any obligation imposed by an unemployment compensation law, disability benefits law, no fault law, civil rights law or any similar law;
4. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
5. bodily injury to an employee while employed in violation of law;
6. bodily injury intentionally caused or aggravated by you;
7. bodily injury occurring outside the state of New York. This exclusion does not apply to bodily injury sustained by your regular New York employees while temporarily outside the state of New York; and, except as is afforded by endorsement to this policy:
8. any obligation imposed by a workers' compensation or occupational disease law including the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Defense Base Act (42 USC Sections 1651-1654), the Non-Appropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Section 1333c), the Federal Coal Mine Health and Safety Act (30 USC Sections 901-945) and any amendment to those Acts;
9. bodily injury to an employee of your subcontractor;

10. bodily injury to a master or member of the crew of any vessel;
 11. bodily injury to any person whose work is not subject to the Workers' Compensation Law;
 12. bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60) or any amendment to that Act.
 13. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) or any amendment to that Act; and
 14. fines or penalties imposed for violation of federal or state law.
- We will not pay any damages for bodily injury excluded from the coverage of this policy including damages for which you are liable to a third party by reason of a claim or suit against you by that third party.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;

2. premiums to release attachments and for appeal bonds in bond amount up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Actions Against Us

There will be no right of action against us under this insurance unless:

1. you have complied with all the terms of this policy; and
2. the amount you owe has been determined with our consent or by actual trial and final judgement.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability.

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part after an injury occurs while this policy is in force for you.

PART THREE — YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here:

1. Provide for immediate medical and other services required by the Workers' Compensation Law.
2. Give us the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we request, in the investigation, settlement or defense of any claim, proceeding or suit.

5. Do nothing after an injury occurs that might interfere with our right to recover from others.

6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FOUR — PREMIUM

A. Our Manuals

All premium for this policy will be determined by manuals of rules, rates, rating plans and classifications we use. The manuals or their content may be changed. Any changes will be applied to this policy as authorized by law, rule or a governmental agency regulating this insurance.

B. Variation of Manual Rates

We may apply premium rates to the policy that are in excess of or less than manual rates. Variations of manual rates will be determined by us according to our appraisal of you and your business operations as a risk.

C. Classifications

The Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

D. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. The premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers' Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof which we deem sufficient to establish that the employers of these persons have lawfully secured their workers' compensation obligations.

E. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of the Workers' Compensation Law is not valid.

You are liable jointly and severally with all other insureds, for all premiums allocable for the period of time you are insured.

F. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined at the end of each policy period by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund or credit the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise.

1. If we cancel, or you cancel because you are no longer required by law to have insurance, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel for any reason other than that you are no longer required by law to have insurance, final premium will be more

than pro rata; it will be based on the time this policy was in force, and increased by our short rate cancellation table and procedure. Final premium will not be less than the minimum premium.

G. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

H. Audit

You will let us examine and audit all your records that relate to this policy whether these records pertain to the current policy period or to any previous policy period. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART FIVE — CONDITIONS

A. Inspection

We have the right, but are not obligated to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Renewal

This policy renews automatically and continues in full force after the expiration of the original period of insurance for succeeding periods of twelve months or such other period as stipulated by endorsement. The policy may be terminated only under paragraph D. Cancellation.

You are liable for the premium for each succeeding policy period. Each renewal premium is payable by you at the beginning of each new period when you are notified of the amount.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

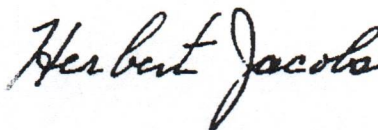
This policy may be canceled only as follows:

1. You may cancel this policy if you secure benefits for your employees in another manner that complies with the Workers' Compensation Law. You must mail or deliver written notice to us which specifies the date you propose cancellation to take effect. Notwithstanding the date you specify, cancellation will not take effect until thirty days after the date you mail or deliver notice to us and ten days after we file notice in the office of the Chair of the Workers' Compensation Board.
2. We may cancel this policy:
 - a. When you furnish proof satisfactory to us that you are no longer required to secure compensation under the Workers' Compensation Law. Cancellation does not take effect until at least ten days after we file notice in the office of the Chair of the Workers' Compensation Board.
 - b. For nonpayment of premium. We must mail or deliver written notice to you at least ten days before cancellation is to take effect. Mailing that notice to any insured or any other person or entity designated to receive notice at a mailing address shown in the Information Page is sufficient to prove notice. The policy will end on the day and hour stated in the cancellation notice. Premium payments received by us after cancellation is effective will not reinstate the policy. Such payment will be credited to your account to cover any balance due on the final premium.
3. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with that law.

E. Representatives

Any insured has authority to act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation. Service of notice to any insured or any other person or entity designated to receive notice constitutes service of notice to all insureds.

In Witness Whereof, THE STATE INSURANCE FUND has caused this Policy to be signed by the Director of Underwriting at New York, N.Y.



Herbert Jacobs
DIRECTOR UNDERWRITING

EXHIBIT B



FOR OFFICE USE ONLY	
Seq. No.:	251659
C.M.S. No.:	701527
Policy No.:	_____

APPLICATION FOR NEW YORK WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE

Any person who wilfully makes a false statement or representation, deliberately conceals any material fact, or engages in any other fraudulent scheme or device, for the purpose of obtaining or attempting to obtain, or for the purpose of aiding or abetting any person to obtain insurance in the New York State Insurance Fund at less than the proper rate for such insurance, or payment out of the New York State Insurance Fund to which such person is not entitled, is guilty of a crime. In addition, the New York State Insurance Fund shall have a right of action to recover civil damages equal to three times the amount wrongfully obtained, or five thousand dollars, whichever is greater. This right of action is in addition to any other remedy provided by law.

Applicant, please note:

Application is hereby made to the NEW YORK STATE INSURANCE FUND for a policy insuring the applicant's liability for the payment of benefits to the applicant's employees under the New York Workers' Compensation Law. **No coverage will be effected unless the required deposit premium is received along with this application.** Applicant understands that no liability shall attach to the NEW YORK STATE INSURANCE FUND under this application and that insurance shall not be effective unless and until this application is accepted by the NEW YORK STATE INSURANCE FUND as evidenced by the inception date indicated in a policy, the terms and provisions of which will be binding upon the applicant. Applicant further understands that a policy of insurance issued pursuant to this application will not extend coverage under the Disability Benefits Law, the Volunteer Firefighters' Benefit Law or the Volunteer Ambulance Workers' Benefit Law; any liabilities of the applicant under such laws to employees, executives or others must be separately insured under a Disability Benefits insurance policy, Volunteer Firefighters' Benefit Law policy or Volunteer Ambulance Workers' Benefit Law policy for which separate applications must be submitted.

PLEASE PRINT YOUR ANSWERS.

- (1) REQUESTED EFFECTIVE DATE OF INSURANCE: 27, 06 12:01 A.M., EASTERN STANDARD TIME.
- (2) WHAT IS THE FULL NAME(S) OF THE EMPLOYER(S) INCLUDING ANY TRADE NAME(S) OR DOING BUSINESS AS NAME(S)?

Name of Employer(s)	Trade Name(s) or Doing Business As Name(s)	*Business Type
HARRY'S NURSES REGISTRY INC		

Attach a separate sheet if additional space is needed.

*Business types: Sole Proprietor/Self Employed; Partnership; Corporation; Political Subdivision; Limited Liability Company; Professional Service Liability Company; Registered Limited Liability Partnership; Limited Liability Partnership; or if Other-Specify.

RECEIVED
 STATE INSURANCE FUND
 WORKERS' COMPENSATION DEPT.
 2006 FEB 20 A 3:55

(3) PLEASE PROVIDE THE MAIN NEW YORK STATE WORK LOCATION OF THE EMPLOYER:
 (P.O. BOX IS NOT ACCEPTABLE AS A WORK LOCATION)

For the purpose of serving notice of cancellation in accordance with section 54(5) of the New York Workers' Compensation Law, the insured(s) agree(s) that service of notice upon the person or entity designated at the address specified is service of notice upon all insureds insured under one insurance policy. All bills, correspondence and other mailed material also will be sent to that person or entity at that address.

Address: 88-25 163rd STREET
 City: JAMAICA State: NY Zip Code: 11432
 Telephone: 718 739 0045 Fax: 718 739 0102 E-Mail: _____

NEW YORK STATE COUNTY FOR THE EMPLOYER'S MAIN WORK LOCATION: QUEENS

IS THE WORK LOCATION SHOWN ALSO THE EMPLOYER'S MAILING ADDRESS? YES NO

IF NO, PLEASE PROVIDE THE MAILING ADDRESS:
 Address: _____
 City: _____ State: _____ Zip Code: _____

(4) DO YOU HAVE A REPRESENTATIVE? YES NO

(4a) IF YES, PLEASE ENTER INFORMATION ON YOUR REPRESENTATIVE: REP # 681981

Name: JIN I. KIM Group No.: 090
 Address: 211-65 23rd AVE STE 6A
 City: BAYSIDE State: NY Zip Code: 11360
 Telephone: 718 229 5700 Fax: 718 631 9790 E-Mail: KIMS PRO@NYC.RR.COM

(5) HOW LONG HAS YOUR COMPANY BEEN IN BUSINESS? 15 YEARS _____ MONTHS

(6) HAVE YOU EVER BEEN INSURED FOR WORKERS' COMPENSATION? YES NO

(6a) IF YES, PLEASE PROVIDE INFORMATION ON YOUR WORKERS' COMPENSATION EXPERIENCE FOR THE PAST 5 YEARS:

Year	Insurer	Policy #	Annual Premium	# of Claims	Total Incurred Claims Cost	Amount Paid
2005	HEALTHCARE (INDUSTRY TRUST OF NY)	HC1262489	\$10214	0		

Attach a separate sheet if additional space is needed.

(7) IF KNOWN, PLEASE ENTER YOUR LATEST EXPERIENCE MODIFICATION FACTOR AND EFFECTIVE RATING DATE:

Experience Modification Factor: 1 Effective Rating Date: 1 / 1

(8) HAVE YOU BEEN DECLINED FOR COVERAGE DURING THE LAST 12 MONTHS? YES NO

(8a) IF YES, PLEASE COMPLETE:

Name of Insurance Company	Reason Coverage was Declined
TOWER ROCHDALE	INELIGIBLE CLASS CODE
HARTFORD	"

Attach a separate sheet if additional space is needed.

(9) HAVE YOU EVER BEEN INSURED IN THE NEW YORK STATE INSURANCE FUND? YES NO

(You must answer "YES" if you or any person who directly or indirectly owns or controls or is the president, vice president, secretary or treasurer of an employer identified in Question (2) either directly or indirectly owns or controls or is president, vice president, secretary or treasurer of an employer that has had a workers' compensation policy with the State Insurance Fund that was cancelled, or directly or indirectly owned or controlled or was president, vice president, secretary or treasurer of an employer at the time that employer's workers' compensation insurance policy with the State Insurance Fund was cancelled. The Workers' Compensation Law prohibits any person from contracting for a subsequent policy with the State Insurance Fund while the billed premium on such a cancelled policy remains uncollected.)

(9a) IF YES, PLEASE COMPLETE:

Previous State Fund Policy Number(s)	Period(s) of Coverage	
	From: / /	To: / /

Attach a separate sheet if additional space is needed.

(10) PLEASE DESCRIBE YOUR BUSINESS OPERATIONS INCLUDING THE PRODUCTS OR SERVICES SOLD:

If you are a manufacturer, include the raw materials, processes, products, and equipment used or produced. If you are a contractor or engage in construction then describe the type of work performed including the work performed by sub-contractors. If engaged in mercantile, wholesale or retail trade, describe the merchandise sold, types of customers and deliveries. If engaged in a service business, describe the type of service performed and location(s) of such service. If engaged in farming, include acreage, types and numbers of animals, machinery used and sub-contracts.

Business Description (Attach a separate sheet if additional space is needed.)

HEALTHCARE, NURSING SERVICE FOR CONSULTING REGISTRATION ETC.

(11) PLEASE LIST YOUR ESTIMATED ANNUAL PAYROLL BY TYPE OF WORK OR DUTIES FOR ALL YOUR EMPLOYEES:

If you are a corporation with one or two executive officers who collectively own 100% of the corporation's stock, you have the option to exclude the officers from coverage.

DO YOU WISH TO EXCLUDE THE OFFICER(S)? YES NO

If you are a partnership, LLP, PLLP, LLC, PLLC or Sole Proprietorship you can elect to bring partners, members or self-employed persons under coverage for a premium that is subject to a minimum and maximum annual remuneration.

DO YOU WISH TO INCLUDE PARTNERS, MEMBERS OR SELF-EMPLOYED PERSONS? YES NO

If yes, include remuneration for person(s) you wish to bring under coverage on the next page.

QUESTION (11) CONTINUED

Description	Duties	# of Employees	Annual Payroll
CLERICAL OFFICE EMPLOYEES	OFFICE - WORK	3	64,950
SALESPERSONS / COLLECTORS / MESSENGERS			
EXECUTIVE OFFICERS / PARTNERS / MEMBERS / SELF-EMPLOYED	MANAGEMENT	1	31,200
OTHER-DESCRIBE HEALTHCARE SERVICE PROFESSIONAL		7	205,130
OTHER-DESCRIBE			
OTHER-DESCRIBE			

Attach a separate sheet if additional space is needed.

(12) IF YOU ARE A CORPORATION, IN WHAT STATE ARE YOU INCORPORATED? NY

(12a) DATE OF INCORPORATION: 1 1990

(13) LIST ALL BUSINESS LOCATIONS TO BE COVERED IN NEW YORK STATE:
(P.O. BOX IS NOT ACCEPTABLE AS A LOCATION. ONLY NEW YORK STATE LOCATIONS CAN BE COVERED.)

Street Name	City	State	Zip Code	# of Employees
N/A		NY		
		NY		
		NY		

Attach a separate sheet if additional space is needed.

(14) ADDITIONAL INFORMATION ON THE EMPLOYER(S) SEEKING COVERAGE, LISTED IN QUESTION (2):

Name of Employer(s)	Federal Tax ID	NYS Unemployment ID
N/A		

Attach a separate sheet if additional space is needed.

(15) WHAT IS THE NAME AND ADDRESS OF YOUR BANK?

Bank Name: CHASE

Address: 825 UN PLAZA

City: NEW YORK State: NY Zip Code: 10017

(16) INFORMATION ON THE PERSON YOU WISH US TO CONTACT FOR A PREMIUM AUDIT:

Name: HARRY DORVILLE
Address: 88-25 163rd ST
City: JAMAICA State: NY Zip Code: 11432
Telephone: 718 739 0645 Fax: _____ E-Mail: _____

(17) PLEASE PROVIDE INFORMATION ON THE SOLE PROPRIETOR, ALL EXECUTIVE OFFICERS, PARTNERS, ELECTED OR APPOINTED OFFICIALS, OR MEMBERS OF GOVERNING BOARDS, IF APPLICABLE:

First Name: HARRY MI: _____ Last Name: DORVILLE
Title: PRESIDENT Annual Salary: 31200
Duties: management
Address: 88-25 163rd ST
City: JAMAICA State: NY Zip Code: 11432
Telephone: 718 739 0645 Fax: _____ E-Mail: _____

First Name: _____ MI: _____ Last Name: _____
Title: _____ Annual Salary: _____
Duties: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ E-Mail: _____

First Name: _____ MI: _____ Last Name: _____
Title: _____ Annual Salary: _____
Duties: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ E-Mail: _____

Attach a separate sheet if additional space is needed.

(17a) IF ANY OF THE PARTNERS OR CORPORATE OFFICERS LISTED IN QUESTION (17) IS A PARTNER OR CORPORATE OFFICER FOR A PARTNERSHIP OR CORPORATION OTHER THAN THE EMPLOYER(S) SPECIFIED IN QUESTION (2), LIST THE NAME OF ALL SUCH PARTNERSHIPS AND/OR CORPORATIONS WITH THE PRINCIPAL BUSINESS ADDRESS AND, FOR A CORPORATION, THE PERCENTAGE OF STOCK OWNERSHIP.

First Name: MI: Last Name:

Name of Partnership or Corporation: % of Stock:

Address:

City: State: Zip Code:

First Name: MI: Last Name:

Name of Partnership or Corporation: % of Stock:

Address:

City: State: Zip Code:

Attach a separate sheet if additional space is needed.

(18) PLEASE PROVIDE INFORMATION ON YOUR DISABILITY BENEFITS INSURANCE:

Disability Benefits Carrier: Disability Policy Number:

(18a) DO YOU WANT A DISABILITY BENEFITS INSURANCE QUOTE? YES NO

(19) PLEASE PROVIDE INFORMATION ON YOUR GENERAL LIABILITY INSURANCE:

General Liability Insurance Carrier: General Liability Policy Number:

(20) HAVE YOU EVER BEEN IN BUSINESS UNDER A DIFFERENT NAME? YES NO

(20a) IF YES, PLEASE COMPLETE:

Name(s) Used	Trade Name(s) (if any)	Date Usage of Name was Stopped or Changed

Attach a separate sheet if additional space is needed.

(21) IF YOU ARE INCORPORATED, HAVE THE PRINCIPALS OF THE CORPORATION PREVIOUSLY MANAGED A BUSINESS BY ANOTHER NAME? YES NO

(21a) IF YES, PLEASE COMPLETE:

Name(s) Used	Trade Name(s) (if any)	Date Usage of Name was Stopped or Changed

Attach a separate sheet if additional space is needed.

(22) IS YOUR BUSINESS OR COMPANY AN AFFILIATE OR A SUBSIDIARY OF ANY OTHER COMPANY? YES NO

(22a) IF YES, PLEASE COMPLETE:

Name of Affiliate or Subsidiary: Relationship: Present Workers' Comp. Carrier:
Address:
City: State: Zip Code:

Attach a separate sheet if additional space is needed.

(23) ARE YOU ENGAGED IN ANY OTHER TYPE OF BUSINESS? YES NO

(23a) IF YES, PLEASE DESCRIBE OTHER BUSINESS OPERATIONS INCLUDING THE PRODUCTS AND SERVICES SOLD:

Business Description (Attach a separate sheet if additional space is needed.)

(24) ARE SUB-CONTRACTORS OR INDEPENDENT CONTRACTORS USED? YES NO

(25) PAYROLL VERIFICATION:

(This requirement does not apply to employers of domestic workers or to municipalities or other political subdivisions.)

At least one of the following items of payroll verification **MUST** accompany this application. Failure to provide this information may increase your premium. Please attach at least one of the following items to your application:

- A copy of your previous insurance company's premium audit bill showing the classifications and payrolls for the most recent policy period
- Copies of Federal Tax Form 941 for the last four quarters
- Copies of New York State Tax Form NYS-45-MN quarterly combined withholding, wage reporting and unemployment insurance return for the last four quarters

If none of the foregoing documents are available because you are a new business or did not have employees, then check this box:

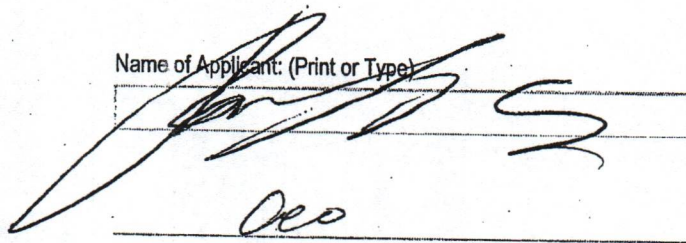
(26) I UNDERSTAND THAT THE INFORMATION WHICH I HAVE PROVIDED ON THIS APPLICATION WILL BE USED TO CALCULATE MY WORKERS' COMPENSATION INSURANCE PREMIUM. I ALSO UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO NOTIFY THE NEW YORK STATE INSURANCE FUND OF ANY CHANGES IN:

- THE KINDS OF WORK WHICH THE BUSINESS IS DOING
- THE SIZE OF OUR WORKFORCE
- THE SIZE OF OUR PAYROLL
- THE BUSINESS OWNERSHIP OR BUSINESS STRUCTURE

Date:

2/2/2006

Name of Applicant: (Print or Type)



Signature of Owner, Partner or Officer

PLEASE PRINT, SIGN AND MAIL YOUR COMPLETED APPLICATION

Applicant, please note:

INFORMATION YOU PROVIDE IS PROTECTED BY THE PERSONAL PRIVACY PROTECTION LAW

The authority to obtain the personal information requested herein is found in Section 83 of the Workers' Compensation Law as supplemented by Sections 450.1, 450.3 and 450.5 of Chapter VI of Title 12(c) of the Official Compilation of Codes, Rules and Regulations of the State of New York. The principal purpose for which the information is sought is to assist the New York State Insurance Fund in processing your insurance coverage with the New York State Insurance Fund and its release is governed by the limitations of the Personal Privacy Protection Law. This information will be maintained by the Director of Underwriting, New York State Insurance Fund, 199 Church Street, New York, NY 10007.

District Offices of New York State Insurance Fund are located at:

15 Computer Drive W.
Albany, NY 12205
(518) 437-6400

225 Oak Street
Buffalo, NY 14203
(716) 851-2000

8 Corporate Center Dr.
Melville, NY 11747
(631) 756-4000 Nassau
(631) 756-4300 Suffolk

199 Church Street
New York, NY 10007
(212) 312-9000

100 Chestnut Street
Rochester, NY 14604
(585) 258-2000

105 Corporate Park Drive
Suite 200
White Plains, NY 10604
(914) 701-2120

1045 7th North Street
Liverpool, NY 13088
(315) 453-6500

2001 Perimeter Rd. E.
Endicott, NY 13760
(607) 741-5055

EXHIBIT C

Policy #: [1446 664-3]

Assured:HARRY'S NURSES REGISTRY INC

Group #: 90

CANC DT : 6/19/2007

Option: ^]

Billing Plan : MTHB

Audit plan ANN

CANC REASON :OTHER

Status : COLLECTION

LG CENTRAL

Cr cd :

Policy ^] Rnw1^

] AP [] EP [] Factors []

[] Cd []

Date	Bill #	Type	Per St	Bill Amount	Balance
------	--------	------	--------	-------------	---------

[]	9/07/2007	[2819009]	MONTH STMT		0.00	122,729.01
[]	8/16/2007	[i819244]	FINL EP	2/07/2007	75,643.74	122,729.01
[]	7/09/2007	[2590488]	MONTH STMT		0.00	47,085.27
[]	6/19/2007	[p955339]	REBILL	2/07/2007	18,281.75	47,085.27
[]	6/19/2007	[i583569]	EP RESCIND	2/07/2007	99,250.04CR	28,803.52
[]	5/30/2007	[30v6!sx]	CANCL.		0.00	128,053.56
[]	5/21/2007	[i463314]	EARNED PREM#	2/07/2006	103,231.05	128,053.56
[]	5/07/2007	[2358003]	MONTH STMT		0.00	24,822.51
[]	5/07/2007	[30tir3V]	SVC CHRG		10.00	24,822.51
[]	5/07/2007	[i421507]	PROVISIONAL	2/07/2007	24,812.51	24,812.51
[]	5/02/2007	[30tRkaY]	REINSTMNT.		0.00	0.00
[]	5/02/2007	[30tRkaX]	CASH		49,645.02CR	0.00
[]	4/24/2007	[30sxFoC]	CANCL.		0.00	49,645.02

OPTION : 1..Next Page 2..Prior Page 8..Bill Menu 9..Sif menu Pn..Page n]

IF MORE DESIRED, PRESS XMT

RCV | |FORM| |LTAI| |Col 77|Row 4|Page 2|NYCPROD

Policy #: [1446 664-3]

Assured:HARRY'S NURSES REGISTRY INC

Group #: 90

CANC DT : 6/19/2007

Option: ^]

Billing Plan :

MTHB

Audit plan

ANN

CANC REASON :OTHER

Status : COLLECTION

LG CENTRAL

Cr cd :

Policy ^

] Rnw1^

] AP []

EP []

Factors []

[] Cd []

Date

Bill #

Type

Per St

Bill Amount

Balance

[]	4/09/2007	[2243611]	MONTH STMT		0.00	49,645.02
[]	4/09/2007	[30s43Gr]	SVC CHRG		10.00	49,645.02
[]	4/09/2007	[i305917]	PROVISIONAL	2/07/2007	24,812.51	49,635.02
[]	3/14/2007	[30qWprq]	CASH		101,908.35CR	24,822.51
[]	3/07/2007	[2129084]	MONTH STMT		0.00	126,730.86
[]	3/07/2007	[30q68hL]	SVC CHRG		10.00	126,730.86
[]	3/07/2007	[i185426]	PROVISIONAL	2/07/2007	24,812.51	126,720.86
[]	2/07/2007	[2014090]	MONTH STMT		0.00	101,908.35
[]	2/07/2007	[30oRKdn]	SVC CHRG		10.00	101,908.35
[]	2/07/2007	[i075875]	PROVISIONAL	2/07/2007	24,812.51	101,898.35
[]	2/07/2007	[30oRKdl]	CASH		14,000.00CR	77,085.84
[]	2/05/2007	[p837953]	REBILL	2/07/2006	195,689.58	91,085.84
[]	2/05/2007	[i063806]	EP RESCIND	2/07/2006	251,036.88CR	104,603.74CR

OPTION : 1..Next Page 2..Prior Page 8..Bill Menu 9..Sif menu Pn..Page n]

IF MORE DESIRED, PRESS XMT

Policy #: [1446 664-3]

Assured:HARRY'S NURSES REGISTRY INC

Group #: 90

CANC DT : 6/19/2007

Option: ^]

Billing Plan :

MTHB

Audit plan

ANN

CANC REASON :OTHER

Status : COLLECTION

LG CENTRAL

Cr cd :

Policy ^] Rnwl^

] AP [] EP [] Factors []

[] Cd []

Date

Bill #

Type

Per St

Bill Amount

Balance

[]	1/19/2007	[30nIq4R]	CASH			30,000.00CR	146,433.14
[]	1/17/2007	[30nBE7R]	CASH			50,000.00CR	176,433.14
[]	1/16/2007	[30n7T@N]	REINSTMNT.			0.00	226,433.14
[]	12/27/2006	[30C414C]	CANCL.			0.00	226,433.14
[]	12/21/2006	[p805936]	REBILL	2/07/2007		15,357.32CR	226,433.14
[]	12/21/2006	[30BhuFE]	CASH			30,000.00CR	241,790.46
[]	12/20/2006	[p805040]	RENEWAL	2/07/2007		89,794.85	271,790.46
[]	12/07/2006	[1790827]	MONTH STMT			0.00	181,995.61
[]	11/28/2006	[30AM99U]	CASH			30,000.00CR	181,995.61
[]	11/14/2006	[309WjcW]	CASH			30,000.00CR	211,995.61
[]	11/07/2006	[1672438]	MONTH STMT			0.00	241,995.61
[]	11/07/2006	[h715599]	PROVISIONAL	2/07/2006		27,892.98	241,995.61
[]	10/19/2006	[307x!Dr]	CASH			50,000.00CR	214,102.63

OPTION : 1..Next Page 2..Prior Page 8..Bill Menu 9..Sif menu Pn..Page n

IF MORE DESIRED, PRESS XMT

RCV

| |FORM| |LTAI| |Col 77|Row 4|Page 2|NYCPROD

Policy #: [1446 664-3]

Assured:HARRY'S NURSES REGISTRY INC

Group #: 90

CANC DT : 6/19/2007

Option: ^]

Billing Plan : MTHB

Audit plan ANN

CANC REASON :OTHER

Status : COLLECTION

LG CENTRAL

Cr cd :

Policy ^] Rnwl^

] AP [] EP [] Factors []

[] Cd []

Date	Bill #	Type	Per St	Bill Amount	Balance
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[] 10/13/2006	[307aft9]	REINSTMT.		0.00	264,102.63
[] 10/12/2006	[307YrFJ]	CASH		30,000.00CR	264,102.63
[] 9/21/2006	[306IkZ0]	CANCL.		0.00	294,102.63
[] 9/07/2006	[1447724]	MONTH STMT		0.00	294,102.63
[] 9/07/2006	[305TM8o]	SVC CHRG		10.00	294,102.63
[] 9/07/2006	[h469560]	PROVISIONAL	2/07/2006	27,892.99	294,092.63
[] 8/11/2006	[h359852]	PROVISIONAL	2/07/2006	195,250.91	266,199.64
[] 8/11/2006	[p699777]	REBILL	2/07/2006	75,482.38	70,948.73
[] 8/11/2006	[h359620]	EP RESCIND	2/07/2006	6,375.12CR	4,533.65CR
[] 8/07/2006	[1330327]	MONTH STMT		0.00	1,841.47
[] 8/07/2006	[303b88J]	SVC CHRG		10.00	1,841.47
[] 8/07/2006	[h347073]	PROVISIONAL	2/07/2006	910.73	1,831.47
[] 7/10/2006	[301wKJe]	CASH		920.73CR	920.74

OPTION : 1..Next Page 2..Prior Page 8..Bill Menu 9..Sif menu Pn..Page n]

IF MORE DESIRED, PRESS XMT

RCV | |FORM| |LTAI| |Col 77|Row 4|Page 2|NYCPROD

Policy #: [1446 664-3] Assured:HARRY'S NURSES REGISTRY INC
 Group #: 90 CANC DT : 6/19/2007 Option: ^]
 Billing Plan : MTHB Audit plan ANN CANC REASON :OTHER
 Status : COLLECTION LG CENTRAL Cr cd :
 Policy ^] Rnwl^] AP [] EP [] Factors [] [] Cd []
 Date Bill # Type Per St Bill Amount Balance

[]	7/07/2006	[1216719]	MONTH STMT		0.00	1,841.47
[]	7/07/2006	[301kpM@]	SVC CHRG		10.00	1,841.47
[]	7/07/2006	[h224753]	PROVISIONAL	2/07/2006	910.74	1,831.47
[]	6/07/2006	[1100219]	MONTH STMT		0.00	920.73
[]	6/07/2006	[2zzyPIY]	SVC CHRG		10.00	920.73
[]	6/07/2006	[h100444]	PROVISIONAL	2/07/2006	910.73	910.73
[]	5/30/2006	[2zzVxMo]	REINSTMT.		0.00	0.00
[]	5/30/2006	[2zzVxMn]	CASH		6,017.31CR	0.00
[]	5/22/2006	[2zz1QJ7]	CANCL.		0.00	6,017.31
[]	5/08/2006	[0983327]	MONTH STMT		0.00	6,017.31
[]	5/08/2006	[2zyBz!A]	SVC CHRG		10.00	6,017.31
[]	5/08/2006	[g976140]	PROVISIONAL	2/07/2006	910.73	6,007.31
[]	5/03/2006	[2zxssOp]	CASH		2,742.19CR	5,096.58

OPTION : 1..Next Page 2..Prior Page 8..Bill Menu 9..Sif menu Pn..Page n]

IF MORE DESIRED, PRESS XMT

RCV | |FORM| |LTAI| |Col 77|Row 4|Page 2|NYCPROD

Policy #: [1446 664-3]

Assured:HARRY'S NURSES REGISTRY INC

Group #: 90

CANC DT : 6/19/2007

Option: ^]

Billing Plan : MTHB

Audit plan ANN

CANC REASON :OTHER

Status : COLLECTION

LG CENTRAL

Cr cd :

Policy ^] Rnwl^

] AP [] EP [] Factors []

[] Cd []

Date	Bill #	Type	Per St	Bill Amount	Balance
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[]	4/07/2006	[0869178]	MONTH STMT		0.00	7,838.77
[]	4/07/2006	[2zwLgXG]	SVC CHRG		10.00	7,838.77
[]	4/07/2006	[g857349]	PROVISIONAL	2/07/2006	910.73	7,828.77
[]	3/16/2006	[2zv1moI]	CASH		3,100.00CR	6,918.04
[]	3/15/2006	[g760999]	PROVISIONAL	2/07/2006	1,821.46	10,018.04
[]	3/15/2006	[p582800]	DECLARATION	2/07/2006	8,196.58	8,196.58
[]	3/14/2006	[2zuu91P]	NEW BUSINESS		0.00	0.00

[] []
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OPTION : 1..Next Page 2..Prior Page 8..Bill Menu 9..Sif menu Pn..Page n]

IF MORE DESIRED, PRESS XMT

RCV | |FORM| |LTAI| |Col 77|Row 4|Page 2|NYCPROD

EXHIBIT D



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

681981

Q 1446 664-3 [S 1 R13] 4

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3	Group Number 90	Bill Number 12819009	Bill Date 9/07/2007	Minimum Amount Due \$122,729.01
-------------------------------	--------------------	-------------------------	------------------------	------------------------------------

Previous Balance \$47,085.27	Payments Received \$0.00	Other Credits \$0.00	New Charges \$75,643.74	Other Debits \$0.00	Current Balance \$122,729.01
---------------------------------	-----------------------------	-------------------------	----------------------------	------------------------	---------------------------------

Workers' Compensation Activity Period - 7/10/2007 to 9/07/2007

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
July 9, 2007		Previous Balance	\$47,085.27	
YOUR POLICY IS CANCELLED AS OF 06/19/2007				
New Charges				
August 16, 2007	i819244	Audit Statement(02/07/2007 to 06/19/2007)	\$75,643.74	
		New Charges	\$75,643.74	
Your current 'Total Account Balance' is \$122,729.01. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				



To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.

REMITTANCE SLIP

Policy No. Q 1446 664-3 Insured: HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA NY 11432

Current Balance: \$122,729.01

Past Due Amount: \$122,729.01

Minimum Amount Due: \$122,729.01

Payment Enclosed: _____



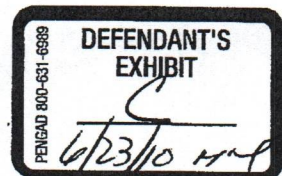
Pay your bill at nysif.com or call 1-877-309-6028
 eCHECK - no service fee
 Credit card - 2.5% convenience fee by Official Payments

Return to:

|||||
 New York State Insurance Fund
 Workers' Compensation
 PO Box 4788
 Syracuse, NY 13221-4788

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
 ENTER CHANGE ON REVERSE SIDE

144666430907071281900900007564374000122729013



Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated.

Minimum Amount Due Calculation.

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill			
b) Installments			
c) Audit Balance	\$ 122,729.01		
d) Miscellaneous Charges			
e) Minimum Current Charge			
f) Past Due			\$ 122,729.01
Minimum Amount Due			\$ 122,729.01
<hr/>			
g) Remaining Audit Balance			
Current Balance			\$ 122,729.01
h) Future Installments			
Total Account Balance			\$ 122,729.01

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 122,729.01. To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.

THE STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type AUDIT	Group No. 080	Period Covered 2/07/2007 TO 8/19/2007	I.L.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA NY 11432

KIM & CHOI ASSOCIATES
 164-02 NORTHERN BLVD
 FLUSHING NY 11358

Policy Number Q 1446 664-3
Date 8/16/2007
Document Number: 1819 244

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

INFORMATION PAGE AUDIT

CODE	CLASSIFICATION DESCRIPTION	PAYROLL	X RATE PER \$100	MANUAL PREMIUM
8810	CLERICAL OFFICE EMPLOYEES NDC-U	130,218	0.36	468.78
8854	HOME HEALTH CARE PROF EMPLOYEES	2,154,322	4.17	89,835.23
0931	SHORT RATE PREMIUM			27,091.20
	1. MANUAL RATE PREMIUM			117,395.21
	2. EXPENSE CONSTANT			94.00
	3. RATING BOARD PREMIUM			117,489.21
	4. FOREIGN TERRORISM PREMIUM			776.74
	5. DOMESTIC TERRORISM PREMIUM			228.45
	6. TOTAL TERRORISM PREMIUM			1,005.19
	7. RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM			118,494.40
	8. STATE FUND DIFFERENTIAL - 20% OF ITEM 1			23,479.04
	9. STATE FUND PREMIUM + TOTAL TERRORISM PREMIUM			141,973.44
	10. ASSESSMENT CHARGE 18.8% OF (ITEM 9 LESS ITEM 2)			26,389.58
	11. TOTAL SIF PREM + TOTAL TERRORISM PREM + ASSMT			168,363.02
	12. LESS DEPOSIT FOR THIS PERIOD PREVIOUSLY BILLED			92,719.28CR
	13. NET STATE FUND PREMIUM FOR THIS PERIOD			75,643.74

CANCELLED 6/19/2007

DEFENDANT'S EXHIBIT

6/23/10 mp

U/W THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
 (SEE REVERSE SIDE FOR CONDITIONS)

THE STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type INFORMATION PAGE	Group No. 090	Period Covered 2/07/2007 TO 2/07/2008	R.D. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA NY 11432

JIN I KIM
 211-65 23RD AVE SUITE #6A
 BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 6/18/2007
Document Number p955 339

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME
 TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

SHORT RATE PENALTY ENDORSEMENT

THIS POLICY IS AMENDED AS FOLLOWS. "PART FOUR" PARAGRAPH "F. FINAL PREMIUM" THE SECOND PARAGRAPH THEREOF AND SUBDIVISIONS "1" AND "2" ARE AMENDED TO READ AS FOLLOWS:

"IF THIS POLICY IS CANCELLED, FINAL PREMIUM WILL BE DETERMINED IN THE FOLLOWING WAY UNLESS OUR MANUALS PROVIDE OTHERWISE.

1. IF YOU FURNISH PROOF SATISFACTORY TO US THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE, WE WILL CANCEL YOUR POLICY FOR THAT REASON AND FINAL PREMIUM WILL BE CALCULATED PRO RATA BASED ON THE TIME THIS POLICY WAS IN FORCE. FINAL PREMIUM WILL NOT BE LESS THAN THE PRO RATA SHARE OF THE MINIMUM PREMIUM.
2. IF YOU REQUEST CANCELLATION FOR ANY OTHER REASON OTHER THAN THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE OR IF YOUR POLICY IS CANCELLED FOR NON-PAYMENT OF PREMIUM, FINAL PREMIUM WILL BE MORE THAN PRO RATA; IT WILL BE BASED ON THE TIME THIS POLICY WAS IN FORCE, AND INCREASED BY OUR SHORT-RATE CANCELLATION TABLE AND PROCEDURE. FINAL PREMIUM WILL NOT BE LESS THAN THE MINIMUM PREMIUM."

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

**THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
 FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY
 (SEE REVERSE SIDE FOR CONDITIONS) PAGE 1 CONT.**

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Fund Board.

THE STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type: INFORMATION PAGE	Group No. 080	Period Covered: 2/07/2007 TO 2/07/2008	ILL. No.
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INSURED: **Q 1446 664-3**

REPRESENTATIVE: **681981**

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 6/18/2007
Document Number 9855 338

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

54 THIS ENDORSEMENT APPLIES ONLY WITH RESPECT TO BODILY INJURY TO YOUR EMPLOYEES WHILE IN THE COURSE OF SPECIAL OR TEMPORARY EMPLOYMENT BY THE ALTERNATE EMPLOYER NAMED IN THE SCHEDULE, PART ONE (WORKERS' COMPENSATION INSURANCE) AND PART TWO (EMPLOYERS LIABILITY INSURANCE) WILL APPLY AS THOUGH THE ALTERNATE EMPLOYER IS INSURED. IF AN ENTITY IS SHOWN IN THE SCHEDULE, THE INSURANCE AFFORDED BY THIS ENDORSEMENT APPLIES ONLY TO WORK YOU PERFORMED UNDER THE CONTRACT OR AT THE PROJECT NAMED IN THE SCHEDULE. UNDER PART ONE (WORKERS' COMPENSATION INSURANCE) WE WILL REIMBURSE THE ALTERNATE EMPLOYER FOR THE BENEFITS REQUIRED BY THE WORKERS' COMPENSATION LAW IF WE ARE NOT PERMITTED TO PAY THE BENEFITS DIRECTLY TO THE PERSONS ENTITLED TO THEM. THE INSURANCE AFFORDED BY THIS ENDORSEMENT IS NOT INTENDED TO SATISFY THE ALTERNATE EMPLOYER'S DUTY TO SECURE ITS OBLIGATIONS UNDER THE WORKERS' COMPENSATION LAW. WE WILL NOT FILE EVIDENCE OF THIS INSURANCE ON BEHALF OF THE ALTERNATE EMPLOYER WITH ANY GOVERNMENT AGENCY. WE WILL NOT ASK ANY OTHER INSURER OF THE ALTERNATE EMPLOYER TO SHARE WITH US

2/07/2006

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No. 090	Period Covered: 2/07/2007 TO 2/07/2008	ILU. No. No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 8/18/2007
Document Number: 9955 339

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

IN A LOSS COVERED BY THIS ENDORSEMENT, PREMIUM WILL BE CHARGED FOR YOUR EMPLOYEES WHILE IN THE COURSE OF SPECIAL OR TEMPORARY EMPLOYMENT BY THE ALTERNATE EMPLOYER. THE POLICY MAY BE CANCELED ACCORDING TO ITS TERMS WITHOUT SENDING NOTICE TO THE ALTERNATE EMPLOYER. PART THREE (YOUR DUTIES IF INJURY OCCURS) APPLIES TO YOU AND THE ALTERNATE EMPLOYER. THE ALTERNATE EMPLOYER WILL RECOGNIZE OUR RIGHT TO DEFEND UNDER PARTS ONE AND TWO AND OUR RIGHT TO INSPECT UNDER PART FIVE.

SCHEDULE:

ALL CLIENTS WITH WHOM YOU HAVE EXECUTED BEFORE LOSS, A CONTRACT TO SUPPLY TEMPORARY LABOR, EXCEPT THAT NO COVERAGE IS PROVIDED FOR SUCH CLIENTS WITH RESPECT TO ACTIVITIES OR WORK PERFORMED BY SUCH TEMPORARY LABOR OUTSIDE OF THE GEOGRAPHIC BOUNDARIES OF THE STATE OF NEW YORK.

89

NEW YORK EXCLUSION OF EXECUTIVE OFFICER(S) ENDORSEMENT

2/07/2006

THIS POLICY DOES NOT COVER FOR CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE SOLE EXECUTIVE OFFICER AND ONLY STOCKHOLDER OF THE INSURED CORPORATION, OR TWO EXECUTIVE OFFICERS WHO TOGETHER ARE THE ONLY OFFICERS AND STOCKHOLDERS OF THE INSURED CORPORATION, WHEN SUCH CORPORATION HAS OTHER EMPLOYEES WHO ARE REQUIRED TO BE COVERED BY THE LAW, AND THE CORPORATION HAS ELECTED TO EXCLUDE FROM COVERAGE THE OFFICER(S) DESCRIBED IN THE SCHEDULE. THE PREMIUM BASIS FOR THE POLICY DOES NOT INCLUDE THE REMUNERATION OF THE EXCLUDED EXECUTIVE OFFICER OR OFFICERS. YOU WILL REIMBURSE US FOR ANY PAYMENT WE MUST MAKE BECAUSE OF BODILY INJURY TO SUCH PERSON(S).

SCHEDULE:

HARRY'S NURSES REGISTRY INC
HARRY DORVILIER, PRES
1 OF 1

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

THE STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type: INFORMATION PAGE	Group No. 080	Period Covered: 2/07/2007 TO 2/07/2008	#	It.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA NY 11432

JIN I KIM
 211-65 23RD AVE SUITE #6A
 BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 6/19/2007
Document Number: 9855 338

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

CODE	CLASSIFICATION DESCRIPTION	ESTIMATED X RATE PAYROLL PER \$100	MANUAL PREMIUM
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Section 92 of the Workers Compensation Law requires that the deposit premium for your current policy period be based upon an estimate of your actual wages (or other exposures) for this period. Therefore, your deposit premium has been adjusted to obtain an adequate deposit using the payrolls or exposures from the previous year's audit or payroll report as an estimate for your current policy period.

8810	CLERICAL OFFICE EMPLOYEES NOC-U	310,100	0.36	1,116.36
8854	HOME HEALTH CARE PROF EMPLOYEES	6,162,200	4.17	256,963.74
1.	MANUAL RATE PREMIUM			258,080.10
2.	EXPENSE CONSTANT			200.00
3.	RATING BOARD PREMIUM			258,280.10
4.	FOREIGN TERRORISM PREMIUM			2,200.58
5.	DOMESTIC TERRORISM PREMIUM			647.23
6.	TOTAL TERRORISM PREMIUM			2,847.81
7.	RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM			261,127.91
8.	STATE FUND DIFFERENTIAL - 20% OF ITEM 1			51,616.02
9.	EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM			312,743.93
10.	ASSESSMENT CHARGE 18.6% OF (ITEM 9 LESS ITEM 2)			58,133.17
11.	EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT			370,877.10
12.	DEPOSIT REQUIRED 25.00% OF ITEM 11			92,719.28
13.	LESS DEPOSIT FOR THIS PERIOD PREVIOUSLY BILLED			74,437.53CR
14.	NET STATE FUND PREMIUM FOR THIS PERIOD			18,281.75

THIS GIVES CREDIT FOR PREVIOUS DEPOSIT BILL

THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

CANCELLED 6/19/2007

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type INFORMATION PAGE	Group No. 090	Period Covered 2/07/2007 TO 2/07/2008	U.I. File No.
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INSURED: Q 1446 664-3

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: 681981

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 6/19/2007
Document Number:

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

Interest & Service Charge Endorsement

THIS POLICY IS AMENDED BY ADDING THE FOLLOWING THREE PARAGRAPHS TO "PART FOUR" PARAGRAPH "E". PREMIUM PAYMENTS: IF YOUR ANNUAL DEPOSIT PREMIUM IS \$1,000 OR MORE, YOU MAY ELECT TO PAY THE DEPOSIT PREMIUM VIA OUR EXTENDED PAYMENT PLAN. ONCE THE INITIAL DEPOSIT ON YOUR PREMIUM HAS BEEN PAID THE REMAINING BALANCE CAN BE PAID IN INSTALLMENTS THROUGH THE TENTH MONTH OF YOUR POLICY YEAR. THERE WILL BE A SERVICE CHARGE OF \$10 PER INSTALLMENT FOR THOSE WHO OPT FOR AN EXTENDED PAYMENT PLAN.

POLICYHOLDERS WITH AN AUDIT PREMIUM DUE OF \$30 OR MORE MAY ALSO ELECT TO PAY THIS PREMIUM VIA A PAYMENT PLAN. THE SEPARATE TERMS OF THE AUDIT PREMIUM PAYMENT PLAN WILL BE SHOWN ON THE MONTHLY STATEMENTS. INTEREST WILL BE CHARGED AT A RATE OF 1% PER MONTH (12% APR) ON THE OUTSTANDING AUDIT BALANCE. THIS IS IN ADDITION TO THE \$10 PER MONTH SERVICE CHARGE DESCRIBED ABOVE.

PAYMENT OF ANY AMOUNT LESS THAN THE FULL PREMIUM, WHETHER DEPOSIT OR AUDIT, WILL BE DEEMED A REQUEST FOR AN EXTENSION OF TIME TO PAY THAT WOULD RESULT IN INTEREST AND/OR SERVICE CHARGES AS SET FORTH IN THE BILLING STATEMENT.

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type INFORMATION PAGE	Group No. 080	Period Covered 2/07/2007 TO 2/07/2008	P.D. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 6/18/2007
Document Number: p955 338

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Extension Act of 2005.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005.

"Act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured terrorism or war loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

(continued on the reverse side)

This is not a bill. Please retain for your records.

For attachment to Workers' Compensation-Employers' Liability Policy.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

"Insurer deductible" means:

- a. For the period beginning on November 26, 2002 and ending on December 31, 2002, an amount equal to 1% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding November 26, 2002.
- b. For the period beginning on January 1, 2003 and ending on December 31, 2003, an amount equal to 7% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2003.
- c. For the period beginning on January 1, 2004 and ending on December 31, 2004, an amount equal to 10% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2004.
- d. For the period beginning on January 1, 2005 and ending on December 31, 2005, an amount equal to 15% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2005.
- e. For the period beginning on January 1, 2006, and ending on December 31, 2006, an amount equal to 17.5% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2006.
- f. For the period beginning on January 1, 2007, and ending on December 31, 2007 an amount equal to 20% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2007.

Limitation of Liability

The Act may limit our liability to you under this policy. If annual aggregate insured terrorism or war losses of all insurers exceed \$100,000,000,000 during the applicable period provided in the Act, and if we have met our insurer deductible, the amount we will pay for insured terrorism or war losses under this policy will be limited by the Act, as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured terrorism or war losses would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States Government would pay 90% for Program Year 4 and 85% for Program Year 5 of our insured terrorism or war losses exceeding our Insurer deductible.
2. The premium charged for the coverage this policy provides for insured terrorism or war losses is shown in the Information Page.

The State Insurance Fund

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type INFORMATION PAGE	Group No. 090	Period Covered. 2/07/2007 TO 2/07/2008	R.R. File No.
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INSURED: Q 1446 664-3

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: 681981

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 6/19/2007
Document Number p955 339

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and certain acts of domestic terrorism. It does not provide funding for acts of terrorism certified as such by the Terrorism Risk Insurance Act of 2002 and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005 (the Act), or acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (FTPE), attached to this policy.

For purposes of this endorsement, the following definitions apply:

DOMESTIC TERRORISM: All acts of terrorism outside the scope of the Act or the Foreign Terrorism Premium Endorsement (FTPE), with aggregate workers compensation losses in excess of \$50 million.

EARTHQUAKE: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

CATASTROPHIC INDUSTRIAL ACCIDENT: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

SCHEDULE

Rate per \$100 of Remuneration \$.01

Non-Payroll Base Exposure \$.005 of Manual Rate Premium

The State Insurance Fund

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type INFORMATION PAGE	Group No. 080	Period Covered 2/07/2007 TO 2/07/2008	#	PU. No.
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INSURED: Q 1446 664-3

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: 681981

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 6/18/2007
Document Number p955 338

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

FOREIGN TERRORISM PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of foreign terrorism.

Your policy provides coverage for workers' compensation losses caused by acts of foreign terrorism, including workers' compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definition, exclusions and conditions in your policy and any applicable federal and/or state laws, rules or regulations.

For purpose of this endorsement, an "act of foreign terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for the coverage your policy provides for workers' compensation losses caused by an act of foreign terrorism is shown in the Information Page.

ScheduleState
New York StateRate per \$100 of Payroll
\$.034Non-payroll Base Exposures
\$.021 of Manual Rate Premium

The State Insurance Fund

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: EARNED PREMIUM RESCIND	Group No. 090	Period Covered: 2/07/2007 TO 8/07/2007	P.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number
Q 1446 664-3
Date
8/18/2007
Document Number:
1583 589

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

INFORMATION PAGE EARNED PREMIUM RESCIND

1. EARNED PREMIUM FOR THIS PERIOD PREVIOUSLY BILLED. 99,250.04CR

THIS BILL RESCINDS ALL PREVIOUS EARNED PREMIUM BILLS FOR THIS PERIOD.

CANCELLED 6/19/2007

**THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
(SEE REVERSE SIDE FOR CONDITIONS)**

THE STATE INSURANCE FUND

WCU/N: Q 1 446 664-3

199 CHURCH STREET
NEW YORK N.Y. 10007-1173

POLICY NO.
Q 1 446 664-3

THE STATE INSURANCE FUND

DATE 5/30/2007

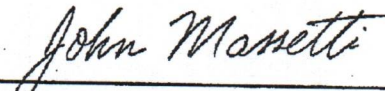
199 CHURCH STREET NEW YORK, N.Y. 10007-1173

TELEPHONE (212) 587-5507

NOTICE OF
CANCELLATION

At your request, we have cancelled your Workers' Compensation Policy
EFFECTIVE 12:01 a.m. 6/19/2007 , for reason : INSURED ELSEWHERE

This notice is sent in compliance with the provisions of Section 54 of the New
York Workers' Compensation Law.



DIRECTOR, INSURANCE FUND UNDERWRITING

THIS CANCELLATION NOTICE APPLIES TO THE FOLLOWING :

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type AUDIT	Group No. 090	Period Covered 2/07/2008 TO 2/07/2007	H.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1448 864-3
Date 5/21/2007
Document Number 1483 314

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

INFORMATION PAGE AUDIT

CODE	CLASSIFICATION DESCRIPTION	PAYROLL	X RATE PER \$100	MANUAL PREMIUM
8810	CLERICAL OFFICE EMPLOYEES NDC-U	310,130	0.36	1,116.47
8854	HOME HEALTH CARE PROF EMPLOYEES	6,162,169	4.17	256,962.45
	1. MANUAL RATE PREMIUM			258,078.92
	2. EXPENSE CONSTANT			200.00
	3. RATING BOARD PREMIUM			258,278.92
	4. FOREIGN TERRORISM PREMIUM			2,200.58
	5. DOMESTIC TERRORISM PREMIUM			647.23
	6. TOTAL TERRORISM PREMIUM			2,847.81
	7. RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM			261,126.73
	8. STATE FUND DIFFERENTIAL - 25% OF ITEM 1			64,519.73
	9. STATE FUND PREMIUM + TOTAL TERRORISM PREMIUM			325,646.46
	10. ASSESSMENT CHARGE 17.5% OF (ITEM 9 LESS ITEM 2)			56,953.13
	11. TOTAL SIF PREM + TOTAL TERRORISM PREM + ASSMT			382,599.59
	12. LESS DEPOSIT FOR THIS PERIOD PREVIOUSLY BILLED			279,368.54CR
	13. NET STATE FUND PREMIUM FOR THIS PERIOD			103,231.05

**THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
(SEE REVERSE SIDE FOR CONDITIONS)**

U/W



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

Q 1446 664-3 [S 1 R13] 7

681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number
Q 1446 664-3

Group Number
90

Bill Number
12358003

Bill Date
5/07/2007

Minimum Amount Due

\$24,822.51
By 6/06/2007

Previous Balance
\$49,645.02

Payments Received
\$49,645.02CR

Other Credits
\$0.00

New Charges
\$24,822.51

Other Debits
\$0.00

Current Balance
\$24,822.51

Workers' Compensation Activity Period - 4/10/2007 to 5/07/2007

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
April 9, 2007		Previous Balance	\$49,645.02	
May 2, 2007	050207	Payment Received - Thank You		\$49,645.02-
New Charges				
May 7, 2007	i421507	Installment 4 of 9 (02/07/2007)	\$24,812.51	
May 7, 2007	\$046560	Service Charge	\$10.00	
		New Charges	\$24,822.51	
Your current 'Total Account Balance' is \$148,885.06. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				



To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.

REMITTANCE SLIP

Policy No. Q 1446 664-3

Insured:

Current Balance: \$24,822.51

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

Minimum Amount Due: \$24,822.51

Date Due: 6/06/2007

Payment Enclosed:



Pay your bill at nysif.com or call 1-877-309-6028
eCHECK - no service fee
Credit card - 2.5% convenience fee by Official Payments

Return to:

New York State Insurance Fund
Workers' Compensation
PO Box 4788
Syracuse, NY 13221-4788

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE

144666430507071235800300002482251000024822510

Policy Number: Q 1446 864-3 *** Bill Number: 12358003

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill			
b) Installments	\$ 148,875.06	6	\$ 24,812.51
c) Audit Balance			
d) Miscellaneous Charges	\$ 10.00		\$ 10.00
e) Minimum Current Charge (Due By 06/06/2007)			\$ 24,822.51
f) Past Due			
Minimum Amount Due			\$ 24,822.51
<hr/>			
g) Remaining Audit Balance			
Current Balance			
h) Future Installments	\$ 124,062.55	5	
Total Account Balance			\$ 148,885.06

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 148,885.06 by 06/06/2007. To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.

THE STATE INSURANCE FUND
WCU/N: Q 1 446 664-3
199 CHURCH STREET
NEW YORK N.Y. 10007-1173

POLICY NO. **THE STATE INSURANCE FUND** DATE 4/24/2007
Q 1 446 664-3 199 CHURCH STREET NEW YORK, N.Y. 10007-1173 AMOUNT DUE
NOTICE OF TELEPHONE (212) 312-7500 \$49,645.02
CANCELLATION

BY REASON OF YOUR DEFAULT IN PAYMENT OF PREMIUMS, YOU ARE
HEREBY NOTIFIED THAT EFFECTIVE 12:01 A.M. ON 5/14/2007, YOUR
WORKERS' COMPENSATION POLICY IS CANCELLED AND THE INSURANCE
THEREUNDER IS TERMINATED. This notice is sent in compliance with the
provisions of Section 54, Subdivision 5 of the New York Workers' Compensation Law.

IMPORTANT - PLEASE NOTE

To prevent your policy from being cancelled, you must pay the amount due before
12:01 a.m. on the effective date of the cancellation. Any payment or credit
adjustment thereafter will not reinstate your policy. It will be credited to your
account. Any credit balance remaining after final audit will be refunded.

Section 93-b of the Workers' Compensation Law states :

"An employer, whose policy of insurance has been cancelled by the State Insurance
Fund for non-payment of premium, is ineligible to contract a subsequent policy of
insurance with the State Insurance Fund while the billed premium on the cancelled
policy remains uncollected."

You should also be aware that there may be additional penalties and obligations
imposed upon you by Chapter 55 of the Laws of 1992 and/or the policy contract.

THIS CANCELLATION NOTICE APPLIES TO THE FOLLOWING :

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

Jeffrey Epstein
CREDIT AND COLLECTION MANAGER

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

Q 1446 664-3 [S 1 R13] 9

681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3	Group Number 90	Bill Number 12243611	Bill Date 4/09/2007	Minimum Amount Due \$49,645.02
Previous Balance \$126,730.86	Payments Received \$101,908.35CR	Other Credits \$0.00	New Charges \$24,822.51	Other Debits \$0.00
				Current Balance \$49,645.02

Workers' Compensation Activity Period - 3/08/2007 to 4/09/2007

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
March 7, 2007		Previous Balance	\$126,730.86	
March 14, 2007	031407	Payment Received - Thank You		\$101,908.35-
Payment of past due amount of \$24,822.51 must be received by 04/24/2007 to avoid cancellation.				
New Charges				
April 9, 2007	i305917	Installment 3 of 9 (02/07/2007)	\$24,812.51	
April 9, 2007	z974752	Service Charge	\$10.00	
		New Charges	\$24,822.51	
Your current 'Total Account Balance' is \$198,520.08. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

Page 1 of 2

To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.



REMITTANCE SLIP

Policy No. Q 1446 664-3 Insured: HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

Current Balance: \$49,645.02

Past Due Amount: \$24,822.51

Minimum Amount Due: \$49,645.02

Payment Enclosed: _____



Pay your bill at nysif.com or call 1-877-309-6028
eCHECK - no service fee
Credit card - 2.5% convenience fee by Official Payments

Return to:

|||||
New York State Insurance Fund
Workers' Compensation
PO Box 4788
Syracuse, NY 13221-4788

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE

14466643040907122436110000248225100004964502

Policy Number: Q 1446 664-3 *** Bill Number: 12243611

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill			
b) Installments	\$ 198,500.08	7	\$ 24,812.51
c) Audit Balance			
d) Miscellaneous Charges	\$ 20.00		\$ 10.00
e) Minimum Current Charge (Due By 05/06/2007)			\$ 24,822.51
f) Past Due (Due By 04/24/2007)			\$ 24,822.51
Minimum Amount Due			\$ 49,645.02

g) Remaining Audit Balance			
Current Balance			
h) Future Installments	\$ 148,875.06	6	
Total Account Balance			\$ 198,520.08

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 198,520.08 by 05/06/2007. To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

681981

Q 1446 664-3 [S 1 R13] 11
HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3	Group Number 90	Bill Number 12129084	Bill Date 3/07/2007	Minimum Amount Due \$126,730.86
Previous Balance \$101,908.35	Payments Received \$0.00	Other Credits \$0.00	New Charges \$24,822.51	Other Debits \$0.00
			Current Balance \$126,730.86	

Workers' Compensation Activity Period - 2/08/2007 to 3/07/2007

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
February 7, 2007		Previous Balance	\$101,908.35	
Payment of past due amount of \$101,908.35 must be received by 03/21/2007 to avoid cancellation.				
New Charges				
March 7, 2007	i185426	Installment 2 of 9 (02/07/2007)	\$24,812.51	
March 7, 2007	z898154	Service Charge	\$10.00	
		New Charges	\$24,822.51	
Your current 'Total Account Balance' is \$300,418.43. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.



REMITTANCE SLIP

Policy No. Q 1446 664-3 Insured:
 Current Balance: \$126,730.86 HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 Past Due Amount: \$101,908.35 JAMAICA NY 11432
 Minimum Amount Due: \$126,730.86
 Payment Enclosed: _____



Pay your bill at nysif.com or call 1-877-309-6028
eCHECK - no service fee

Credit card - 2.5% convenience fee by Official Payments

Return to:

|||||
 New York State Insurance Fund
 Workers' Compensation
 PO Box 4788
 Syracuse, NY 13221-4788

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE

144666430307071212908400002482251000126730863

Policy Number: Q 1446 664-3 *** Bill Number: 12129084

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill	\$ 74,437.53		
b) Installments	\$ 225,960.90	8	\$ 24,812.51
c) Audit Balance			
d) Miscellaneous Charges	\$ 20.00		\$ 10.00
e) Minimum Current Charge (Due By 04/06/2007)			\$ 24,822.51
f) Past Due (Due By 03/21/2007)			\$ 101,908.35
Minimum Amount Due			\$ 126,730.86

g) Remaining Audit Balance

Current Balance

h) Future Installments

\$ 173,687.57 7

Total Account Balance

\$ 300,418.43

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 300,418.43 by 04/06/2007
To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

Q 1446 664-3 [S 1 R13] 13

681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3	Group Number 90	Bill Number 12014090	Bill Date 2/07/2007	Minimum Amount Due \$101,908.35
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Previous Balance \$181,995.61	Payments Received \$124,000.00CR	Other Credits \$266,394.20CR	New Charges \$310,306.94	Other Debits \$0.00	Current Balance \$101,908.35
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Workers' Compensation Activity Period - 12/08/2006 to 2/07/2007

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
December 7, 2006		Previous Balance	\$181,995.61	
December 21, 2006	122106	Payment Received - Thank You		\$30,000.00-
December 21, 2006	p805936	Revised Deposit Premium(02/07/2007 to 02/07/2008)		\$15,357.32-
January 17, 2007	011707	Payment Received - Thank You		\$50,000.00-
January 19, 2007	011907	Payment Received - Thank You		\$30,000.00-
February 5, 2007	i063806	Earned Premium Rescind(02/07/2006 to 11/07/2006)		\$251,036.88-

Your current 'Total Account Balance' is \$300,408.43. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.

To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.



REMITTANCE SLIP

Policy No. Q 1446 664-3 Insured:
 Current Balance: \$101,908.35 HARRY'S NURSES REGISTRY INC
 Past Due Amount: \$2,648.31 88-25 163RD STREET
 Minimum Amount Due: \$101,908.35 JAMAICA NY 11432
 Date Due: 3/06/2007

Payment Enclosed:

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
 ENTER CHANGE ON REVERSE SIDE



Pay your bill at nysif.com or call 1-877-309-6028
 eCHECK - no service fee
 Credit card - 2.5% convenience fee by Official Payments

Return to:

|||||
 New York State Insurance Fund
 Workers' Compensation
 PO Box 4788
 Syracuse, NY 13221-4788

144666430207071201409000031030694000101908350

Policy Number: Q 1446 664-3 *** Bill Number: 12014090

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill	\$ 74,437.53		\$ 74,437.53
b) Installments	\$ 225,960.90	9	\$ 24,812.51
c) Audit Balance			
d) Miscellaneous Charges	\$ 10.00		\$ 10.00
e) Minimum Current Charge (Due By 03/06/2007)			\$ 99,260.04
f) Past Due			\$ 2,648.31
Minimum Amount Due			\$ 101,908.35

g) Remaining Audit Balance

Current Balance

h) Future Installments	\$ 198,500.08	8	
Total Account Balance			\$ 300,408.43

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 300,408.43 by 03/06/2007
To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

Under SIF's extended payment plan, once the initial deposit on your premium has been paid, you have the option of paying the remaining premium in installments through the tenth month of your policy year. There will be a service charge of \$10 per month for those who opt for extended payment plans.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW:



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

681981

Q 1446 664-3 [S 1 R13] 16

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Group Number 90
Bill Number 12014090
Bill Date 2/07/2007

Minimum Amount Due
\$101,908.35

Previous Balance \$181,995.61
Payments Received \$124,000.00CR
Other Credits \$266,394.20CR
New Charges \$310,306.94
Other Debits \$0.00
Current Balance \$101,908.35

Workers' Compensation Activity Period - 12/08/2006 to 2/07/2007

Transaction Date	Reference #	New Charges	Charges	Credits
February 7, 2007	020707	Payment Received - Thank You		\$14,000.00-
December 20, 2006	p805040	Renewal Pol. 25% Down Payment(02/07/2007 to 02/07/2008)	\$89,794.85	
February 5, 2007	p837953	Revised Deposit Premium(02/07/2006 to 02/07/2007)	\$195,689.58	
February 7, 2007	i075875	Installment 1 of 9 (02/07/2007)	\$24,812.51	
February 7, 2007	z829250	Service Charge	\$10.00	
		New Charges	\$101,908.35	

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type INFORMATION PAGE	Group No 080	Period Covered 2/07/2006 TO 2/07/2007	Policy No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 2/05/2007
Document Number p837 983

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED**SHORT RATE PENALTY ENDORSEMENT**

THIS POLICY IS AMENDED AS FOLLOWS. "PART FOUR" PARAGRAPH "F. FINAL PREMIUM" THE SECOND PARAGRAPH THEREOF AND SUBDIVISIONS "1" AND "2" ARE AMENDED TO READ AS FOLLOWS:

"IF THIS POLICY IS CANCELLED, FINAL PREMIUM WILL BE DETERMINED IN THE FOLLOWING WAY UNLESS OUR MANUALS PROVIDE OTHERWISE.

1. IF YOU FURNISH PROOF SATISFACTORY TO US THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE, WE WILL CANCEL YOUR POLICY FOR THAT REASON AND FINAL PREMIUM WILL BE CALCULATED PRO RATA BASED ON THE TIME THIS POLICY WAS IN FORCE. FINAL PREMIUM WILL NOT BE LESS THAN THE PRO RATA SHARE OF THE MINIMUM PREMIUM.

2. IF YOU REQUEST CANCELLATION FOR ANY OTHER REASON OTHER THAN THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE OR IF YOUR POLICY IS CANCELLED FOR NON-PAYMENT OF PREMIUM, FINAL PREMIUM WILL BE MORE THAN PRO RATA; IT WILL BE BASED ON THE TIME THIS POLICY WAS IN FORCE, AND INCREASED BY OUR SHORT-RATE CANCELLATION TABLE AND PROCEDURE. FINAL PREMIUM WILL NOT BE LESS THAN THE MINIMUM PREMIUM."

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

**THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY
(SEE REVERSE SIDE FOR CONDITIONS) PAGE 1 CONT.**

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THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No. 090	Period Covered: 2/07/2006 TO 2/07/2007	R.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 2/05/2007
Document Number: p837 983

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

54 THIS ENDORSEMENT APPLIES ONLY WITH RESPECT TO BODILY INJURY TO YOUR EMPLOYEES WHILE IN THE COURSE OF SPECIAL OR TEMPORARY EMPLOYMENT BY THE ALTERNATE EMPLOYER NAMED IN THE SCHEDULE. PART ONE (WORKERS' COMPENSATION INSURANCE) AND PART TWO (EMPLOYERS LIABILITY INSURANCE) WILL APPLY AS THOUGH THE ALTERNATE EMPLOYER IS INSURED. IF AN ENTITY IS SHOWN IN THE SCHEDULE, THE INSURANCE AFFORDED BY THIS ENDORSEMENT APPLIES ONLY TO WORK YOU PERFORMED UNDER THE CONTRACT OR AT THE PROJECT NAMED IN THE SCHEDULE. UNDER PART ONE (WORKERS' COMPENSATION INSURANCE) WE WILL REIMBURSE THE ALTERNATE EMPLOYER FOR THE BENEFITS REQUIRED BY THE WORKERS' COMPENSATION LAW IF WE ARE NOT PERMITTED TO PAY THE BENEFITS DIRECTLY TO THE PERSONS ENTITLED TO THEM. THE INSURANCE AFFORDED BY THIS ENDORSEMENT IS NOT INTENDED TO SATISFY THE ALTERNATE EMPLOYER'S DUTY TO SECURE ITS OBLIGATIONS UNDER THE WORKERS' COMPENSATION LAW. WE WILL NOT FILE EVIDENCE OF THIS INSURANCE ON BEHALF OF THE ALTERNATE EMPLOYER WITH ANY GOVERNMENT AGENCY. WE WILL NOT ASK ANY OTHER INSURER OF THE ALTERNATE EMPLOYER TO SHARE WITH US

2/07/2006

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No. 080	Period Covered: 2/07/2006 TO 2/07/2007	U.I. No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 2/05/2007
Document Number: p837 983

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE FIFTEEN O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

IN A LOSS COVERED BY THIS ENDORSEMENT, PREMIUM WILL BE CHARGED FOR YOUR EMPLOYEES WHILE IN THE COURSE OF SPECIAL OR TEMPORARY EMPLOYMENT BY THE ALTERNATE EMPLOYER. THE POLICY MAY BE CANCELED ACCORDING TO ITS TERMS WITHOUT SENDING NOTICE TO THE ALTERNATE EMPLOYER. PART THREE (YOUR DUTIES IF INJURY OCCURS) APPLIES TO YOU AND THE ALTERNATE EMPLOYER. THE ALTERNATE EMPLOYER WILL RECOGNIZE OUR RIGHT TO DEFEND UNDER PARTS ONE AND TWO AND OUR RIGHT TO INSPECT UNDER PART FIVE.

SCHEDULE:

ALL CLIENTS WITH WHOM YOU HAVE EXECUTED BEFORE LOSS, A CONTRACT TO SUPPLY TEMPORARY LABOR, EXCEPT THAT NO COVERAGE IS PROVIDED FOR SUCH CLIENTS WITH RESPECT TO ACTIVITIES OR WORK PERFORMED BY SUCH TEMPORARY LABOR OUTSIDE OF THE GEOGRAPHIC BOUNDARIES OF THE STATE OF NEW YORK.

89

NEW YORK EXCLUSION OF EXECUTIVE OFFICER(S) ENDORSEMENT

2/07/2006

THIS POLICY DOES NOT COVER FOR CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE SOLE EXECUTIVE OFFICER AND ONLY STOCKHOLDER OF THE INSURED CORPORATION, OR TWO EXECUTIVE OFFICERS WHO TOGETHER ARE THE ONLY OFFICERS AND STOCKHOLDERS OF THE INSURED CORPORATION, WHEN SUCH CORPORATION HAS OTHER EMPLOYEES WHO ARE REQUIRED TO BE COVERED BY THE LAW, AND THE CORPORATION HAS ELECTED TO EXCLUDE FROM COVERAGE THE OFFICER(S) DESCRIBED IN THE SCHEDULE. THE PREMIUM BASIS FOR THE POLICY DOES NOT INCLUDE THE REMUNERATION OF THE EXCLUDED EXECUTIVE OFFICER OR OFFICERS. YOU WILL REIMBURSE US FOR ANY PAYMENT WE MUST MAKE BECAUSE OF BODILY INJURY TO SUCH PERSON(S).

SCHEDULE:

HARRY'S NURSES REGISTRY INC
HARRY DORVILIER, PRES
1 OF 1

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No. 090	Period Covered. 2/07/2008 TO 2/07/2007	I.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 2/05/2007
Document Number p837 983

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE M. NUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

CODE	CLASSIFICATION DESCRIPTION	ESTIMATED X RATE	MANUAL
		PAYROLL PER \$100	PREMIUM

REBILLED TO REVISE SIF MOD.

8810 CLERICAL OFFICE EMPLOYEES NOC-U	173,000	0.36	622.80
8809 EXECUTIVE OFFICERS N.O.C. ETC-U	31,200	0.46	143.52
8854 HOME HEALTH CARE PROF EMPLOYEES	4,500,000	4.17	187,650.00

1. MANUAL RATE PREMIUM	188,416.32
2. EXPENSE CONSTANT	200.00
3. RATING BOARD PREMIUM	188,616.32
4. FOREIGN TERRORISM PREMIUM	1,599.43
5. DOMESTIC TERRORISM PREMIUM	470.42
6. TOTAL TERRORISM PREMIUM	2,069.85
7. RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM	190,686.17
8. STATE FUND DIFFERENTIAL - 25% OF ITEM 1	47,104.08
9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM	237,790.25
10. ASSESSMENT CHARGE 17.5% OF (ITEM 9 LESS ITEM 2)	41,578.29
11. EST. ANN SIF PREM + TOTAL TERRDRISM PREM + ASSMT	279,368.54
12. DEPOSIT REQUIRED 100.00% OF ITEM 11	279,368.54
13. LESS DEPOSIT FOR THIS PERIOD PREVIOUSLY BILLED	83,678.96CR
14. NET STATE FUND PREMIUM FOR THIS PERIOD	195,689.58

THIS GIVES CREDIT FOR PREVIOUS DEPOSIT BILL.

SUBJECT TO ANNUAL AUDIT

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type	Group No.	Period Covered.	R.U. File No.
INFORMATION PAGE	080	2/07/2008 TO 2/07/2007	

INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number	Q 1446 664-3
Date	2/05/2007
Document Number	

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

Interest & Service Charge Endorsement

THIS POLICY IS AMENDED BY ADDING THE FOLLOWING THREE PARAGRAPHS TO "PART FOUR" PARAGRAPH "E". PREMIUM PAYMENTS: IF YOUR ANNUAL DEPOSIT PREMIUM IS \$1,000 OR MORE, YOU MAY ELECT TO PAY THE DEPOSIT PREMIUM VIA OUR EXTENDED PAYMENT PLAN. ONCE THE INITIAL DEPOSIT ON YOUR PREMIUM HAS BEEN PAID THE REMAINING BALANCE CAN BE PAID IN INSTALLMENTS THROUGH THE TENTH MONTH OF YOUR POLICY YEAR. THERE WILL BE A SERVICE CHARGE OF \$10 PER INSTALLMENT FOR THOSE WHO OPT FOR AN EXTENDED PAYMENT PLAN.

POLICYHOLDERS WITH AN AUDIT PREMIUM DUE OF \$30 OR MORE MAY ALSO ELECT TO PAY THIS PREMIUM VIA A PAYMENT PLAN. THE SEPARATE TERMS OF THE AUDIT PREMIUM PAYMENT PLAN WILL BE SHOWN ON THE MONTHLY STATEMENTS. INTEREST WILL BE CHARGED AT A RATE OF 1% PER MONTH (12% APR) ON THE OUTSTANDING AUDIT BALANCE. THIS IS IN ADDITION TO THE \$10 PER MONTH SERVICE CHARGE DESCRIBED ABOVE.

PAYMENT OF ANY AMOUNT LESS THAN THE FULL PREMIUM, WHETHER DEPOSIT OR AUDIT, WILL BE DEEMED A REQUEST FOR AN EXTENSION OF TIME TO PAY THAT WOULD RESULT IN INTEREST AND/OR SERVICE CHARGES AS SET FORTH IN THE BILLING STATEMENT.

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No. 090	Period Covered: 2/07/2008 TO 2/07/2007	H.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date: 2/05/2007
Document Number: p837 953

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Extension Act of 2005.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005.

"Act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured terrorism or war loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

(continued on the reverse side)

This is not a bill. Please retain for your records.

For attachment to Workers' Compensation-Employers' Liability Policy.

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THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No. 090	Period Covered: 2/07/2008 TO 2/07/2007	R.R. FIA No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 2/05/2007
Document Number 9837 983

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and certain acts of domestic terrorism. It does not provide funding for acts of terrorism certified as such by the Terrorism Risk Insurance Act of 2002 and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005 (the Act), or acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (FTPE), attached to this policy.

For purposes of this endorsement, the following definitions apply:

DOMESTIC TERRORISM: All acts of terrorism outside the scope of the Act or the Foreign Terrorism Premium Endorsement (FTPE), with aggregate workers compensation losses in excess of \$50 million.

EARTHQUAKE: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

CATASTROPHIC INDUSTRIAL ACCIDENT: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

SCHEDULE

Rate per \$100 of Remuneration \$.01

Non-Payroll Base Exposure 5.00% of Manual Rate Premium

The State Insurance Fund

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type INFORMATION PAGE	Group No. 080	Period Covered 2/07/2008 TO 2/07/2007	ILU. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 2/05/2007
Document Number p837 953

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

FOREIGN TERRORISM PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of foreign terrorism.

Your policy provides coverage for workers' compensation losses caused by acts of foreign terrorism, including workers' compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definition, exclusions and conditions in your policy and any applicable federal and/or state laws, rules or regulations.

For purpose of this endorsement, an "act of foreign terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for the coverage your policy provides for workers' compensation losses caused by an act of foreign terrorism is shown in the Information Page.

ScheduleState
New York StateRate per \$100 of Payroll
\$.034Non-payroll Base Exposures
\$.021 of Manual Rate Premium

The State Insurance Fund

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type	Group No.	Period Covered	ILL. No.
EARNED PREMIUM RESCIND	090	2/07/2008 TO 11/07/2008	

INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number	Q 1446 664-3
Date	2/05/2007
Document Number	1 83 808

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

INFORMATION PAGE EARNED PREMIUM RESCIND

1. EARNED PREMIUM FOR THIS PERIOD PREVIOUSLY BILLED. 251,036.88CR

THIS BILL RESCINDS ALL PREVIOUS EARNED PREMIUM BILLS FOR THIS PERIOD.

THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
(SEE REVERSE SIDE FOR CONDITIONS)

THE STATE INSURANCE FUND

WCU/N: Q 1 446 664-3

199 CHURCH STREET
NEW YORK N.Y. 10007-1173

POLICY NO.
Q 1 446 664-3

**NOTICE OF
CANCELLATION**

THE STATE INSURANCE FUND

199 CHURCH STREET NEW YORK, N.Y. 10007-1173

TELEPHONE (212) 312-7907

DATE 12/27/2006

AMOUNT DUE
\$226,433.14

BY REASON OF YOUR DEFAULT IN PAYMENT OF PREMIUMS, YOU ARE HEREBY NOTIFIED THAT EFFECTIVE 12:01 A.M. ON 1/16/2007, YOUR WORKERS' COMPENSATION POLICY IS CANCELLED AND THE INSURANCE THEREUNDER IS TERMINATED. This notice is sent in compliance with the provisions of Section 54, Subdivision 5 of the New York Workers' Compensation Law.

IMPORTANT - PLEASE NOTE

To prevent your policy from being cancelled, you must pay the amount due before 12:01 a.m. on the effective date of the cancellation. Any payment or credit adjustment thereafter will not reinstate your policy. It will be credited to your account. Any credit balance remaining after final audit will be refunded.

Section 93-b of the Workers' Compensation Law states :

"An employer, whose policy of insurance has been cancelled by the State Insurance Fund for non-payment of premium, is ineligible to contract a subsequent policy of insurance with the State Insurance Fund while the billed premium on the cancelled policy remains uncollected."

You should also be aware that there may be additional penalties and obligations imposed upon you by Chapter 55 of the Laws of 1992 and/or the policy contract.

THIS CANCELLATION NOTICE APPLIES TO THE FOLLOWING :

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA

NY 11432

Jeffrey Epstein
CREDIT AND COLLECTION MANAGER

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type INFORMATION PAGE	Group No. 080	Period Covered 2/07/2007 TO 2/07/2008	* I.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 12/21/2006
Document Number p805 936

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED**SHORT RATE PENALTY ENDORSEMENT**

THIS POLICY IS AMENDED AS FOLLOWS. "PART FOUR" PARAGRAPH "F. FINAL PREMIUM" THE SECOND PARAGRAPH THEREOF AND SUBDIVISIONS "1" AND "2" ARE AMENDED TO READ AS FOLLOWS:

"IF THIS POLICY IS CANCELLED, FINAL PREMIUM WILL BE DETERMINED IN THE FOLLOWING WAY UNLESS OUR MANUALS PROVIDE OTHERWISE.

1. IF YOU FURNISH PROOF SATISFACTORY TO US THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE, WE WILL CANCEL YOUR POLICY FOR THAT REASON AND FINAL PREMIUM WILL BE CALCULATED PRO RATA BASED ON THE TIME THIS POLICY WAS IN FORCE. FINAL PREMIUM WILL NOT BE LESS THAN THE PRO RATA SHARE OF THE MINIMUM PREMIUM.
2. IF YOU REQUEST CANCELLATION FOR ANY OTHER REASON OTHER THAN THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE OR IF YOUR POLICY IS CANCELLED FOR NON-PAYMENT OF PREMIUM, FINAL PREMIUM WILL BE MORE THAN PRO RATA; IT WILL BE BASED ON THE TIME THIS POLICY WAS IN FORCE, AND INCREASED BY OUR SHORT-RATE CANCELLATION TABLE AND PROCEDURE. FINAL PREMIUM WILL NOT BE LESS THAN THE MINIMUM PREMIUM."

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

**THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY**

(SEE REVERSE SIDE FOR CONDITIONS) PAGE 1 CONT.

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THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N. Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No: 090	Period Covered: 2/07/2007 TO 2/07/2008	H.D. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date: 12/21/2006
Document Number: p805 936

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

54 THIS ENDORSEMENT APPLIES ONLY WITH RESPECT TO BODILY INJURY TO YOUR EMPLOYEES WHILE IN THE COURSE OF SPECIAL OR TEMPORARY EMPLOYMENT BY THE ALTERNATE EMPLOYER NAMED IN THE SCHEDULE. PART ONE (WORKERS' COMPENSATION INSURANCE) AND PART TWO (EMPLOYERS LIABILITY INSURANCE) WILL APPLY AS THOUGH THE ALTERNATE EMPLOYER IS INSURED. IF AN ENTITY IS SHOWN IN THE SCHEDULE, THE INSURANCE AFFORDED BY THIS ENDORSEMENT APPLIES ONLY TO WORK YOU PERFORMED UNDER THE CONTRACT OR AT THE PROJECT NAMED IN THE SCHEDULE. UNDER PART ONE (WORKERS' COMPENSATION INSURANCE) WE WILL REIMBURSE THE ALTERNATE EMPLOYER FOR THE BENEFITS REQUIRED BY THE WORKERS' COMPENSATION LAW IF WE ARE NOT PERMITTED TO PAY THE BENEFITS DIRECTLY TO THE PERSONS ENTITLED TO THEM. THE INSURANCE AFFORDED BY THIS ENDORSEMENT IS NOT INTENDED TO SATISFY THE ALTERNATE EMPLOYER'S DUTY TO SECURE ITS OBLIGATIONS UNDER THE WORKERS' COMPENSATION LAW. WE WILL NOT FILE EVIDENCE OF THIS INSURANCE ON BEHALF OF THE ALTERNATE EMPLOYER WITH ANY GOVERNMENT AGENCY. WE WILL NOT ASK ANY OTHER INSURER OF THE ALTERNATE EMPLOYER TO SHARE WITH US

2/07/2006

THE STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type: INFORMATION PAGE	Group No. 080	Period Covered. 2/07/2007 TO 2/07/2008	R.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA NY 11432

JIN I KIM
 211-65 23RD AVE SUITE #6A
 BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date: 12/21/2006
Document Number: p805 936

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

IN A LOSS COVERED BY THIS ENDORSEMENT, PREMIUM WILL BE CHARGED FOR YOUR EMPLOYEES WHILE IN THE COURSE OF SPECIAL OR TEMPORARY EMPLOYMENT BY THE ALTERNATE EMPLOYER. THE POLICY MAY BE CANCELED ACCORDING TO ITS TERMS WITHOUT SENDING NOTICE TO THE ALTERNATE EMPLOYER. PART THREE (YOUR DUTIES IF INJURY OCCURS) APPLIES TO YOU AND THE ALTERNATE EMPLOYER. THE ALTERNATE EMPLOYER WILL RECOGNIZE OUR RIGHT TO DEFEND UNDER PARTS ONE AND TWO AND OUR RIGHT TO INSPECT UNDER PART FIVE.

SCHEDULE:

ALL CLIENTS WITH WHOM YOU HAVE EXECUTED BEFORE LOSS, A CONTRACT TO SUPPLY TEMPORARY LABOR, EXCEPT THAT NO COVERAGE IS PROVIDED FOR SUCH CLIENTS WITH RESPECT TO ACTIVITIES OR WORK PERFORMED BY SUCH TEMPORARY LABOR OUTSIDE OF THE GEOGRAPHIC BOUNDARIES OF THE STATE OF NEW YORK.

89

NEW YORK EXCLUSION OF EXECUTIVE OFFICER(S) ENDORSEMENT

2/07/2006

THIS POLICY DOES NOT COVER FOR CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE SOLE EXECUTIVE OFFICER AND ONLY STOCKHOLDER OF THE INSURED CORPORATION, OR TWO EXECUTIVE OFFICERS WHO TOGETHER ARE THE ONLY OFFICERS AND STOCKHOLDERS OF THE INSURED CORPORATION, WHEN SUCH CORPORATION HAS OTHER EMPLOYEES WHO ARE REQUIRED TO BE COVERED BY THE LAW, AND THE CORPORATION HAS ELECTED TO EXCLUDE FROM COVERAGE THE OFFICER(S) DESCRIBED IN THE SCHEDULE. THE PREMIUM BASIS FOR THE POLICY DOES NOT INCLUDE THE REMUNERATION OF THE EXCLUDED EXECUTIVE OFFICER OR OFFICERS. YOU WILL REIMBURSE US FOR ANY PAYMENT WE MUST MAKE BECAUSE OF BODILY INJURY TO SUCH PERSON(S).

SCHEDULE:

HARRY'S NURSES REGISTRY INC
 HARRY DORVILIER, PRES
 1 OF 1

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No. 080	Period Covered. 2/07/2007 TO 2/07/2008	R.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date: 12/21/2008
Document Number: p808 938

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME
TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

CODE	CLASSIFICATION DESCRIPTION	ESTIMATED X RATE		MANUAL PREMIUM
		PAYROLL	PER \$100	

REVISED TO AMEND SIF MOD.

8810	CLERICAL OFFICE EMPLOYEES NOC-U	173,000	0.36	622.80
8809	EXECUTIVE OFFICERS N.O.C. ETC-U	31,200	0.46	143.52
8854	HOME HEALTH CARE PROF EMPLOYEES	4,950,000	4.17	206,415.00
	1. MANUAL RATE PREMIUM			207,181.32
	2. EXPENSE CONSTANT			200.00
	3. RATING BOARD PREMIUM			207,381.32
	4. FOREIGN TERRORISM PREMIUM			1,752.43
	5. DOMESTIC TERRORISM PREMIUM			515.42
	6. TOTAL TERRORISM PREMIUM			2,267.85
	7. RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM			209,649.17
	8. STATE FUND DIFFERENTIAL - 20% OF ITEM 1			41,436.26
	9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM			251,085.43
	10. ASSESSMENT CHARGE 18.6% OF (ITEM 9 LESS ITEM 2)			46,664.69
	11. EST. ANN SIF PREM + TOTAL TERRDRISM PREM + ASSMT			297,750.12
	12. DEPOSIT REQUIRED 25.00% OF ITEM 11			74,437.53
	13. LESS DEPOSIT FOR THIS PERIOD PREVIOUSLY BILLED			89,794.85CR
	14. NET STATE FUND PREMIUM FOR THIS PERIOD			15,357.32CR

THIS GIVES CREDIT FOR PREVIOUS DEPOSIT BILL

THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

THE STATE INSURANCE FUND
199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type	Group No	Period Covered	P.O. File No.
INFORMATION PAGE	080	2/07/2007 TO 2/07/2008 *	

INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number	Q 1446 664-3
Date	12/21/2008
Document Number	

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

Interest & Service Charge Endorsement

THIS POLICY IS AMENDED BY ADDING THE FOLLOWING THREE PARAGRAPHS TO "PART FOUR" PARAGRAPH "E". PREMIUM PAYMENTS: IF YOUR ANNUAL DEPOSIT PREMIUM IS \$1,000 OR MORE, YOU MAY ELECT TO PAY THE DEPOSIT PREMIUM VIA OUR EXTENDED PAYMENT PLAN. ONCE THE INITIAL DEPOSIT ON YOUR PREMIUM HAS BEEN PAID THE REMAINING BALANCE CAN BE PAID IN INSTALLMENTS THROUGH THE TENTH MONTH OF YOUR POLICY YEAR. THERE WILL BE A SERVICE CHARGE OF \$10 PER INSTALLMENT FOR THOSE WHO OPT FOR AN EXTENDED PAYMENT PLAN.

POLICYHOLDERS WITH AN AUDIT PREMIUM DUE OF \$30 OR MORE MAY ALSO ELECT TO PAY THIS PREMIUM VIA A PAYMENT PLAN. THE SEPARATE TERMS OF THE AUDIT PREMIUM PAYMENT PLAN WILL BE SHOWN ON THE MONTHLY STATEMENTS. INTEREST WILL BE CHARGED AT A RATE OF 1% PER MONTH (12% APR) ON THE OUTSTANDING AUDIT BALANCE. THIS IS IN ADDITION TO THE \$10 PER MONTH SERVICE CHARGE DESCRIBED ABOVE.

PAYMENT OF ANY AMOUNT LESS THAN THE FULL PREMIUM, WHETHER DEPOSIT OR AUDIT, WILL BE DEEMED A REQUEST FOR AN EXTENSION OF TIME TO PAY THAT WOULD RESULT IN INTEREST AND/OR SERVICE CHARGES AS SET FORTH IN THE BILLING STATEMENT.

THE STATE INSURANCE FUND
199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-8507

Document Type: INFORMATION PAGE	Group No. 080	Period Covered: 2/07/2007 TO 2/07/2008	H.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 12/21/2006
Document Number: 8805 836

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Extension Act of 2005.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005.

"Act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured terrorism or war loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

(continued on the reverse side)

This is not a bill. Please retain for your records.

For attachment to Workers' Compensation-Employers' Liability Policy.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

THE STATE INSURANCE FUND189 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type	Group No.	Period Covered	R.R. File No.
INFORMATION PAGE	080	2/07/2007 TO 2/07/2008	

INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number	Q 1446 664-3
Date	12/21/2008
Document Number	8805 936

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

**DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC
INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and certain acts of domestic terrorism. It does not provide funding for acts of terrorism certified as such by the Terrorism Risk Insurance Act of 2002 and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005 (the Act), or acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (FTPE), attached to this policy.

For purposes of this endorsement, the following definitions apply:

DOMESTIC TERRORISM: All acts of terrorism outside the scope of the Act or the Foreign Terrorism Premium Endorsement (FTPE), with aggregate workers compensation losses in excess of \$50 million.

EARTHQUAKE: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

CATASTROPHIC INDUSTRIAL ACCIDENT: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

SCHEDULE

Rate per \$100 of Remuneration \$.01

Non-Payroll Base Exposure \$.008 of Manual Rate Premium

The State Insurance Fund

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

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HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
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Policy Number Q 1446 664-3
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* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

FOREIGN TERRORISM PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of foreign terrorism.

Your policy provides coverage for workers' compensation losses caused by acts of foreign terrorism, including workers' compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definition, exclusions and conditions in your policy and any applicable federal and/or state laws, rules or regulations.

For purpose of this endorsement, an "act of foreign terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for the coverage your policy provides for workers' compensation losses caused by an act of foreign terrorism is shown in the Information Page.

ScheduleState
New York StateRate per \$100 of Payroll
\$.034Non-payroll Base Exposures
\$.021 of Manual Rate Premium

The State Insurance Fund

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5807

Document Type: INFORMATION PAGE	Group No. 090	Period Covered: 2/07/2007 TO 2/07/2008	H.U. File No.
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INSURED: Q 1446 664-3

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: 681981

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date: 12/20/2008
Document Number: p805 040

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE RENEWAL POLICY

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

EXPERIENCE RATING IS MANDATORY FOR ALL ELIGIBLE INSUREDS. THE EXPERIENCE RATING MODIFICATION FACTOR, IF ANY, APPLICABLE TO THIS POLICY MAY CHANGE IF THERE IS A CHANGE IN YOUR OWNERSHIP OR IN THAT OF ONE OR MORE OF THE ENTITIES ELIGIBLE TO BE COMBINED WITH YOU FOR EXPERIENCE RATING PURPOSES. CHANGE IN OWNERSHIP INCLUDES SALES, PURCHASES, OTHER TRANSFERS, MERGERS, CONSOLIDATIONS, DISSOLUTIONS, FORMATIONS OF A NEW ENTITY AND OTHER CHANGES PROVIDED FOR IN THE APPLICABLE EXPERIENCE RATING PLAN MANUAL. YOU MUST REPORT ANY CHANGE IN OWNERSHIP, IN WRITING, WITHIN 90 DAYS OF SUCH CHANGE. FAILURE TO REPORT SUCH CHANGES WITHIN THIS PERIOD MAY RESULT IN REVISION OF THE EXPERIENCE RATING MODIFICATION FACTOR USED TO DETERMINE YOUR PREMIUM.

SHORT RATE PENALTY ENDORSEMENT

THIS POLICY IS AMENDED AS FOLLOWS: "PART FOUR" PARAGRAPH "F. FINAL PREMIUM" THE SECOND PARAGRAPH THEREOF AND SUBDIVISIONS "1" AND "2" ARE AMENDED TO READ AS FOLLOWS:

"IF THIS POLICY IS CANCELLED, FINAL PREMIUM WILL BE DETERMINED IN THE FOLLOWING WAY UNLESS OUR MANUALS PROVIDE OTHERWISE.

1. IF YOU FURNISH PROOF SATISFACTORY TO US THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE, WE WILL CANCEL YOUR POLICY FOR THAT REASON AND FINAL PREMIUM WILL BE CALCULATED PRO RATA BASED ON THE TIME THIS POLICY WAS IN FORCE. FINAL PREMIUM WILL NOT BE LESS THAN THE PRO RATA SHARE OF THE MINIMUM PREMIUM.

2. IF YOU REQUEST CANCELLATION FOR ANY OTHER REASON OTHER THAN THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE OR IF YOUR POLICY IS CANCELLED FOR NON-PAYMENT OF PREMIUM, FINAL PREMIUM WILL BE MORE THAN PRO RATA; IT WILL BE BASED ON THE TIME THIS POLICY WAS IN FORCE, AND INCREASED BY OUR SHORT-RATE CANCELLATION TABLE AND PROCEDURE. FINAL PREMIUM WILL NOT BE LESS THAN THE MINIMUM PREMIUM."

**THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY**

(SEE REVERSE SIDE FOR CONDITIONS) PAGE 1 CONT.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York State Industrial Insurance Board.

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No. 090	Period Covered. 2/07/2007 TO 2/07/2008	* H.U. File No.
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INSURED: Q 1446 654-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 654-3
Date 12/20/2006
Document Number p805 040

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE RENEWAL POLICY

54 THIS ENDORSEMENT APPLIES ONLY WITH RESPECT TO BODILY INJURY TO YOUR EMPLOYEES WHILE IN THE COURSE OF SPECIAL OR TEMPORARY EMPLOYMENT BY THE ALTERNATE EMPLOYER NAMED IN THE SCHEDULE. PART ONE (WORKERS' COMPENSATION INSURANCE) AND PART TWO (EMPLOYERS LIABILITY INSURANCE) WILL APPLY AS THOUGH THE ALTERNATE EMPLOYER IS INSURED. IF AN ENTITY IS SHOWN IN THE SCHEDULE, THE INSURANCE AFFORDED BY THIS ENDORSEMENT APPLIES ONLY TO WORK YOU PERFORMED UNDER THE CONTRACT OR AT THE PROJECT NAMED IN THE SCHEDULE. UNDER PART ONE (WORKERS' COMPENSATION INSURANCE) WE WILL REIMBURSE THE ALTERNATE EMPLOYER FOR THE BENEFITS REQUIRED BY THE WORKERS' COMPENSATION LAW IF WE ARE NOT PERMITTED TO PAY THE BENEFITS DIRECTLY TO THE PERSONS ENTITLED TO THEM. THE INSURANCE AFFORDED BY THIS ENDORSEMENT IS NOT INTENDED TO SATISFY THE ALTERNATE EMPLOYER'S DUTY TO SECURE ITS OBLIGATIONS UNDER THE WORKERS' COMPENSATION LAW. WE WILL NOT FILE EVIDENCE OF THIS INSURANCE ON BEHALF OF THE ALTERNATE EMPLOYER WITH ANY GOVERNMENT AGENCY. WE WILL NOT ASK ANY OTHER INSURER OF THE ALTERNATE EMPLOYER TO SHARE WITH US

2/07/2006

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No. 090	Period Covered 2/07/2007 TO 2/07/2008	# 1	R.U. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I. KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 12/20/2008
Document Number p805 040

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE RENEWAL POLICY

IN A LOSS COVERED BY THIS ENDORSEMENT PREMIUM WILL BE CHARGED FOR YOUR EMPLOYEES WHILE IN THE COURSE OF SPECIAL OR TEMPORARY EMPLOYMENT BY THE ALTERNATE EMPLOYER. THE POLICY MAY BE CANCELED ACCORDING TO ITS TERMS WITHOUT SENDING NOTICE TO THE ALTERNATE EMPLOYER. PART THREE (YOUR DUTIES IF INJURY OCCURS) APPLIES TO YOU AND THE ALTERNATE EMPLOYER. THE ALTERNATE EMPLOYER WILL RECOGNIZE OUR RIGHT TO DEFEND UNDER PARTS ONE AND TWO AND OUR RIGHT TO INSPECT UNDER PART FIVE.

SCHEDULE:

ALL CLIENTS WITH WHOM YOU HAVE EXECUTED BEFORE LOSS, A CONTRACT TO SUPPLY TEMPORARY LABOR, EXCEPT THAT NO COVERAGE IS PROVIDED FOR SUCH CLIENTS WITH RESPECT TO ACTIVITIES OR WORK PERFORMED BY SUCH TEMPORARY LABOR OUTSIDE OF THE GEOGRAPHIC BOUNDARIES OF THE STATE OF NEW YORK.

89

NEW YORK EXCLUSION OF EXECUTIVE OFFICER(S) ENDORSEMENT

2/07/2006

THIS POLICY DOES NOT COVER FOR CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE SOLE EXECUTIVE OFFICER AND ONLY STOCKHOLDER OF THE INSURED CORPORATION, OR TWO EXECUTIVE OFFICERS WHO TOGETHER ARE THE ONLY OFFICERS AND STOCKHOLDERS OF THE INSURED CORPORATION, WHEN SUCH CORPORATION HAS OTHER EMPLOYEES WHO ARE REQUIRED TO BE COVERED BY THE LAW, AND THE CORPORATION HAS ELECTED TO EXCLUDE FROM COVERAGE THE OFFICER(S) DESCRIBED IN THE SCHEDULE. THE PREMIUM BASIS FOR THE POLICY DOES NOT INCLUDE THE REMUNERATION OF THE EXCLUDED EXECUTIVE OFFICER OR OFFICERS. YOU WILL REIMBURSE US FOR ANY PAYMENT WE MUST MAKE BECAUSE OF BODILY INJURY TO SUCH PERSON(S).

SCHEDULE:

HARRY'S NURSES REGISTRY INC
HARRY DORVILLE, PRES
1 OF 1

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type INFORMATION PAGE	Group No 090	Period Covered 2/07/2007 TO 2/07/2008	R.U. No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 12/20/2006
Document Number p805 040

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE RENEWAL POLICY

CODE	CLASSIFICATION DESCRIPTION	ESTIMATED X RATE		MANUAL PREMIUM
		PAYROLL	PER \$100	
8810	CLERICAL OFFICE EMPLOYEES NDC-U	173,000	0.36	622.80
8808	EXECUTIVE OFFICERS N.O.C. ETC-U	31,200	0.46	143.52
8854	HOME HEALTH CARE PROF EMPLOYEES	4,950,000	4.17	206,415.00
	1. MANUAL RATE PREMIUM			207,181.32
	2. EXPENSE CONSTANT			200.00
	3. RATING BOARD PREMIUM			207,981.32
	4. FOREIGN TERRORISM PREMIUM			1,752.43
	5. DOMESTIC TERRORISM PREMIUM			515.42
	6. TOTAL TERRORISM PREMIUM			2,267.85
	7. RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM			209,649.17
	8. STATE FUND DIFFERENTIAL - 45% OF ITEM 1			93,231.59
	9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM			302,880.76
	10. ASSESSMENT CHARGE 18.8% OF (ITEM 9 LESS ITEM 2)			56,298.62
	11. EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT			359,179.38
	12. DEPOSIT REQUIRED 25.00% OF ITEM 11			89,794.85

THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type	Group No.	Period Covered	#	U.S. Ins. No.
INFORMATION PAGE	090	2/07/2007 TO 2/07/2008		

INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number	Q 1446 664-3
Date	12/20/2006
Document Number	

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

Interest & Service Charge Endorsement

THIS POLICY IS AMENDED BY ADDING THE FOLLOWING THREE PARAGRAPHS TO "PART FOUR" PARAGRAPH "E". PREMIUM PAYMENTS: IF YOUR ANNUAL DEPOSIT PREMIUM IS \$1,000 OR MORE, YOU MAY ELECT TO PAY THE DEPOSIT PREMIUM VIA OUR EXTENDED PAYMENT PLAN. ONCE THE INITIAL DEPOSIT ON YOUR PREMIUM HAS BEEN PAID THE REMAINING BALANCE CAN BE PAID IN INSTALLMENTS THROUGH THE TENTH MONTH OF YOUR POLICY YEAR. THERE WILL BE A SERVICE CHARGE OF \$10 PER INSTALLMENT FOR THOSE WHO OPT FOR AN EXTENDED PAYMENT PLAN.

POLICYHOLDERS WITH AN AUDIT PREMIUM DUE OF \$30 OR MORE MAY ALSO ELECT TO PAY THIS PREMIUM VIA A PAYMENT PLAN. THE SEPARATE TERMS OF THE AUDIT PREMIUM PAYMENT PLAN WILL BE SHOWN ON THE MONTHLY STATEMENTS. INTEREST WILL BE CHARGED AT A RATE OF 1% PER MONTH (12% APR) ON THE OUTSTANDING AUDIT BALANCE. THIS IS IN ADDITION TO THE \$10 PER MONTH SERVICE CHARGE DESCRIBED ABOVE.

PAYMENT OF ANY AMOUNT LESS THAN THE FULL PREMIUM, WHETHER DEPOSIT OR AUDIT, WILL BE DEEMED A REQUEST FOR AN EXTENSION OF TIME TO PAY THAT WOULD RESULT IN INTEREST AND/OR SERVICE CHARGES AS SET FORTH IN THE BILLING STATEMENT.

THE STATE INSURANCE FUND
199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type INFORMATION PAGE	Group No 090	Period Covered 2/07/2007 TO 2/07/2008	# 1	RU Line No
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 12/20/2006
Document Number p805 040

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Extension Act of 2005.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005.

"Act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured terrorism or war loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

(continued on the reverse side)

This is not a bill. Please retain for your records.

For attachment to Workers' Compensation-Employers' Liability Policy.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

"Insurer deductible" means:

- a. For the period beginning on November 26, 2002 and ending on December 31, 2002, an amount equal to 1% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding November 26, 2002.
- b. For the period beginning on January 1, 2003 and ending on December 31, 2003, an amount equal to 7% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2003.
- c. For the period beginning on January 1, 2004 and ending on December 31, 2004, an amount equal to 10% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2004.
- d. For the period beginning on January 1, 2005 and ending on December 31, 2005, an amount equal to 15% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2005.
- e. For the period beginning on January 1, 2006, and ending on December 31, 2006, an amount equal to 17.5% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2006.
- f. For the period beginning on January 1, 2007, and ending on December 31, 2007 an amount equal to 20% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2007.

Limitation of Liability

The Act may limit our liability to you under this policy. If annual aggregate insured terrorism or war losses of all insurers exceed \$100,000,000,000 during the applicable period provided in the Act, and if we have met our insurer deductible, the amount we will pay for insured terrorism or war losses under this policy will be limited by the Act, as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured terrorism or war losses would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States Government would pay 90% for Program Year 4 and 85% for Program Year 5 of our insured terrorism or war losses exceeding our insurer deductible.
2. The premium charged for the coverage this policy provides for insured terrorism or war losses is shown in the Information Page.

The State Insurance Fund

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document: Iyac INFORMATION PAGE	Group No 090	Period Covered 2/07/2007 TO 2/07/2008	#	R.R. Exp. Vn
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 12/20/2006
Document Number p805 040

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME
TYPE OF BUSINESS: CORPORATION

MP 659

**DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC
INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and certain acts of domestic terrorism. It does not provide funding for acts of terrorism certified as such by the Terrorism Risk Insurance Act of 2002 and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005 (the Act), or acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (FTPE), attached to this policy.

For purposes of this endorsement, the following definitions apply:

DOMESTIC TERRORISM: All acts of terrorism outside the scope of the Act or the Foreign Terrorism Premium Endorsement (FTPE), with aggregate workers compensation losses in excess of \$50 million.

EARTHQUAKE: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

CATASTROPHIC INDUSTRIAL ACCIDENT: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

SCHEDULE

Rate per \$100 of Remuneration \$.01

Non-Payroll Base Exposure \$.005 of Manual Rate Premium

The State Insurance Fund

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N. Y. 10007-1100
(212) 587-5507

Document Type INFORMATION PAGE	Group No. 090	Period Covered 2/07/2007 TO 2/07/2008	Policy No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 12/20/2006
Document Number p805 040

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

FOREIGN TERRORISM PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of foreign terrorism.

Your policy provides coverage for workers' compensation losses caused by acts of foreign terrorism, including workers' compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definition, exclusions and conditions in your policy and any applicable federal and/or state laws, rules or regulations.

For purpose of this endorsement, an "act of foreign terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for the coverage your policy provides for workers' compensation losses caused by an act of foreign terrorism is shown in the information Page.

ScheduleState
New York StateRate per \$100 of Payroll
\$.034Non-payroll Base Exposures
\$.021 of Manual Rate Premium

The State Insurance Fund

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type NOTICE OF RATE CHANGE	Class No 080	Period Covered 2/07/2007 TO 2/07/2008	R.B. File No
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3
Date 12/20/2006
Document Number p805 040

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

NOTICE OF RATE CHANGE

AS REQUIRED BY SECTION 2347 OF THE INSURANCE LAW, WE ARE GIVING YOU NOTICE OF A RATE CHANGE APPLICABLE TO YOUR POLICY RENEWAL. AN OVERALL AVERAGE RATE LEVEL CHANGE OF 0.0% HAS BEEN APPROVED BY THE NEW YORK STATE INSURANCE DEPARTMENT TO BECOME EFFECTIVE ON OCTOBER 1, 2006.

TERRORISM AND CATASTROPHE PROVISIONS - THIS REVISION CONTAINS NO PREMIUM LEVEL CHANGE IN THE CATASTROPHE PROVISION FOR DOMESTIC TERRORISM AND NATURAL DISASTERS. THE POLICY CHARGE IS THE SAME AS THE AMOUNT THAT HAD PREVIOUSLY BEEN INCLUDED IN EACH CLASSIFICATION RATE. IN ADDITION, THE RATE FOR FOREIGN TERRORISM, WHICH IS REQUIRED TO BE A SEPARATE LINE ITEM ON EACH POLICY BY THE TERRORISM RISK INSURANCE ACT OF 2002, HAS ALSO NOT CHANGED.

FOLLOWING ARE THE RATES THAT WILL APPLY TO YOUR 2/07/2007 RENEWAL AND THE PERCENTAGE OF CHANGE FROM YOUR LAST RENEWAL:

8810 CLERICAL OFFICE EMPLOYEES NOC-U	\$	0.36	NO CHANGE
8809 EXECUTIVE OFFICERS N.O.C. ETC-U	\$	0.46	NO CHANGE
8854 HOME HEALTH CARE PROF EMPLOYEES	\$	4.17	NO CHANGE

* MANUAL RATE FOR EACH \$100 OF PAYROLL

THE ABOVE RATES WILL BE SUBJECT TO A 45% DIFFERENTIAL BY THE STATE INSURANCE FUND.

EFFECTIVE 10/01/2006 THERE IS AN ASSESSMENT CHARGE EQUAL TO 18.6% OF STATE FUND PREMIUM APPLICABLE TO ALL WORKERS' COMPENSATION POLICIES.

PLEASE READ THE NOTICE REGARDING THE ASSESSMENT CHARGE ON THE REVERSE SIDE.

THE STATE INSURANCE FUND
199 Church Street New York, N.Y. 10007

**NOTICE TO POLICYHOLDERS REGARDING
THE MANDATORY SEGREGATION OF ASSESSMENT CHARGES**

**ASSESSMENTS FOR NEW AND RENEWAL WORKERS' COMPENSATION POLICIES -
EFFECTIVE APRIL 1, 1994:**

Chapter 729 of the Laws of 1993 requires that assessments be shown separately on premium billing for new and renewal policies effective on and after April 1, 1994. Previously, assessments had been included in the manual rates.

Assessments cover the costs of operating the Workers' Compensation Board and special workers' compensation funds such as the Reopened Case Fund, Special Disability Fund and the Special Funds Conservation Committee. All workers' compensation carriers are required to bill for this assessment. Prior to October 1, 1994 the assessment was charged against standard premium for the policy. Effective October 1, 2006 the assessment is computed by applying a 18.6 % charge against the State Fund premium. The State Fund premium is the manual-rate premium modified by any applicable experience rating or premium adjustment program credit and State Fund discount or differential.

The removal of the assessment from manual rates has resulted in an overall decrease in manual rates.

THE STATE INSURANCE FUND

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type	Group No.	Period Covered	R.R. File No.
SIF MOD CHANGE	090	2/07/2007 TO 2/07/2008	

INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number	Q 1446 664-3
Date	12/20/2006
Document Number	p808 040

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

NOTICE OF STATE FUND PREMIUM MODIFICATION

Your policy is being renewed effective 02/07/2007 at rates 45% above standard Rating Board rates. The renewal modification of your rates is based on your loss experience, premium payment history for the prior periods.

Your renewal (Information Page) is enclosed with the notice.

The renewal rate shown above is not subject to increase except by possible increase of an experience modification issued by the appropriate rating authority.

THE STATE INSURANCE FUND

Policy Number: Q 1446 664-3 ** Number: 11790827

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill			
b) Installments	\$ 181,995.61		
c) Audit Balance			
d) Miscellaneous Charges			
e) Minimum Current Charge			
f) Past Due			\$ 181,995.61
Minimum Amount Due			\$ 181,995.61

g) Remaining Audit Balance			
Current Balance			
h) Future Installments			
Total Account Balance			\$ 181,995.61

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 181,995.61.
To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.

STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type: ENDORSEMENT	Group No: 090	R.B. File No:
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ASSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA

NY 11432

JIN I KIM
 211-65 23RD AVE SUITE #6A
 BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 11/09/2006
Document Number: 51

ENDORSEMENT

IT IS HEREBY UNDERSTOOD AND AGREED THAT, EFFECTIVE AS OF 12.01 A.M. 2/07/2006,
 THIS POLICY IS SUBJECT TO FOLLOWING CLAUSE OR ENDORSEMENT

54

THIS ENDORSEMENT APPLIES ONLY WITH RESPECT TO BODILY INJURY TO YOUR EMPLOYEES WHILE IN THE COURSE OF SPECIAL OR TEMPORARY EMPLOYMENT BY THE ALTERNATE EMPLOYER NAMED IN THE SCHEDULE. PART ONE (WORKERS' COMPENSATION INSURANCE) AND PART TWO (EMPLOYERS LIABILITY INSURANCE) WILL APPLY AS THOUGH THE ALTERNATE EMPLOYER IS INSURED. IF AN ENTITY IS SHOWN IN THE SCHEDULE, THE INSURANCE AFFORDED BY THIS ENDORSEMENT APPLIES ONLY TO WORK YOU PERFORMED UNDER THE CONTRACT OR AT THE PROJECT NAMED IN THE SCHEDULE. UNDER PART ONE (WORKERS' COMPENSATION INSURANCE) WE WILL REIMBURSE THE ALTERNATE EMPLOYER FOR THE BENEFITS REQUIRED BY THE WORKERS' COMPENSATION LAW IF WE ARE NOT PERMITTED TO PAY THE BENEFITS DIRECTLY TO THE PERSONS ENTITLED TO THEM. THE INSURANCE AFFORDED BY THIS ENDORSEMENT IS NOT INTENDED TO SATISFY THE ALTERNATE EMPLOYER'S DUTY TO SECURE ITS OBLIGATIONS UNDER THE WORKERS' COMPENSATION LAW. WE WILL NOT FILE EVIDENCE OF THIS INSURANCE ON BEHALF OF THE ALTERNATE EMPLOYER WITH ANY GOVERNMENT AGENCY. WE WILL NOT ASK ANY OTHER INSURER OF THE ALTERNATE EMPLOYER TO SHARE WITH US IN A LOSS COVERED BY THIS ENDORSEMENT. PREMIUM WILL BE CHARGED FOR YOUR EMPLOYEES WHILE IN THE COURSE OF SPECIAL OR TEMPORARY EMPLOYMENT BY THE ALTERNATE EMPLOYER. THE POLICY MAY BE CANCELED ACCORDING TO ITS TERMS WITHOUT SENDING NOTICE TO THE ALTERNATE EMPLOYER. PART THREE (YOUR DUTIES IF INJURY OCCURS) APPLIES TO YOU AND THE ALTERNATE EMPLOYER. THE ALTERNATE EMPLOYER WILL RECOGNIZE OUR RIGHT TO DEFEND UNDER PARTS ONE AND TWO AND OUR RIGHT TO INSPECT UNDER PART FIVE.

SCHEDULE:

ALL CLIENTS WITH WHOM YOU HAVE EXECUTED BEFORE LOSS, A CONTRACT TO SUPPLY TEMPORARY LABOR, EXCEPT THAT NO COVERAGE IS PROVIDED FOR SUCH CLIENTS WITH RESPECT TO ACTIVITIES OR WORK PERFORMED BY SUCH TEMPORARY LABOR OUTSIDE OF THE GEOGRAPHIC BOUNDARIES OF THE STATE OF NEW YORK.

THE STATE INSURANCE FUND

Vincent M. Trovatiello, Jr.

Director, Insurance Fund Underwriting

(SEE REVERSE SIDE FOR CONDITIONS)



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

Q 1446 664-3 [S 1 R13] 19

681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3	Group Number 90	Bill Number 11672438	Bill Date 11/07/2006	Minimum Amount Due \$241,995.61
Previous Balance \$294,102.63	Payments Received \$80,000.00CR	Other Credits \$0.00	New Charges \$27,892.98	Other Debits \$0.00
				Current Balance \$241,995.61

Workers' Compensation Activity Period - 9/08/2006 to 11/07/2006

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
September 7, 2006		Previous Balance	\$294,102.63	
October 12, 2006	101206	Payment Received - Thank You		\$30,000.00-
October 19, 2006	101906	Payment Received - Thank You		\$50,000.00-
New Charges				
November 7, 2006	h715599	Installment 9 of 9 (02/07/2006) New Charges	\$27,892.98 \$27,892.98	

Your current 'Total Account Balance' is \$241,995.61. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.



To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.

REMITTANCE SLIP

Policy No. Q 1446 664-3 Insured: HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA NY 11432

Current Balance: \$241,995.61

Past Due Amount: \$214,102.63

Minimum Amount Due: \$241,995.61

Date Due: 12/06/2006

Payment Enclosed:

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE



Pay your bill at nysif.com or call 1-877-309-6028
eCHECK - no service fee
Credit card - 2.5% convenience fee by Official Payments

Return to:

|||||
New York State Insurance Fund
Workers' Compensation
PO Box 4788
Syracuse, NY 13221-4788

144666431107061167243800002789298000241995610

Policy Number: Q 1446 664-3 ** I Number: 11672438

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill			
b) Installments	\$ 241,995.61		\$ 27,892.98
c) Audit Balance			
d) Miscellaneous Charges			
e) Minimum Current Charge (Due By 12/06/2006)			\$ 27,892.98
f) Past Due			\$ 214,102.63
Minimum Amount Due			\$ 241,995.61

g) Remaining Audit Balance

Current Balance

h) Future Installments

Total Account Balance

\$ 241,995.61

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 241,995.61 by 12/06/2006
To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill			
b) Installments			
c) Audit Balance	\$ 47,085.27		
d) Miscellaneous Charges			
e) Minimum Current Charge			
f) Past Due			\$ 47,085.27
Minimum Amount Due			\$ 47,085.27
<hr/>			
g) Remaining Audit Balance			
Current Balance			\$ 47,085.27
h) Future Installments			
Total Account Balance			\$ 47,085.27

For policy periods effective 1/1/98 and later, to avoid future service charges you must pay \$ 47,085.27. To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.



• Sender: Please print your name, address, and ZIP+4 in this box •

THE STATE INSURANCE FUND

WCU/N: Q 1 446 664-3

199 CHURCH STREET
NEW YORK N.Y. 10007-1173

POLICY NO.
Q 1 446 664-3

THE STATE INSURANCE FUND

199 CHURCH STREET NEW YORK, N.Y. 10007-1173

TELEPHONE (212) 312-7907

DATE 9/21/2006

AMOUNT DUE
\$294,102.63

**NOTICE OF
CANCELLATION**

BY REASON OF YOUR DEFAULT IN PAYMENT OF PREMIUMS, YOU ARE HEREBY NOTIFIED THAT EFFECTIVE 12:01 A.M. ON 10/11/2006, YOUR WORKERS' COMPENSATION POLICY IS CANCELLED AND THE INSURANCE THEREUNDER IS TERMINATED. This notice is sent in compliance with the provisions of Section 54, Subdivision 5 of the New York Workers' Compensation Law.

IMPORTANT - PLEASE NOTE

To prevent your policy from being cancelled, you must pay the amount due before 12:01 a.m. on the effective date of the cancellation. Any payment or credit adjustment thereafter will not reinstate your policy. It will be credited to your account. Any credit balance remaining after final audit will be refunded.

Section 93-b of the Workers' Compensation Law states:

"An employer, whose policy of insurance has been cancelled by the State Insurance Fund for non-payment of premium, is ineligible to contract a subsequent policy of insurance with the State Insurance Fund while the billed premium on the cancelled policy remains uncollected."

You should also be aware that there may be additional penalties and obligations imposed upon you by Chapter 55 of the Laws of 1992 and/or the policy contract.

THIS CANCELLATION NOTICE APPLIES TO THE FOLLOWING:

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

Jeffrey Epstein
CREDIT AND COLLECTION MANAGER



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

Q 1446 664-3 [S 1 R13] 21

681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number
Q 1446 664-3

Group Number
90

Bill Number
11447724

Bill Date
9/07/2006

Minimum Amount Due
\$294,102.63

Previous Balance
\$1,841.47

Payments Received
\$0.00

Other Credits
\$6,375.12CR

New Charges
\$298,636.28

Other Debits
\$0.00

Current Balance
\$294,102.63

Workers' Compensation Activity Period - 8/08/2006 to 9/07/2006

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
August 7, 2006		Previous Balance	\$1,841.47	
August 11, 2006	h359620	Earned Premium Rescind(02/07/2006 to 09/07/2006)		\$6,375.12-
Payment of past due amount of \$1,841.47 must be received by 09/21/2006 to avoid cancellation.				
New Charges				
August 11, 2006	p699777	Revised Deposit Premium(02/07/2006 to 02/07/2007)	\$75,482.38	
August 11, 2006	h359852	Installment 7 of 9 (02/07/2006)	\$195,250.91	
Your current 'Total Account Balance'.is \$321,995.61. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				



To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.

REMITTANCE SLIP



Policy No. Q 1446 664-3

Insured:

Current Balance: \$294,102.63

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

Past Due Amount: \$1,841.47

Minimum Amount Due: \$294,102.63

Payment Enclosed:

Pay your bill at nysif.com or call 1-877-309-6028

eCHECK - no service fee

Credit card - 2.5% convenience fee by Official Payments

Return to:

|||||
New York State Insurance Fund
Workers' Compensation
PO Box 4788
Syracuse, NY 13221-4788

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE

144666430907061144772400029863628000294102636

Policy Number: Q 1446 664-3 ** I Number: 11447724

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill	\$ 69,107.26		\$ 69,107.26
b) Installments	\$ 252,858.35	2	\$ 223,143.90
c) Audit Balance			
d) Miscellaneous Charges	\$ 30.00		\$ 10.00
e) Minimum Current Charge (Due By 10/06/2006)			\$ 292,261.16
f) Past Due (Due By 09/21/2006)			\$ 1,841.47
Minimum Amount Due			\$ 294,102.63

g) Remaining Audit Balance

Current Balance

h) Future Installments	\$ 27,892.98	1	
Total Account Balance			\$ 321,995.61

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 321,995.61 by 10/06/2006
To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

Under SIF's extended payment plan, once the initial deposit on your premium has been paid, you have the option of paying the remaining premium in installments through the tenth month of your policy year. There will be a service charge of \$10 per month for those who opt for extended payment plans.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

Q 1446 664-3 [S 1 R13] 24

881981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number
Q 1446 664-3

Group Number
90

Bill Number
11447724

Bill Date
9/07/2006

Minimum Amount Due

\$294,102.63

Previous Balance
\$1,841.47

Payments Received
\$0.00

Other Credits
\$6,375.12CR

New Charges
\$298,636.28

Other Debits
\$0.00

Current Balance
\$294,102.63

Workers' Compensation Activity Period - 8/08/2006 to 9/07/2006

Transaction Date	Reference #	New Charges	Charges	Credits
September 7, 2006	h469560	Installment 8 of 9 (02/07/2006)	\$27,892.99	
September 7, 2006	z453771	Service Charge	\$10.00	
		New Charges	\$294,102.63	

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: EARNED PREMIUM RESCIND	Group No: 090	Period Covered: 2/07/2008 TO 9/07/2008	R.B. File No:
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 8/11/2008
Document Number: h359 620

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

INFORMATION PAGE EARNED PREMIUM RESCIND

1. EARNED PREMIUM FOR THIS PERIOD PREVIOUSLY BILLED. 6,975.12CR

THIS BILL RESCINDS ALL PREVIOUS EARNED PREMIUM BILLS FOR THIS PERIOD.

**THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
(SEE REVERSE SIDE FOR CONDITIONS)**

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No: 090	Period Covered: 2/07/2006 TO 2/07/2007	R.B. File No:
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INSURED: Q 1446 664-3

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: 681981

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 8/11/2006
Document Number: 699 777

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED**SHORT RATE PENALTY ENDORSEMENT**

THIS POLICY IS AMENDED AS FOLLOWS. "PART FOUR" PARAGRAPH "F. FINAL PREMIUM" THE SECOND PARAGRAPH THEREOF AND SUBDIVISIONS "1" AND "2" ARE AMENDED TO READ AS FOLLOWS:

"IF THIS POLICY IS CANCELLED, FINAL PREMIUM WILL BE DETERMINED IN THE FOLLOWING WAY UNLESS OUR MANUALS PROVIDE OTHERWISE.

1. IF YOU FURNISH PROOF SATISFACTORY TO US THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE, WE WILL CANCEL YOUR POLICY FOR THAT REASON AND FINAL PREMIUM WILL BE CALCULATED PRO RATA BASED ON THE TIME THIS POLICY WAS IN FORCE. FINAL PREMIUM WILL NOT BE LESS THAN THE PRO RATA SHARE OF THE MINIMUM PREMIUM.

2. IF YOU REQUEST CANCELLATION FOR ANY OTHER REASON OTHER THAN THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE OR IF YOUR POLICY IS CANCELLED FOR NON-PAYMENT OF PREMIUM, FINAL PREMIUM WILL BE MORE THAN PRO RATA; IT WILL BE BASED ON THE TIME THIS POLICY WAS IN FORCE, AND INCREASED BY OUR SHORT-RATE CANCELLATION TABLE AND PROCEDURE. FINAL PREMIUM WILL NOT BE LESS THAN THE MINIMUM PREMIUM."

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

89 NEW YORK EXCLUSION OF EXECUTIVE OFFICER(S) ENDORSEMENT

2/07/2006

THIS POLICY DOES NOT COVER FOR CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE SOLE EXECUTIVE OFFICER AND ONLY STOCKHOLDER OF THE INSURED CORPORATION, OR TWO EXECUTIVE OFFICERS WHO TOGETHER ARE THE ONLY OFFICERS AND STOCKHOLDERS OF THE INSURED CORPORATION, WHEN SUCH CORPORATION HAS OTHER EMPLOYEES WHO ARE REQUIRED TO BE COVERED BY THE LAW, AND THE CORPORATION HAS ELECTED TO EXCLUDE FROM COVERAGE THE OFFICER(S) DESCRIBED IN THE SCHEDULE. THE PREMIUM BASIS FOR THE POLICY DOES NOT INCLUDE THE REMUNERATION OF THE EXCLUDED EXECUTIVE OFFICER OR OFFICERS. YOU WILL REIMBURSE US FOR ANY PAYMENT WE MUST MAKE BECAUSE OF BODILY INJURY TO SUCH PERSON(S).

SCHEDULE:

**THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY
(SEE REVERSE SIDE FOR CONDITIONS) PAGE 1 CONT.**

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

THE STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type: INFORMATION PAGE	Group No: 090	Period Covered: 2/07/2008 TO 2/07/2007*	R.B. File No.
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INSURED: **Q 1446 664-3**

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: **681981**

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number. Q 1446 664-3
Date 8/11/2008
Document Number. 999 777

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME
 TYPE OF BUSINESS: **CORPORATION**

MP 659

INFORMATION PAGE REVISED

HARRY'S NURSES REGISTRY INC
HARRY DORVILIER, PRES
 1 OF 1

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

CODE	CLASSIFICATION DESCRIPTION	ESTIMATED X RATE		MANUAL PREMIUM
		PAYROLL	PER \$100	
8810	CLERICAL OFFICE EMPLOYEES NOC-U	179,000	0.36	622.80
8809	EXECUTIVE OFFICERS N.O.C. ETC-U	91,200	0.46	143.52
REBILLED FOR ADEQUATE DEPOSIT PER DEPOSIT REVIEW.				
8854	HOME HEALTH CARE PROF EMPLOYEES	4,500,000	4.17	187,650.00

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No: 080	Period Covered: 2/07/2008 TO 2/07/2007	#	R.B. File No.
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INSURED: **Q 1446 664-3**
HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: **681981**
JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 8/11/2008
Document Number: p899 777

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME
 TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE REVISED

1. MANUAL RATE PREMIUM	188,416.32
2. EXPENSE CONSTANT	200.00
3. RATING BOARD PREMIUM	188,616.32
4. FOREIGN TERRORISM PREMIUM	1,599.43
5. DOMESTIC TERRORISM PREMIUM	470.42
6. TOTAL TERRORISM PREMIUM	2,069.85
7. RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM	190,686.17
8. STATE FUND DIFFERENTIAL - 50% OF ITEM 1	94,208.16
9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM	284,894.33
10. ASSESSMENT CHARGE 17.5% OF (ITEM 9 LESS ITEM 2)	49,821.51
11. EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT	334,715.84
12. DEPOSIT REQUIRED 25.00% OF ITEM 11	83,678.96
13. LESS DEPOSIT FOR THIS PERIOD PREVIOUSLY BILLED	8,196.58CR
14. NET STATE FUND PREMIUM FOR THIS PERIOD	75,482.38

THIS GIVES CREDIT FOR PREVIOUS DEPOSIT BILL

THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5517

Document Type INFORMATION PAGE	Group No: 090	Period Covered: 2/07/2006 TO 2/07/2007	#	R.B. File No.:
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INSURED: Q 1446 664-3
 HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA NY 11432

REPRESENTATIVE: 681981
 JIN I KIM
 211-65 23RD AVE SUITE #6A
 BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 8/11/2006
Document Number:

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

Interest & Service Charge Endorsement

THIS POLICY IS AMENDED BY ADDING THE FOLLOWING THREE PARAGRAPHS TO "PART FOUR" PARAGRAPH "E": PREMIUM PAYMENTS: IF YOUR ANNUAL DEPOSIT PREMIUM IS \$1,000 OR MORE, YOU MAY ELECT TO PAY THE DEPOSIT PREMIUM VIA OUR EXTENDED PAYMENT PLAN. ONCE THE INITIAL DEPOSIT ON YOUR PREMIUM HAS BEEN PAID THE REMAINING BALANCE CAN BE PAID IN INSTALLMENTS THROUGH THE TENTH MONTH OF YOUR POLICY YEAR. THERE WILL BE A SERVICE CHARGE OF \$10 PER INSTALLMENT FOR THOSE WHO OPT FOR AN EXTENDED PAYMENT PLAN.

POLICYHOLDERS WITH AN AUDIT PREMIUM DUE OF \$30 OR MORE MAY ALSO ELECT TO PAY THIS PREMIUM VIA A PAYMENT PLAN. THE SEPARATE TERMS OF THE AUDIT PREMIUM PAYMENT PLAN WILL BE SHOWN ON THE MONTHLY STATEMENTS. INTEREST WILL BE CHARGED AT A RATE OF 1% PER MONTH (12% APR) ON THE OUTSTANDING AUDIT BALANCE. THIS IS IN ADDITION TO THE \$10 PER MONTH SERVICE CHARGE DESCRIBED ABOVE.

PAYMENT OF ANY AMOUNT LESS THAN THE FULL PREMIUM, WHETHER DEPOSIT OR AUDIT, WILL BE DEEMED A REQUEST FOR AN EXTENSION OF TIME TO PAY THAT WOULD RESULT IN INTEREST AND/OR SERVICE CHARGES AS SET FORTH IN THE BILLING STATEMENT.

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No: 080	Period Covered: 2/07/2006 TO 2/07/2007	* R.B. File No:
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INSURED: **Q 1446 664-3**REPRESENTATIVE: **681981**HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 8/11/2006
Document Number: 0899 777

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Extension Act of 2005.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005.

"Act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured terrorism or war loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

(continued on the reverse side)

This is not a bill. Please retain for your records.

For attachment to Workers' Compensation-Employers' Liability Policy.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No: 090	Period Covered: 2/07/2008 TO 2/07/2007	R.B. File No:
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 6/11/2008
Document Number: p699 777

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and certain acts of domestic terrorism. It does not provide funding for acts of terrorism certified as such by the Terrorism Risk Insurance Act of 2002 and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005 (the Act), or acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (FTPE), attached to this policy.

For purposes of this endorsement, the following definitions apply:

DOMESTIC TERRORISM: All acts of terrorism outside the scope of the Act or the Foreign Terrorism Premium Endorsement (FTPE), with aggregate workers compensation losses in excess of \$50 million.

EARTHQUAKE: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

CATASTROPHIC INDUSTRIAL ACCIDENT: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

SCHEDULE

Rate per \$100 of Remuneration \$.01

Non-Payroll Base Exposure \$.005 of Manual Rate Premium

The State Insurance Fund

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No.: 090	Period Covered: 2/07/2006 TO 2/07/2007	R.B. File No.:
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INSURED: **Q 1446 664-3**

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: **681981**

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 8/11/2006
Document Number: p899 777

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME
 TYPE OF BUSINESS: CORPORATION

MP 659

FOREIGN TERRORISM PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of foreign terrorism.

Your policy provides coverage for workers' compensation losses caused by acts of foreign terrorism, including workers' compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definition, exclusions and conditions in your policy and any applicable federal and/or state laws, rules or regulations.

For purpose of this endorsement, an "act of foreign terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for the coverage your policy provides for workers' compensation losses caused by an act of foreign terrorism is shown in the Information Page.

Schedule

State
New York State

Rate per \$100 of Payroll
\$.034

Non-payroll Base Exposures
\$.021 of Manual Rate Premium

The State Insurance Fund



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

681981

Q 1446 664-3 [S 1 R13] 25

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number
Q 1446 664-3

Group Number
90

Bill Number
11330327

Bill Date
8/07/2006

Minimum Amount Due
\$1,841.47

Previous Balance
\$1,841.47

Payments Received
\$920.73CR

Other Credits
\$0.00

New Charges
\$920.73

Other Debits
\$0.00

Current Balance
\$1,841.47

Workers' Compensation Activity Period - 7/08/2006 to 8/07/2006

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
July 7, 2006		Previous Balance	\$1,841.47	
July 10, 2006	071006	Payment Received - Thank You		\$920.73-

Payment of past due amount of \$920.74 must be received by 08/21/2006 to avoid cancellation.

New Charges

August 7, 2006	h347073	Installment 7 of 9 (02/07/2006)	\$910.73	
August 7, 2006	z375480	Service Charge	\$10.00	
		New Charges	\$920.73	

Your current 'Total Account Balance' is \$3,662.93. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.

To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.



REMITTANCE SLIP

Policy No. Q 1446 664-3 Insured:

Current Balance: \$1,841.47 HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
Past Due Amount: \$920.74 JAMAICA NY 11432

Minimum Amount Due: \$1,841.47

Payment Enclosed: _____



Pay your bill at nysif.com or call 1-877-309-6028
eCHECK - no service fee
Credit card - 2.5% convenience fee by Official Payments

Return to:

New York State Insurance Fund
Workers' Compensation
PO Box 4788
Syracuse, NY 13221-4788

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE

144666430807061133032700000092073000001841472

Policy Number: Q 1446 664-3 ** Number: 11330327

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill			
b) Installments	\$ 3,642.93	3	\$ 910.73
c) Audit Balance			
d) Miscellaneous Charges	\$ 20.00		\$ 10.00
e) Minimum Current Charge (Due By 09/06/2006)			\$ 920.73
f) Past Due (Due By 08/21/2006)			\$ 920.74
Minimum Amount Due			\$ 1,841.47
<hr/>			
g) Remaining Audit Balance			
Current Balance			
h) Future Installments	\$ 1,821.46	2	
Total Account Balance			\$ 3,662.93

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 3,662.93 by 09/06/2006
To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

681981

Q 1446 664-3 [S 1 R13] 27

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3	Group Number 90	Bill Number 11216719	Bill Date 7/07/2006	Minimum Amount Due \$1,841.47
Previous Balance \$920.73	Payments Received \$0.00	Other Credits \$0.00	New Charges \$920.74	Other Debits \$0.00
				Current Balance \$1,841.47

Workers' Compensation Activity Period - 6/08/2006 to 7/07/2006

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
June 7, 2006		Previous Balance	\$920.73	
Payment of past due amount of \$920.73 must be received by 07/21/2006 to avoid cancellation.				
New Charges				
July 7, 2006	h224753	Installment 6 of 9 (02/07/2006)	\$910.74	
July 7, 2006	z297401	Service Charge	\$10.00	
		New Charges	\$920.74	

Your current 'Total Account Balance' is \$4,573.66. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.

To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.



REMITTANCE SLIP

Policy No. Q 1446 664-3 Insured:
 Current Balance: \$1,841.47 HARRY'S NURSES REGISTRY INC
 Past Due Amount: \$920.73 88-25 163RD STREET
 Minimum Amount Due: \$1,841.47 JAMAICA NY 11432
 Payment Enclosed: _____



Pay your bill at nysif.com or call 1-877-309-6028
eCHECK - no service fee
Credit card - 2.5% convenience fee by Official Payments

Return to:

New York State Insurance Fund
Workers' Compensation
PO Box 4788
Syracuse, NY 13221-4788

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE

1446664307070611216719000009207400000184147

Policy Number: Q 1446 664-3 ** I Number: 11216719

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill			
b) Installments	\$ 4,553.66	4	\$ 910.74
c) Audit Balance			
d) Miscellaneous Charges	\$ 20.00		\$ 10.00
e) Minimum Current Charge (Due By 08/06/2006)			\$ 920.74
f) Past Due (Due By 07/21/2006)			\$ 920.73
Minimum Amount Due			\$ 1,841.47

g) Remaining Audit Balance

Current Balance

h) Future Installments

\$ 2,732.19

3

Total Account Balance

\$ 4,573.66

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 4,573.66 by 08/06/2006
To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875 5790

Q 1446 664-3 [S 1 R13] 29

681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3	Group Number 90	Bill Number 11100219	Bill Date 6/07/2006	Minimum Amount Due \$920.73 By 7/06/2006
Previous Balance \$6,017.31	Payments Received \$6,017.31CR	Other Credits \$0.00	New Charges \$920.73	Other Debits \$0.00
				Current Balance \$920.73

Workers' Compensation Activity Period - 5/09/2006 to 6/07/2006

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
May 8, 2006		Previous Balance	\$6,017.31	
May 30, 2006	053006	Payment Received - Thank You		\$6,017.31-
New Charges				
June 7, 2006	h100444	Installment 5 of 9 (02/07/2006)	\$910.73	
June 7, 2006	z220041	Service Charge	\$10.00	
		New Charges	\$920.73	

Your current 'Total Account Balance' is \$4,563.66. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.



To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.

REMITTANCE SLIP

Policy No. Q 1446 664-3 Insured:
 Current Balance: \$920.73 HARRY'S NURSES REGISTRY INC
 Minimum Amount Due: \$920.73 88-25 163RD STREET
 Date Due: 7/06/2006 JAMAICA NY 11432
 Payment Enclosed: _____



Pay your bill at nysif.com or call 1-877-309-6028
eCHECK - no service fee
Credit card - 2.5% convenience fee by Official Payments

Return to:

|||||
New York State Insurance Fund
Workers' Compensation
PO Box 4788
Syracuse, NY 13221-4788

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE

144666430607061110021900000092073000000920731

Policy Number: Q 1446 664-3 Bill Number: 11100219

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill			
b) Installments	\$ 4,553.66	5	\$ 910.73
c) Audit Balance			
d) Miscellaneous Charges	\$ 10.00		\$ 10.00
e) Minimum Current Charge (Due By 07/06/2006)			\$ 920.73
f) Past Due			
Minimum Amount Due			\$ 920.73

g) Remaining Audit Balance

Current Balance

h) Future Installments

\$ 3,642.93 4

Total Account Balance

\$ 4,563.66

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 4,563.66 by 07/06/2006
To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.

THE STATE INSURANCE FUND

WCU/N: Q 1 446 664-3

199 CHURCH STREET
NEW YORK N.Y. 10007-1173

POLICY NO.
Q 1 446 664-3

NOTICE OF
CANCELLATION

THE STATE INSURANCE FUND

199 CHURCH STREET NEW YORK, N.Y. 10007-1173
TELEPHONE (212) 312-7907

DATE 5/22/2006

AMOUNT DUE
\$6,017.31

BY REASON OF YOUR DEFAULT IN PAYMENT OF PREMIUMS, YOU ARE HEREBY NOTIFIED THAT EFFECTIVE 12:01 A.M. ON 6/11/2006, YOUR WORKERS' COMPENSATION POLICY IS CANCELLED AND THE INSURANCE THEREUNDER IS TERMINATED. This notice is sent in compliance with the provisions of Section 54, Subdivision 5 of the New York Workers' Compensation Law.

IMPORTANT - PLEASE NOTE

To prevent your policy from being cancelled, you must pay the amount due before 12:01 a.m. on the effective date of the cancellation. Any payment or credit adjustment thereafter will not reinstate your policy. It will be credited to your account. Any credit balance remaining after final audit will be refunded.

Section 93-b of the Workers' Compensation Law states :

"An employer, whose policy of insurance has been cancelled by the State Insurance Fund for non-payment of premium, is ineligible to contract a subsequent policy of insurance with the State Insurance Fund while the billed premium on the cancelled policy remains uncollected."

You should also be aware that there may be additional penalties and obligations imposed upon you by Chapter 55 of the Laws of 1992 and/or the policy contract.

Jeffrey Epstein
CREDIT AND COLLECTION MANAGER

THIS CANCELLATION NOTICE APPLIES TO THE FOLLOWING :

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA

NY 11432

THE STATE INSURANCE FUND
CREDIT & COLLECTION DIVISION
199 Church Street, New York, NY 10007

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA, NY 11432

Date: May 22, 2006

Q1

Re Policy No.: 14466643

IMPORTANT NOTICE

Your worker's compensation policy has been processed for cancellation due to non-payment of premium. An official notice is being sent to you under separate cover, with notice to holders of certificates of insurance, if any.

If you have not yet made payment, it will be necessary to do so before the effective date of cancellation in order for the policy to be reinstated.

If payment is not made and policy remains canceled, you will be subject to the following, in addition to any other fines, penalties and liabilities associated with not having worker's compensation insurance:

- Legal action to recover the unpaid premium
- Referral to a collection agency
- Imposition of collection fees up to 22% of the balance owed as well as interest charges
- Final premium increased by our short rate cancellation table and procedure.

Furthermore, in accordance with the Workers' Compensation Law, you will not be eligible to take out new insurance with the State Insurance Fund, as long as the amount owed remains unpaid.

Because we value your business, we hope that we receive your payment before the effective date of cancellation so that the above actions will not be necessary.

The State Insurance Fund
Collection Division
Tel. No. (212) 312-7908

CC: JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE, NY 11360

**FILE
IN
UNDERWRITING**

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

681981

Q 1446 664-3 [S 1 R13] 31

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number Q 1446 664-3	Group Number 90	Bill Number 10983327	Bill Date 5/08/2006	Minimum Amount Due \$6,017.31
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Previous Balance \$7,838.77	Payments Received \$2,742.19CR	Other Credits \$0.00	New Charges \$920.73	Other Debits \$0.00	Current Balance \$6,017.31
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Workers' Compensation Activity Period - 4/08/2006 to 5/08/2006

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
April 7, 2006		Previous Balance	\$7,838.77	
May 3, 2006	050306	Payment Received - Thank You		\$2,742.19-
Payment of past due amount of \$5,096.58 must be received. by 05/22/2006 to avoid cancellation.				
New Charges				
May 8, 2006	g976140	Installment 4 of 9 (02/07/2006)	\$910.73	
May 8, 2006	z145947	Service Charge	\$10.00	
		New Charges	\$920.73	
Your current 'Total Account Balance' is \$10,570.97. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

Page 1 of 2

To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below.
Include policy number on your check.



REMITTANCE SLIP

Policy No. Q 1446 664-3

Insured:

Current Balance: \$6,017.31

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

Past Due Amount: \$5,096.58

Minimum Amount Due: \$6,017.31

Payment Enclosed: _____

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE



Pay your bill at nysif.com or call 1-877-309-6028

eCHECK - no service fee

Credit card - 2.5% convenience fee by Official Payments

Return to:


 New York State Insurance Fund
 Workers' Compensation
 PO Box 4788
 Syracuse, NY 13221-4788

144666430508061098332700000092073000006017310

Policy Number: Q 1446 664-3 ** I Number: 10983327

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill	\$ 2,364.39		
b) Installments	\$ 8,196.58	6	\$ 910.73
c) Audit Balance			
d) Miscellaneous Charges	\$ 10.00		\$ 10.00
e) Minimum Current Charge (Due By 06/06/2006)			\$ 920.73
f) Past Due (Due By 05/22/2006)			\$ 5,096.58
Minimum Amount Due			\$ 6,017.31

g) Remaining Audit Balance
 Current Balance

h) Future Installments	\$ 4,553.66	5	
Total Account Balance			\$ 10,570.97

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 10,570.97 by 06/06/2006
 To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.



199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Any questions, Call 1-888-875-5790

681981

Q 1446 664-3 [S 1 R13] 33

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

JIN KIM DBA KIMSPRO INSURANCE
AGENCY
211-65 23RD AVE APT 6A
BAYSIDE NY 11360

Policy Number
Q 1446 664-3

Group Number
90

Bill Number
10869178

Bill Date
4/07/2006

Minimum Amount Due
\$7,838.77
By 5/06/2006

Previous Balance
\$0.00

Payments Received
\$3,100.00CR

Other Credits
\$0.00

New Charges
\$10,938.77

Other Debits
\$0.00

Current Balance
\$7,838.77

Workers' Compensation Activity Period - 3/15/2006 to 4/07/2006

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
March 16, 2006	031606	Previous Balance Payment Received - Thank You	\$0.00	\$3,100.00-
New Charges				
March 15, 2006	p582800	New Policy 50% Down Payment(02/07/2006 to 02/07/2007)	\$8,196.58	
March 15, 2006	g760999	Installment 2 of 9 (02/07/2006)	\$1,821.46	
April 7, 2006	g857349	Installment 3 of 9 (02/07/2006)	\$910.73	
April 7, 2006	z070202	Service Charge	\$10.00	
		New Charges	<u>\$7,838.77</u>	
Your current 'Total Account Balance' is \$13,303.16. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.



REMITTANCE SLIP

Policy No. Q 1446 664-3

Insured:

Current Balance: \$7,838.77

Minimum Amount Due: \$7,838.77

Date Due: 5/06/2006

Payment Enclosed:

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432



Pay your bill at nysif.com or call 1-877-309-6028

eCHECK - no service fee

Credit card - 2.5% convenience fee by Official Payments

Return to:

New York State Insurance Fund
Workers' Compensation
PO Box 4788
Syracuse, NY 13221-4788

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE

144666430407061086917800001093877000007838771

Policy Number: Q 1446 664-3 ** Number: 10869178

Failure to make payment by the date(s) indicated will result in the cancellation of this policy and notification to the Worker's Compensation Board as required by law and to holders of certificates of insurance, if any. If your policy is cancelled, any unpaid balance is subject to the provisions of section 18, paragraph 5 of the New York State Finance Law. If notice of nonpayment cancellation is issued, all outstanding premium, regardless of due date must be paid in full by the cancellation date in order for the policy to be reinstated. This is the only notice you will receive before the cancellation.

Minimum Amount Due Calculation

	<u>Account Balance</u>	<u>Remaining Installments</u>	<u>Minimum Payment Due</u>
a) Deposit/Rebill	\$ 5,096.58		\$ 5,096.58
b) Installments	\$ 8,196.58	7	\$ 2,732.19
c) Audit Balance			
d) Miscellaneous Charges	\$ 10.00		\$ 10.00
e) Minimum Current Charge (Due By 05/06/2006)			\$ 7,838.77
f) Past Due			
Minimum Amount Due			\$ 7,838.77
<hr/>			
g) Remaining Audit Balance			
Current Balance			
h) Future Installments	\$ 5,464.39	6	
Total Account Balance			\$ 13,303.16

For policy periods effective 1/1/99 and later, to avoid future service charges you must pay \$ 13,303.16 by 05/06/2006. To insure timely posting to your account, payment must be mailed 7 days prior to the due date.

Under SIF's extended payment plan, once the initial deposit on your premium has been paid, you have the option of paying the remaining premium in installments through the tenth month of your policy year. There will be a service charge of \$10 per month for those who opt for extended payment plans.

IF YOU HAVE CHECKED THE BOX ON THE REVERSE SIDE, PLEASE ENTER NEW INFORMATION BELOW.

THE STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type: ENDORSEMENT	Group No: 090	R.B. File No:
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ASSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA

NY 11432

JIN I KIM
 211-65 23RD AVE SUITE #6A
 BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 3/22/2006
Document Number: 45

ENDORSEMENT

IT IS HEREBY UNDERSTOOD AND AGREED THAT, EFFECTIVE AS OF 12.01 A.M. 2/07/2006,
 THIS POLICY IS SUBJECT TO FOLLOWING CLAUSE OR ENDORSEMENT

89

NEW YORK EXCLUSION OF EXECUTIVE OFFICER(S) ENDORSEMENT

THIS POLICY DOES NOT COVER FOR CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE SOLE EXECUTIVE OFFICER AND ONLY STOCKHOLDER OF THE INSURED CORPORATION, OR TWO EXECUTIVE OFFICERS WHO TOGETHER ARE THE ONLY OFFICERS AND STOCKHOLDERS OF THE INSURED CORPORATION, WHEN SUCH CORPORATION HAS OTHER EMPLOYEES WHO ARE REQUIRED TO BE COVERED BY THE LAW, AND THE CORPORATION HAS ELECTED TO EXCLUDE FROM COVERAGE THE OFFICER(S) DESCRIBED IN THE SCHEDULE. THE PREMIUM BASIS FOR THE POLICY DOES NOT INCLUDE THE REMUNERATION OF THE EXCLUDED EXECUTIVE OFFICER OR OFFICERS. YOU WILL REIMBURSE US FOR ANY PAYMENT WE MUST MAKE BECAUSE OF BODILY INJURY TO SUCH PERSON(S).

SCHEDULE:

HARRY'S NURSES REGISTRY INC
 HARRY DORVILIER, PRES
 1 OF 1

THE STATE INSURANCE FUND

Vincent M. Tronaniello

Director, Insurance Fund Underwriting

(SEE REVERSE SIDE FOR CONDITIONS)

THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No: 090	Period Covered: 2/07/2008 TO 2/07/2007	R.B. File No:
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INSURED: Q 1446 664-3
 HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA NY 11432

REPRESENTATIVE: 681981
 JIN I KIM
 211-65 23RD AVE SUITE #6A
 BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 3/15/2008
Document Number: p582 800

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE NEW POLICY

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

EXPERIENCE RATING IS MANDATORY FOR ALL ELIGIBLE INSURED. THE EXPERIENCE RATING MODIFICATION FACTOR, IF ANY, APPLICABLE TO THIS POLICY MAY CHANGE IF THERE IS A CHANGE IN YOUR OWNERSHIP OR IN THAT OF ONE OR MORE OF THE ENTITIES ELIGIBLE TO BE COMBINED WITH YOU FOR EXPERIENCE RATING PURPOSES. CHANGE IN OWNERSHIP INCLUDES SALES, PURCHASES, OTHER TRANSFERS, MERGERS, CONSOLIDATIONS, DISSOLUTIONS, FORMATIONS OF A NEW ENTITY AND OTHER CHANGES PROVIDED FOR IN THE APPLICABLE EXPERIENCE RATING PLAN MANUAL. YOU MUST REPORT ANY CHANGE IN OWNERSHIP, IN WRITING, WITHIN 90 DAYS OF SUCH CHANGE. FAILURE TO REPORT SUCH CHANGES WITHIN THIS PERIOD MAY RESULT IN REVISION OF THE EXPERIENCE RATING MODIFICATION FACTOR USED TO DETERMINE YOUR PREMIUM.

SHORT RATE PENALTY ENDORSEMENT

THIS POLICY IS AMENDED AS FOLLOWS. "PART FOUR" PARAGRAPH "F. FINAL PREMIUM" THE SECOND PARAGRAPH THEREOF AND SUBDIVISIONS "1" AND "2" ARE AMENDED TO READ AS FOLLOWS:

"IF THIS POLICY IS CANCELLED, FINAL PREMIUM WILL BE DETERMINED IN THE FOLLOWING WAY UNLESS OUR MANUALS PROVIDE OTHERWISE.

1. IF YOU FURNISH PROOF SATISFACTORY TO US THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE, WE WILL CANCEL YOUR POLICY FOR THAT REASON AND FINAL PREMIUM WILL BE CALCULATED PRO RATA BASED ON THE TIME THIS POLICY WAS IN FORCE. FINAL PREMIUM WILL NOT BE LESS THAN THE PRO RATA SHARE OF THE MINIMUM PREMIUM.

2. IF YOU REQUEST CANCELLATION FOR ANY OTHER REASON OTHER THAN THAT YOU ARE NO LONGER REQUIRED BY LAW TO HAVE INSURANCE OR IF YOUR POLICY IS CANCELLED FOR NON-PAYMENT OF PREMIUM, FINAL PREMIUM WILL BE MORE THAN PRO RATA; IT WILL BE BASED ON THE TIME THIS POLICY WAS IN FORCE, AND INCREASED BY OUR SHORT-RATE CANCELLATION TABLE AND PROCEDURE. FINAL PREMIUM WILL NOT BE LESS THAN THE MINIMUM PREMIUM."

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS. FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY

(SEE REVERSE SIDE FOR CONDITIONS)

PAGE 1 CONT.

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THE STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type INFORMATION PAGE	Group No. 090	Period Covered: 2/07/2008 TO 2/07/2007	R.B. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA NY 11432

JIN I KIM
 211-65 23RD AVE SUITE #6A
 BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 3/15/2008
License Number: p582 800

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

INFORMATION PAGE NEW POLICY

CODE	CLASSIFICATION DESCRIPTION	ESTIMATED X RATE		MANUAL PREMIUM
		PAYROLL	PER \$100	
8810	CLERICAL OFFICE EMPLOYEES NOC-U	64.950	0.36	233.82
8809	EXECUTIVE OFFICERS N.O.C. ETC-U	31.200	0.46	143.52
8854	HOME HEALTH CARE PROF EMPLOYEES	209.130	4.17	8,720.72
	1. MANUAL RATE PREMIUM			9,098.06
	2. EXPENSE CONSTANT			200.00
	3. RATING BOARD PREMIUM			9,298.06
	4. FOREIGN TERRORISM PREMIUM			103.79
	5. DOMESTIC TERRORISM PREMIUM			30.53
	6. TOTAL TERRORISM PREMIUM			134.32
	7. RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM			9,432.38
	8. STATE FUND DIFFERENTIAL - 50% OF ITEM 1			4,549.03
	9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM			13,981.41
	10. ASSESSMENT CHARGE 17.5% OF (ITEM 9 LESS ITEM 2)			2,411.75
	11. EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT			16,393.16
	12. DEPOSIT REQUIRED 50.00% OF ITEM 11			\$8,196.58

THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type	Group No.	Period Covered	R.B. File No.
INFORMATION PAGE	090	2/07/2006 TO 2/07/2007	

INSURED: Q 1446 664-3

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: 681981

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number:	Q 1446 664-3
Date:	3/15/2006
Licensee Number:	

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

Interest & Service Charge Endorsement

THIS POLICY IS AMENDED BY ADDING THE FOLLOWING THREE PARAGRAPHS TO "PART FOUR" PARAGRAPH "E". PREMIUM PAYMENTS: IF YOUR ANNUAL DEPOSIT PREMIUM IS \$1,000 OR MORE, YOU MAY ELECT TO PAY THE DEPOSIT PREMIUM VIA OUR EXTENDED PAYMENT PLAN. ONCE THE INITIAL DEPOSIT ON YOUR PREMIUM HAS BEEN PAID THE REMAINING BALANCE CAN BE PAID IN INSTALLMENTS THROUGH THE TENTH MONTH OF YOUR POLICY YEAR. THERE WILL BE A SERVICE CHARGE OF \$10 PER INSTALLMENT FOR THOSE WHO OPT FOR AN EXTENDED PAYMENT PLAN.

POLICYHOLDERS WITH AN AUDIT PREMIUM DUE OF \$30 OR MORE MAY ALSO ELECT TO PAY THIS PREMIUM VIA A PAYMENT PLAN. THE SEPARATE TERMS OF THE AUDIT PREMIUM PAYMENT PLAN WILL BE SHOWN ON THE MONTHLY STATEMENTS. INTEREST WILL BE CHARGED AT A RATE OF 1% PER MONTH (12% APR) ON THE OUTSTANDING AUDIT BALANCE. THIS IS IN ADDITION TO THE \$10 PER MONTH SERVICE CHARGE DESCRIBED ABOVE.

PAYMENT OF ANY AMOUNT LESS THAN THE FULL PREMIUM, WHETHER DEPOSIT OR AUDIT, WILL BE DEEMED A REQUEST FOR AN EXTENSION OF TIME TO PAY THAT WOULD RESULT IN INTEREST AND/OR SERVICE CHARGES AS SET FORTH IN THE BILLING STATEMENT.

NOTICE TO CONTRACTORS

Uninsured Subcontractors -

Section 56 of the Workers' Compensation Law makes you responsible (or your workers' Compensation insurance carrier if you are injured) for payment of benefits to an injured employee of an uninsured subcontractor. Because of this liability, you will be charged premium for any uninsured subcontractor who works for you. You can save this money by obtaining original certificates of Workers' Compensation insurance (photocopies of certificates will not be accepted) from your subcontractors before they start the job. Just give the certificates to our auditor at the time of your premium audit and the auditor will not charge premium for these subcontractors. The State Insurance Fund reserves the right to verify any certificate of insurance by confirming coverage through the appropriate rating authority. A portion of the contract price for each uninsured subcontractor will be included as payroll for premium charges.

NOTE: a minimum of 50% of the subcontract price shall be considered payroll if the subcontract is for labor and material; 90% of the subcontract price shall be considered payroll if the subcontract is for labor only; 33 1/3 % of the subcontract price shall be considered payroll if the subcontract is for the operation of mobile equipment.

Wrap-up Jobs -**

You can save money by obtaining a Certificate of Workers' Compensation insurance before you start work at a wrap-up job. The certificate MUST:

- name your company as an insured;
- show the location of the job;
- show the name, period of coverage, and policy number of the insuring carrier;
- show The State Insurance Fund as the Certificate Holder; and
- you must mail or deliver the certificate to The State Insurance Fund BEFORE the job starts. Mail or deliver all wrap-up certificates to:
 The State Insurance Fund, Underwriting Dept. - 9th fl., 199 Church St., New York, NY 10007.

** NOTE: A "wrap-up job" is a job for which the general contractor has secured insurance coverage for himself and all subcontractors working at that job.

Subcontractors (Individual Proprietors or Co-Partnerships) Who Work without Help -

- We will charge premium for any subcontractor who works without help unless
- you give to our auditor a certificate of workers' Compensation insurance for the subcontractor which covers the period of the job;
- OR
- there has been less than \$5,000 in contracts for the year; and in addition
- you can establish to our auditor's satisfaction that the alleged subcontractor is a bona-fide contractor; and
- you can establish to our auditor's satisfaction that the subcontractor works without help.

Corporate Subcontractors with One or Two Executive Officers Who Own All of The Corporation's Stock -

- We will charge premium for any corporate subcontractor unless
- you give to our auditor a certificate of workers' Compensation insurance for the subcontractor which covers the period of the job;
- OR
- there has been less than \$5,000 in contracts for the year; and
- you submit an affidavit executed by the subcontractor which certifies that the subcontractor's corporation has only one or two executive officers who own all of the corporation's stock; the contents and requirements of the affidavit will be furnished upon request; and
- all your payments to such subcontractors show the subcontractor's corporate name as the payee.

THE STATE INSURANCE FUND

Specialists In Workers' Compensation and Disability Benefits Insurance

THE STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type: NYCCPAP ENDORSEMENT	Group No. 080	Period Covered: 2/07/2008 TO 2/07/2007	R.B. File No.
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INSURED: Q 1446 664-3

REPRESENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
 88-25 163RD STREET
 JAMAICA NY 11432

JIN I KIM
 211-65 23RD AVE SUITE #6A
 BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 3/18/2008
Licent Number: p582 800

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM

EXPLANATORY ENDORSEMENT

The New York Construction Classification Premium Adjustment Program (NYCCPAP) allows premium credits for some employers in the construction industry. These credits exist to recognize the difference in wage rates between employers within the same construction industries in New York.

The Information Page section of this policy will show a credit of 0.00% if you are not eligible for this credit, or if you are eligible for this credit and have not yet applied for a credit. Credits are earned for average wages in excess of \$15.50 per hour for each eligible class. If your policy shows one of the following classification codes, and you are experience rated, you are eligible to apply for an NYCCPAP credit.

0042	5022	5160	5221	5429	5480	5545	5701	6018	6233	6260	7536	9527
3365	5037	5183	5222	5443	5491	5547	5703	6045	6235	6306	7538	9534
3719	5040	5184	5223	5445	5506	5506	5709	6204	6251	6319	7601	9539
3724	5057	5188	5348	5462	5507	5610	6003	6216	6252	6325	7855	9545
3728	5059	5190	5402	5473	5508	5645	6005	6217	6254	6400	8227	9548
3737	5069	5193	5403	5474	5536	5648	6017	6229	6259	6701	9526	9553
5000	5102	5213	5428	5479	5538	5651						

The basis for determining the credit is the limited payroll of each employee for the number of hours worked (excluding overtime premium pay) for each construction classification (other than employees engaged in the construction of one or two-family residential housing) for the third quarter, as reported to taxing authorities, for the year proceeding the policy date. Total payroll is to continue to be reported for employees engaged in the construction of one or two-family residential housing. For example:

Policy Inception Date	Third Quarter Payroll
4/1/02 thru 3/31/03	2001
4/1/03 thru 3/31/04	2002
4/1/04 thru 3/31/05	2003
4/1/05 thru 3/31/06	2004
4/1/06 thru 3/31/07	2005

If you have any eligible classes on your policy, you should have been notified by your insurance carrier or the New York Compensation Insurance Rating Board approximately nine months prior to the inception date of this policy. If you believe you may be eligible for a credit and have not received an application, you should immediately contact your agent, insurance carrier, or the New York Compensation Insurance Rating Board.

Credits are calculated by the New York Compensation Insurance Rating Board. You must submit a complete application to: Attention: Audit Department, New York Compensation Insurance Rating Board, 200 East Forty-Second Street, New York, New York 10017.

Applications must be received within six months prior to the inception date of this policy (or at the latest, within 12 months after the inception date if accompanied by a letter explaining the reason for late submission).

Under no circumstances will an application for this credit be accepted more than 12 months after the inception date of this policy.

The New York Compensation and Employers Liability Insurance Manual, and not this endorsement, govern the implementation and use of the NYCCPAP.

Thank you for your cooperation.

THE STATE INSURANCE FUND
 199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
 (212) 587-5507

Document Type: INFORMATION PAGE	Group No: 090	Period Covered: 2/07/2008 TO 2/07/2007	R.B. File No:
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INSURED: **Q 1446 664-3**
HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: **681981**
JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 3/15/2008
Class Number: p582 800

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME
 TYPE OF BUSINESS: CORPORATION

MP 659

TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Extension Act of 2005.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005.

"Act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured terrorism or war loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

(continued on the reverse side)

This is not a bill. Please retain for your records.

For attachment to Workers' Compensation-Employers' Liability Policy.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No: 090	Period Covered: 2/07/2006 TO 2/07/2007	R.B. File No:
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INSURED: Q 1446 664-3

REP. ESSENTATIVE: 681981

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432JIN I KIM
211-65 29RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 3/15/2006
Document Number: p582 800

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

**DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC
INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and certain acts of domestic terrorism. It does not provide funding for acts of terrorism certified as such by the Terrorism Risk Insurance Act of 2002 and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005 (the Act), or acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (FTPE), attached to this policy.

For purposes of this endorsement, the following definitions apply:

DOMESTIC TERRORISM: All acts of terrorism outside the scope of the Act or the Foreign Terrorism Premium Endorsement (FTPE), with aggregate workers compensation losses in excess of \$50 million.

EARTHQUAKE: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

CATASTROPHIC INDUSTRIAL ACCIDENT: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

SCHEDULE

Rate per \$100 of Remuneration \$.01

Non-Payroll Base Exposure \$.005 of Manual Rate Premium

The State Insurance Fund

THE STATE INSURANCE FUND199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-5507

Document Type: INFORMATION PAGE	Group No: 090	Period Covered: 2/07/2006 TO 2/07/2007	R.B. File No.:
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INSURED: Q 1446 664-3

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET
JAMAICA NY 11432

REPRESENTATIVE: 681981

JIN I KIM
211-65 23RD AVE SUITE #6A
BAYSIDE NY 11360

Policy Number: Q 1446 664-3
Date: 3/15/2006
Document Number: p582 80C

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

MP 659

FOREIGN TERRORISM PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of foreign terrorism.

Your policy provides coverage for workers' compensation losses caused by acts of foreign terrorism, including workers' compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definition, exclusions and conditions in your policy and any applicable federal and/or state laws, rules or regulations.

For purpose of this endorsement, an "act of foreign terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for the coverage your policy provides for workers' compensation losses caused by an act of foreign terrorism is shown in the Information Page.

ScheduleState
New York StateRate per \$100 of Payroll
\$.034Non-payroll Base Exposures
\$.021 of Manual Rate Premium

The State Insurance Fund

EXHIBIT E

Writer's Direct Telephone:
(212) 587-5507

Underwriting Department

August 11, 2006

Harry's Nurses Registry Inc
88-25 163rd Street
Jamaica, NY 11432

Re: Policy # 14466643 Harry's Nurses Registry Inc

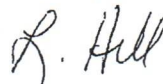
Dear Policyholder:

I am writing as a follow-up to our conversation on August 8, 2006. At that time I notified you that we would be amending your policy to include all of your 1099 workers and this would result in a substantial increase in premium. This decision was made based on our auditor's review of your records. Under separate cover you will be receiving the new bill for the policy year 02/07/06-02/07/07.

At your request please find a brochure enclosed that should help with your next audit.

If you have any questions about your account you may contact me at the above number.

Very truly yours,



Lauren Hill
Underwriter I

cc: file

Plaintiff's
Exhibit 17
6/23/10

EXHIBIT F



New York State Insurance Fund

Policyholder Services - Premium Audit

199 Church St., New York, NY 10007-1173. (212)587-7313. FAX(212)587-5510

THIS IS A COPY OF THE AUDIT COMPLETED BY Edward Bohenek ON 05/07/2007. WE VALUE YOU AS A CUSTOMER AND APPRECIATE YOUR BUSINESS. PLEASE CALL IF I CAN BE OF FURTHER ASSISTANCE.

Audit Period: 02/07/2006-02/07/2007

Policy Period: 02/07/2006-02/07/2007

Assured Address:

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET

JAMAICA NY 11432

Phone: (718) 739-0045

Audit Address:

88-25 163RD STREET

JAMAICA NY 11432

Phone:

Entity: HARRY'S NURSES REGISTRY INC

EXECUTIVE OFFICERS

Title	Name	Gross Payroll	Amc-Included	Code	Description Of Duties
President	HARRY DORVILIER	32,287	0	8809	administrative

11

PAYROLL DETAILS

A	B	C	D	E
(-) Total			(-)	(-)
Class Code		8810	8809	8854
Territory		T9	T9	T9
Title			President	
Name Desc			harry dorvilier	outside nurses
02/07/06				
3	\$51,898	\$46,830	\$5,068	
4				
5	\$83,402	\$75,002	\$8,400	
6				
7				
8	\$67,387	\$60,187	\$7,200	
9				
10				
11	\$101,905	\$93,505	\$8,400	
12/06				
01/07				
02/07/07	\$37,825	\$34,606	\$3,219	
Total	\$342,417	\$310,130	\$32,287	
Officers Adjust			\$0	
Other Adjust				\$6,162,169
Const. P.L.				
Charge		\$310,130	\$0	\$6,162,169

Audit No: 4/28009 1

Policy No: 14466643

Assured: HARRY'S NURSES REGISTRY INC

Entity: HARRY'S NURSES REGISTRY INC

RECONCILIATION

SUMMARY			RECONCILIATION		REPORTS	
Term	Code	Payroll	Description	Values	Description	Values
9	8810	\$310,130	Total summary payroll	\$6,472,299	1q2006	\$73,432
9	8809	\$0	Prior period	\$21,534	2q2006	\$83,402
9	8854	\$6,162,169	Subsequent period	-\$37,825	3q2006	\$67,387
			harry dorvilier[President]	\$32,287	4q2006	\$101,905
			Adjustment for Class [8854]	-\$6,162,169		

ADJUSTMENTS

Policy No.:14466643

Description

Class Code

Adjust Value

Description	Class Code	Adjust Value
Temp Labor		
3		
Total:	8854	6,162,169
		36,162,169

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SUPPLEMENTARY REPORT

Policy No.:14466643

RECORDS SUPPLIED BY:

Name:HARRY DORVILIER

Title:EXEC

BANK: CHASE BANK
NO: STREET:
CITY: NEW YORK

APT:
STATE: NY ZIP:

ACCOUNTANT: ERIC ROGERS
NO: STREET: 125 JERICHO TPKE APT:
CITY: JERICHO STATE: NY ZIP: 11753 - 0000
FAX: EMAIL:

Description	Yes	No	Note
RECORDS EXAMINED, INITIALIZED, AND DATED:			
PAYROLL BOOK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CASH BOOK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	the claimant is a 1099 worker picked up on audit.
CHECK BOOK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	the officer is excluded
GENERAL LEDGER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	picked up outside labor.
CONTRACTS OR SUBCONTRACTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
S.S. REPORTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U.I. REPORTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
OTHER REPORTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OTHER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RECONCILIATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
AUDIT INCLUDES:			
ALL ENTITIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ALL LOCATIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
* OVERTIME ALLOWANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
RELATIVES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
HIRED VEHICLES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
BONUSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
INDEPENDENT SALESMEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
COMMISSIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PAYROLL LIMITATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
INDEPENDENT CONTRACTORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OUT OF STATE EMPLOYEES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EXPENSES PAID TO EMPLOYEES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
RENTAL VALUE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MEALS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSURED LET OUT WORK AS:			
PRINCIPAL		<input checked="" type="radio"/>	
OWNER BUILDER		<input type="radio"/>	
GENERAL CONTRACTOR		<input type="radio"/>	
ASSURED IS:			
INDIVIDUAL		<input type="radio"/>	2006 sales
PARTNERSHIP		<input type="radio"/>	
CORPORATION		<input checked="" type="radio"/>	
OTHER		<input type="radio"/>	
GROSS SALES \$:			7,029,030.00

Description of operations:

THE POLICYHOLDER IS A NURSES REGISTRY

Description	Payroll	Mnl	Rt	R/B	Mnl	Prem
REBILLED TO REVISE SIF MOD.						
10 CLERICAL OFFICE EMPLOYEES NOC-U	173,000	0.36	1			622.80
09 EXECUTIVE OFFICERS N.O.C. ETC-U	31,200	0.46	1			143.52
54 HOME HEALTH CARE PROF EMPLOYEES	4,500,000	4.17	1			187,650.00

Options: 1. Next] 2. Soa] 3. Prev Bill] 8. Bill Menu.] 9.Sif Menu.] ^]
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| |FORM| |LTAI| [Col 78|Row 23|Page10|NYCPROD]

18

1. MANUAL RATE PREMIUM.	188,416.32
2. EXPENSE CONSTANT	200.00
3. RATING BOARD PREMIUM	188,616.32
4. FOREIGN TERRORISM PREMIUM.	1,599.43
5. DOMESTIC TERRORISM PREMIUM	470.42
6. TOTAL TERRORISM PREMIUM.	2,069.85
7. RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM.	190,686.17
8. STATE FUND DIFFERENTIAL - 25% OF ITEM 1.	47,104.08
9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM.	237,790.25
10. ASSESSMENT CHARGE 17.5% OF ITEM 9 LESS ITEM 2	41,578.29
11. EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT.	279,368.54
12. DEPOSIT REQUIRED - - - - 100% OF ITEM 11.	279,368.54
13. LESS DEPOSIT FOR THIS PERIOD PREVIOUSLY BILLED	83,678.96CR
14. NET STATE FUND PREMIUM FOR THIS PERIOD	195,689.58 #
15. ACCOUNT BALANCE PRIOR TO THIS BILL	104,603.74CR
16. AMOUNT DUE STATE FUND.	91,085.84

Options: 1. Next] 2. Soa] 3. Prev Bill] 8. Bill Menu.] 9. Sif Menu.] ^]

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|Col 78|Row 23|Page10|NYCPROD

INVOICE DT: 4/07/2006 Start D: 2/07/2006 Bill Dt: 5/2007
Billing Plan 11 Audit Plan 14 End Dt: 11/07/2006 Group: 90

1. EARNED PREMIUM FOR THIS PERIOD PREVIOUSLY BILLED.	251,036.88CR#
2. ACCOUNT BALANCE PRIOR TO THIS BILL	146,433.14
3. ACCOUNT BALANCE.	104,603.74CR

Options: 1. Next] 2. Soa] 3. Prev Bill] 8. Bill Menu.] 9. Sif Menu.] ^]
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| |FORM|]
|LTAI|]
|Col 78|Row 23|Page10|NYCPROD]

Line #	Description	Payroll	Mnl Rt	R/B	Mnl Prem
	REVISED TO AMEND SIF MOD.				
0	CLERICAL OFFICE EMPLOYEES NOC-U	173,000	0.36	1	622.80
9	EXECUTIVE OFFICERS N.O.C. ETC-U	31,200	0.46	1	143.52
4	HOME HEALTH CARE PROF EMPLOYEES	4,950,000	4.17	1	206,415.00

Options: 1. Next] 2. Soa] 3. Prev Bill] 8. Bill Menu.] 9.Sif Menu.] ^]
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Renewl Dt: 2/07/2007

Start Dt: 2/07/2007

90 Bill Dt: 1/1/2006
End Dt: 2/07/2008

Bill Num: [0936]
Group: 90

Billing Plan 11

Audit Plan 14

1. MANUAL RATE PREMIUM.	207,181.32
2. EXPENSE CONSTANT	200.00
3. RATING BOARD PREMIUM	207,381.32
4. FOREIGN TERRORISM PREMIUM.	1,752.43
5. DOMESTIC TERRORISM PREMIUM	515.42
6. TOTAL TERRORISM PREMIUM.	2,267.85
7. RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM.	209,649.17
8. STATE FUND DIFFERENTIAL - 20% OF ITEM 1.	41,436.26
9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM.	251,085.43
10. ASSESSMENT CHARGE 18.6% OF ITEM 9 LESS ITEM 2	46,664.69
11. EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT.	297,750.12
12. DEPOSIT REQUIRED - - - - 25% OF ITEM 11.	74,437.53
13. LESS DEPOSIT FOR THIS PERIOD PREVIOUSLY BILLED	89,794.85CR
14. NET STATE FUND PREMIUM FOR THIS PERIOD	15,357.32CR#
15. ACCOUNT BALANCE PRIOR TO THIS BILL	241,790.46
16. AMOUNT DUE STATE FUND.	226,433.14

tions: 1. Next] 2. Soa] 3. Prev Bill] 8. Bill Menu.] 9.Sif Menu.] ^]

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|Col 78|Row 23|Page10|NYCPROD

20

Renewl Dt: 2/07/2007 Start 2/07/2007 90 Bill Dt: 2/20/2006
 Billing Plan 11 Audit Plan 14 End Dt: 2/07/2008 Group: 90

Code #	Description	Payroll	Mnl Rt	R/B	Mnl Prem
3810	CLERICAL OFFICE EMPLOYEES NOC-U	173,000	0.36	1	622.80
3809	EXECUTIVE OFFICERS N.O.C. ETC-U	31,200	0.46	1	143.52
3854	HOME HEALTH CARE PROF EMPLOYEES	4,950,000	4.17	1	206,415.00

Options: 1. Next] 2. Soa] 3. Prev Bill] 8. Bill Menu.] 9. Sif Menu.] ...MORE ^]
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21

Renewal Dt: 2/07/2007 Start Dt: 2/07/2007 90 Bill Dt: 2/07/2006
 Billing Plan 11 Audit Plan 14 End Dt: 2/07/2008 Group: 90

1. MANUAL RATE PREMIUM.	207,181.32
2. EXPENSE CONSTANT	200.00
3. RATING BOARD PREMIUM	207,381.32
4. FOREIGN TERRORISM PREMIUM	1,752.43
5. DOMESTIC TERRORISM PREMIUM	515.42
6. TOTAL TERRORISM PREMIUM.	2,267.85
7. RATING BOARD PREMIUM + TOTAL TERRORISM PREMIUM.	209,649.17
8. STATE FUND DIFFERENTIAL - 45% OF ITEM 1.	93,231.59
9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM.	302,880.76
10. ASSESSMENT CHARGE 18.6% OF ITEM 9 LESS ITEM 2	56,298.62
11. EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT.	359,179.38
12. DEPOSIT REQUIRED - - - - 25% OF ITEM 11.	89,794.85
13. ACCOUNT BALANCE PRIOR TO THIS BILL	181,995.61
14. AMOUNT DUE STATE FUND.	271,790.46

Options: 1. Next] 2. Soa] 3. Prev Bill] 8. Bill Menu.] 9.Sif Menu.] ^]

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EXHIBIT G



New York State Insurance Fund

Policyholder Services SG#

Group# 90

PHS# 01

Zip Code 1132

SIMPLIFIED AUDIT INFORMATION FORM

Policyholder

Harvey's Nursery Resitory

Policy No.

M46664-3

Serial No.

0728009

Audit Period from

2/7/06 to 2/7/07

Auditor

Edward Reichelt

Audit Date

3/7/07

1. Payrolls were classified in the following categories:

Classification Code	Work Performed	Adjusted Payroll	Debitation Payroll / Renewal Payroll	Difference
880	Clinical	310,830		
8854	Home Health Care	6,167,169		

Note: Outstanding balances consist of bills for prior, current and future periods. Credits or charges generated on audit will be added to or subtracted from your current outstanding balance.

Audit payrolls are significantly different from the current renewals or current policy premium will be subject to rebill adjustment.

2. Executive Officers were classified in the following categories:

Classification Code	Name of Executive Officer	Type of Work Performed	Amount Charged
8874	Idony Dorville	Admin	0

3. You were charged \$ _____ for uninsured subcontractors and/or outside labor see list below. Note: Charges for uninsured subcontractors may be deleted by submitting a valid Workers Compensation Certificate to the Underwriting Department. All certificates are subject to verification. You will be charged for any subcontractor whose certificate is found to be invalid. Send certificates to New York State Insurance Fund, 199 Church St, NY, NY 10007 Attn: Underwriting Dept, Group 90-3rd floor

Name	Work Done	Code	%Chgd	Terr	Amount

4. The following items were applied and/or explained:

Payroll Separations and employees classifications

Yes N/A

Overtime Credit Given

Changes in operation/ classification

Please indicate any comments concerning audit below:

We hereby certify that the full amount of all salaries, wages, earnings for regular time, overtime, and allowances earned by all persons in my/our employ, including officers and principals to whom said policy applied for the period from 2/7/06 to 2/7/07 was as set forth above. I ACKNOWLEDGE THAT THE AUDIT HAS BEEN FULLY EXPLAINED TO ME BY AUDITOR.

Signature (Policyholder Representative)

Title: COO

Date: 5/2/07

Telephone Number: (718) 339-0048

LAUREN HILL

287-5507

EXHIBIT H



New York State Insurance Fund

Policyholder Services - Premium Audit

199 Church St., New York, NY 10007-1173. (212)587-7313. FAX(212)587-5510

THIS IS A COPY OF THE AUDIT COMPLETED BY Edward Bohenek ON 08/07/2007. WE VALUE YOU AS A CUSTOMER AND APPRECIATE YOUR BUSINESS. PLEASE CALL IF I CAN BE OF FURTHER ASSISTANCE.

Audit Period: 02/07/2007-06/19/2007

Policy Period: 02/07/2007-02/07/2008

Assured Address:

HARRY'S NURSES REGISTRY INC
88-25 163RD STREET

JAMAICA NY 11432

Phone: (718) 739-0045

Audit Address:

88-25 163RD STREET

JAMAICA NY 11432

Phone: (718) 739-0045

Entity: HARRY'S NURSES REGISTRY INC

EXECUTIVE OFFICERS

Title	Name	Gross Payroll	Amt. Included	Code	Description Of Duties
President	HARRY DORVILIER	10,800	0	8809	administrative

Defendant's A

Policy No: 14466643

Assured HARRY'S NURSES REGISTRY INC
 Entity: HARRY'S NURSES REGISTRY INC

PAYROLL DETAILS

A	B	C	D	E		
(-/-) Total			(-)	(-)		
Class Code		8810	8809	8854		
Territory		T9	T9	T9		
Title			President			
Name/Desc			harry dorvilier	outside nurses		
02/07/07	\$52,025	\$48,044	\$3,981			
06/19/07	\$88,993	\$82,174	\$6,819			
Total	\$141,018	\$130,218	\$10,800			
Officers Adjust			\$0			
Other Adjust				\$2,154,322		
Const. P.L.						
Charge		\$130,218	\$0	\$2,154,322		

Policy No: 14466643

Assured HARRY'S NURSES REGISTRY INC
Entity: HARRY'S NURSES REGISTRY INC

RECONCILIATION

SUMMARY			RECONCILIATION		REPORTS	
Terr.	Code	Payroll	Description	Values	Description	Values
9	8810	\$130,218	Total summary payroll	\$2,284,540	1q2007	\$89,850
9	8809	\$0	Prior period	\$37,825	2q2007	\$109,512
9	8854	\$2,154,322	Subsequent period	\$20,519		
			harry dorvilier[President]	\$10,800		
			Adjustment for Class [8854]	-\$2,154,322		

ADJUSTMENTS

Policy No.:14466643

Description	Class Code	Adjust Value
Temp Labor		
3		
Total:	8854	2,154,322
		\$2,154,322

4

RECORDS SUPPLIED BY:

PLEMENTARY REPORT

y No.:14466643

Name:HARRY DORVILIER

Title:EXEC

BANK: CHASE BANK
NO: STREET:
CITY: NEW YORK

APT:
STATE: NY ZIP:

ACCOUNTANT: ERIC ROGERS
NO: STREET: 125 JERICO TPKE APT:
CITY: JERICO STATE: NY ZIP: 11753 - 0000
FAX: EMAIL:

Description	Yes	No	Note
RECORDS EXAMINED/INITIALIZED AND DATED			
PAYROLL BOOK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no claims filed.
CASH BOOK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Officer is excluded.
CHECK BOOK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Policy is cancelled.
GENERAL LEDGER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Picked up outside labor.
CONTRACTS OR SUBCONTRACTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
S.S. REPORTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U.I. REPORTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
OTHER REPORTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OTHER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RECONCILIATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
AUDIT INCLUDES:			
ALL ENTITIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ALL LOCATIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
* OVERTIME ALLOWANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
RELATIVES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
HIRED VEHICLES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
BONUSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
INDEPENDENT SALESMEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
COMMISSIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PAYROLL LIMITATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
INDEPENDENT CONTRACTORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OUT OF STATE EMPLOYEES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EXPENSES PAID TO EMPLOYEES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
RENTAL VALUE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MEALS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSURED LET OUT WORK AS:			
PRINCIPAL		<input checked="" type="radio"/>	
OWNER BUILDER		<input type="radio"/>	
GENERAL CONTRACTOR		<input type="radio"/>	
ASSURED IS:			
INDIVIDUAL		<input type="radio"/>	1120 2006 sales
PARTNERSHIP		<input type="radio"/>	
CORPORATION		<input checked="" type="radio"/>	
OTHER		<input type="radio"/>	
GROSS SALES: \$			7,029,030.00

Description of operations:

POLICYHOLDER IS A NURSES REGISTRY

5

EXHIBIT I



New York State Insurance Fund

11432

Policyholder Services SG#

Group# 90

PHS# 61

Zip Code

SIMPLIFIED AUDIT INFORMATION FORM

Policyholder

Harry S Nurser Registry

Policy No.

146643

Serial No.

4832977

Audit Period from

3/07/07 to 6/19/07

Auditor

Edward Roberts

Audit Date

8/7/07

1. Payrolls were classified in the following categories:

Classification Code	Work Performed	Audited Payroll	Declaration Payroll / Renewal Payroll	Difference
8810	Clerical	130218		
8857	Home Health Care Prof	2154322		

Note: Outstanding balances consist of bills for prior, current and future periods. Credits or charges generated on audit will be added to or subtracted from your current outstanding balance.

If audited payrolls are significantly different from the current/renewal your current policy premium will be subject to rebill adjustment.

2. Executive Officers were classified in the following categories.

Classification Code	Name of Executive Officer	Type of Work Performed	Amount Charged
8864	H. Scriver	Excluded	0

3. You were charged \$ 0 - for uninsured subcontractors and/or outside labor see list below. Note: Charges for uninsured subcontractors may be deleted by submitting a valid Workers Compensation Certificate to the Underwriting Department. All certificates are subject to verification. You will be charged for any subcontractor whose certificate is found to be invalid. Send certificates to New York State Insurance Fund, 199 Church St, NY, NY 10007 Attn: Underwriting Dept. Group 90-3rd floor

Name	Work Done	Code	% Chgd	Ter	Amount

4. The following items were applied and/or explained:

Payroll Separations and employees classifications

Yes	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Overtime Credit Given

Changes in operation/ classification

Please indicate any comments concerning audit below:

I/We hereby certify that the full amount of all salaries, wages, earnings for regular time, overtime, and allowances earned by all persons in my/our employ, including officers and principals to whom said policy applied for the period from 3/07/07 to 6/19/07 Was as set forth above. I ACKNOWLEDGE THAT THE AUDIT HAS BEEN FULLY EXPLAINED TO ME BY AUDITOR.

Signature (Policyholder or Representative)

[Handwritten Signature]

Title:

Administrative

Date:

Telephone Number:

EXHIBIT J

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

COMMISSIONERS OF THE STATE
INSURANCE FUND,

Plaintiff,

-against-

HARRY'S NURSES REGISTRY, INC.,

Defendant(s).

INDEX NO.: 1406 555/07
DATE FILED: 10.03.07
POLICY NO.: 14466643

SUMMONS

Plaintiff designates New York
County as the place of trial.

The basis of venue is
Plaintiff's Place of Business.

To the above named Defendant(s):

YOU ARE HEREBY SUMMONED AND REQUIRED to serve upon the Plaintiff's attorney, at the address stated below, a written Answer to the attached complaint.

If this Summons is served upon you within the State of New York by personal service, you must respond within 20 days after service, not counting the day of service. If this Summons is not personally delivered to you within the State of New York, you must respond within 30 days after service is completed, as provided by law.

If you do not respond to the attached Complaint within the applicable time limitation stated above, a Judgment will be entered against you, by default, for the relief demanded in the Complaint, without further notice to you.

Dated: New York, New York
October 2, 2007

GREGORY J. ALLEN
Attorney for Plaintiff
COMMISSIONERS OF THE STATE
INSURANCE FUND

BY: Carol A. Venezia
Carol A. Venezia
199 Church Street
New York, New York 10007-1173
(212) 312-7125

Business address of defendant(s):
88-25 163RD STREET
JAMAICA, NY 11432

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

COMMISSIONERS OF THE STATE INSURANCE FUND,

Plaintiff,

VERIFIED COMPLAINT

-against-

HARRY'S NURSES REGISTRY, INC.,

Index No.: 406555/07

Defendant.

Policy No.: 14466643

Plaintiff, by its attorney, Gregory J. Allen, complaining of the defendant, respectfully alleges as follows:

1. Plaintiff, the Commissioners of the State Insurance Fund, is in charge, supervision and control of the affairs of the State Insurance Fund and is, by virtue of its said offices, invested with the authority to collect all claims and to prosecute any and all actions, including the present action, under and pursuant to the terms of the Workers' Compensation Law for the benefit and on behalf of the State Insurance Fund.

2. The State Insurance Fund (hereinafter, "State Fund") is an agency of the State of New York, authorized to conduct the business of insurance in the State of New York with an office at 199 Church Street, New York, New York 10007-1173.

3. State Fund provides workers' compensation and disability insurance coverage for its customers for which it charges premiums and fees.

4. Pursuant to the provisions of the Workers' Compensation Law and the acts amendatory thereof and supplemental thereto, defendant signed and filed with State Fund an application for workers' compensation insurance, as created by Article VI of said Law.

5. In compliance with this application, State Fund issued to the defendant a policy of workers' compensation/disability insurance, policy number **14466643**, for which defendant agreed to pay to State Fund premiums based upon payroll, as provided by the Workers' Compensation Law, which policy is self-renewing on an annual basis.

6. Upon information and belief, Defendant is a domestic corporation located at 88-25 163rd Street, Jamaica, NY.

7. This action arises out of defendant's transaction of business or doing business in the State of New York.

8. State Fund has fully performed by providing the insurance coverage sought up to the date the policy was cancelled, to wit, June 19, 2007.

9. Defendant has defaulted in the payment of premiums due in accordance with the terms of said policy and/or controlling law, such that the sum of \$122,729.01, which has been duly demanded, is now due and owing for unpaid or underpaid premium.

10. Plaintiff may and does herein seek to recover the cost of collection pursuant to the State Finance Law section 18, which is 22% of the principal amount sought in item 9, to wit, \$27,000.38.

WHEREFORE, it is respectfully requested that plaintiff, The Commissioners of the State Insurance Fund, be awarded judgment against defendant:

- (a) Unpaid premium of \$122,729.01;
- (b) Interest from June 19, 2007;
- (c) Cost of collection pursuant to State Finance Law section 18, which is 22% of the principal amount to be due, or \$27,000.38;
- (d) Costs and disbursements of this action.

Dated: New York, New York
October 2, 2007

GREGORY J. ALLEN
Attorney for Plaintiff
COMMISSIONERS OF THE STATE
INSURANCE FUND

BY: Carol A. Venezia
Carol A. Venezia, Esq.
199 Church Street
New York, New York 10007-1173
(212) 312-7125

ATTORNEY'S VERIFICATION BY AFFIRMATION

Carol A. Venezia, the undersigned duly affirms under penalty of perjury that I am an attorney duly admitted to the practice of law in the State and that I am associated with Gregory J. Allen, General Attorney of the State Insurance Fund, attorney for plaintiff, and I further affirm that I have read the foregoing complaint, know the contents thereof, and that the same is true and correct of my own knowledge except as to the matters herein stated to be alleged upon information and belief, and, as to those matters, I believe to be true, that the sources of information and the grounds of belief as to the matters therein stated to be alleged upon the records of the State Insurance Fund, and other information consisting of communications and statements made by the representatives of the State Insurance Fund.

Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, the contentions contained in the annexed document are not frivolous.

Dated: New York, New York
October 2, 2007

GREGORY J. ALLEN
Attorney for Plaintiff
COMMISSIONERS OF THE STATE
INSURANCE FUND

BY: Carol A. Venezia
Carol A. Venezia
199 Church Street
New York, New York 10007-1173
(212) 312-7125

Index No.: 406555/07

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

COMMISSIONERS OF THE STATE INSURANCE FUND,

Plaintiff,

-against-

HARRY'S NURSES REGISTRY, INC.,

Defendant(s).

SUMMONS AND VERIFIED COMPLAINT

GREGORY J. ALLEN
Attorney for Plaintiff
By: Carol A. Venezia, Esq.
199 Church Street
New York, New York 10007-1173
(212) 312-7125

Policy No.: 14466643

EXHIBIT K

DEALY & SILBERSTEIN, LLP
ATTORNEYS AT LAW
225 Broadway, Suite 1405
New York, New York 10007
Telephone: (212) 385 0066 * Telefax: (212) 385 2117

January 7, 2008

Carol A. Venezia, Esq.
Senior Attorney
New York State Insurance Fund
Legal Department
199 Church Street
New York, NY 10007

**Re: Commissioners of the State Insurance Fund v. Harry's Nurses Registry, Inc.
Supreme Court, New York County Index No. 406555/07**

Policy # 1446 664-3

Dear Ms. Venezia:

As you are aware, this firm represents Harry's Nurses Registry, Inc., the Defendant in the referenced matter.

Enclosed herewith, for service, please find the Defendant's Verified Answer and Affirmative Defenses to the Verified Complaint. Also enclosed is a copy of the Information Page Renewal Policy dated December 20, 2006 in connection with this policy (the "Information Page"). As you are aware, this policy covered the period of February 7, 2007 through February 7, 2008, and was cancelled on June 19, 2007, approximately a third of the way through the policy period. As stated in the Information Page, the estimated annual premium for this policy was \$360,000, and the deposit amount required was approximately \$90,000, or one quarter of the total premiums due for the year. I am informed by my client that the \$90,000 deposit was in fact paid. Notwithstanding the foregoing, the State Insurance Fund is seeking \$122,729.01 in unpaid premiums in this case, a number that does not appear to be supported by the information supplied. I believe that if the State Insurance Fund conducted an audit of my client, this matter could be amicably resolved. Please contact the undersigned upon your receipt of this letter to schedule the audit.

Very truly yours,



Milo Silberstein

MS/rg
Enclosures
cc: Mr. Harry Dorvilier

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
COMMISSIONERS OF THE STATE INSURANCE
FUND,

Plaintiff,

-against-

HARRY'S NURSES REGISTRY, INC.,

Defendant.
-----X

**ANSWER AND AFFIRMATIVE
DEFENSES**

Index No.: 406555/07

DEFENDANT HARRY'S NURSES REGISTRY, INC. ("Defendant"), by its attorneys,
Dealy & Silberstein, LLP, answers the Verified Complaint of Plaintiff COMMISSIONERS OF
THE STATE INSURANCE FUND ("Plaintiff") as follows:

1. Denies knowledge or information sufficient to form a belief as to the truth or falsity as to the allegations made in paragraph 1 of the Verified Complaint.
2. Denies knowledge or information sufficient to form a belief as to the truth or falsity as to the allegations made in paragraph 2 of the Verified Complaint.
3. Denies knowledge or information sufficient to form a belief as to the truth or falsity as to the allegations made in paragraph 3 of the Verified Complaint.
4. Denies the allegations contained in paragraph 4 of the Verified Complaint, except admits that Defendant filed an application for worker's compensation insurance with the State Fund, and respectfully refers all questions of law to the Court.
5. Admits the allegations contained in paragraph 5 of the Verified Complaint.
6. Admits the allegations contained in paragraph 6 of the Verified Complaint.
7. There is no allegation of fact in paragraph 7 of the Verified Complaint which

would require a response, and Defendant respectfully refers all questions of law to the Court.

8. Admits the allegations contained in paragraph 8 of the Verified Complaint.
9. Denies the allegations contained in paragraph 9 of the Verified Complaint.
10. Denies knowledge or information sufficient to form a belief as to the truth or falsity as to the allegations made in paragraph 10 of the Verified Complaint and Defendant respectfully refers all questions of law to the Court and specifically avers that no sums are due and owing to Plaintiff.

Denies that Plaintiff is entitled to any of the relief requested in the "WHEREFORE" Section of the Complaint.

AFFIRMATIVE DEFENSES

1. Plaintiff's Complaint fails to state a claim against Defendant upon which relief can be granted.
2. All amounts due to Plaintiff have been already been paid in full by Defendant and Defendant has complied in full with any and all contractual obligations arising under policy 1446 664-3.

WHEREFORE, Defendant Harry's Nurses's Registry, Inc. respectfully requests the following:

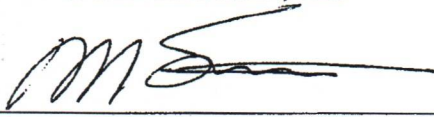
1. That the Court dismiss the Complaint in these proceedings, with prejudice;
2. That the Court grant Defendant its fees and expenses, including reasonable attorney's fees; and
3. That the Court grant such other and further relief as the Court deems just and

proper.

Dated: New York, New York
January 7, 2008

Yours, etc.

DEALY & SILBERSTEIN, LLP

By: 

Milo Silberstein

*Attorneys for Defendant Harry's Nurses
Registry, Inc.*

225 Broadway, Suite 1405
New York, New York 10007
(212) 385-0066

TO: Carol A. Venezia, Esq.
Senior Attorney
New York State Insurance Fund
Legal Department
199 Church Street
New York, NY 10007

ATTORNEY'S VERIFICATION

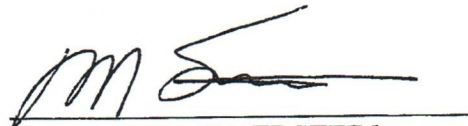
STATE OF NEW YORK)
) s.s.:
COUNTY OF NEW YORK)

I, the undersigned, am an attorney admitted to practice in the courts of New York and say that: I am a member of Dealy & Silberstein, LLP, the attorney's of record for Defendant Harry's Nurses Registry, Inc. I have read the annexed Verified Answer, know the contents thereof and the same are true to my knowledge, except those matters therein which are stated to be alleged on information and belief, and as to those matters I believe them to be true. My belief, as to those matters therein not stated upon knowledge, is based upon the following:

Telephone conversations with Harry Dorvilier, the principal of Harry's Nurses Registry, Inc. and review of all relevant documents.

The reason I make this affirmation instead of Defendant is that Defendant resides outside of the County wherein my law firm maintains its office.

I affirm that the foregoing statements are true under penalties of perjury.



MILO SILBERSTEIN

EXHIBIT L

February 12, 2008

Dealy & Silberstein, LLP
225 Broadway, Suite 1405
New York, New York 10007

Attention: Milo Silberstein

Re: Plaintiff: Commissioners of The State Insurance Fund
Defendant: Harry's Nurses Registry, Inc.
Index #: 406555/07
SIF Policy #: 1446 664-3

Dear Mr. Silberstein:

You have indicated that you that you reviewed the defendant's Information Page Renewal Policy dated 12/20/2006 in connection with policy number 1446 664-3 for the period 2/07/2007 to 2/07/2008. As you have noted, the policy was cancelled on 6/19/2007 before the end of the yearly period. You requested an audit for the final period which was already done on 8/07/2007, prior to the summons and complaint.

For your information, I am sending to you the Statement of Account from the inception of the policy to the last monthly statement sent to the insured on 9/07/2007. On page three of the Statement of Account I have underlined the line dated 12/20/2006, RENEWAL, for the period starting from 2/07/2007, with a bill amount of \$89,794.85 and a balance of \$271,790.46. To guide you, subsequent to the 12/20/2006 renewal entry on the statement of account, I have underlined relevant changes to the period starting 2/07/2007 and also relevant changes to the period starting 2/07/2006. I attached printouts of State Insurance Fund documents for those underlined entries and have attached them to the Statement of Account.

Please note on the statement of account, that I have underlined the actual audit for the yearly period starting 2/07/2006 which was billed on 5/21/2007 and the final audit for the period starting on 2/07/2007 which was billed on 8/16/2007.

I have also printed out and enclosed the audit worksheets for the audit billed on 5/21/2007 and the final audit billed on 8/16/2007.

I trust this explains the action taken by the State Insurance Fund since the renewal of the policy on 12/20/2006. Please call about payment of the final balance.

Very truly yours,

A handwritten signature in cursive script that reads "Carol A. Venezia".

Carol A. Venezia
Senior Attorney
(212)312-7125

EXHIBIT M

JASNE & FLORIO, L.L.P.

Attorneys & Counselors at Law

30 Glenn Street, Suite 103
White Plains, New York 10603

Tel: (914) 997-1212

Fax: (914) 682-8692

E-mail: jf@jasneflorio.com

Service by Electronic Means of Any Document
Without Written Authorization Is Not Accepted

Hugh G. Jasne, NY
Daniel F. Florio, Jr., NY & CT

June 17, 2008

Milo Silberstein, Esq.
DEALY & SILBERSTEIN, LLP
225 Broadway, Suite 1405
New York, New York 10007

Re: *Commissioners of the State Insurance Fund v. Harry's Nurses Registry, Inc.*
Supreme Court, New York County
Index No. 406555/07

Dear Mr. Silberstein:

Please be advised that our office is appearing in the above referenced action as *Of Counsel* for the Attorney For Plaintiff. To that end, please find enclosed for service upon your office, our office's Notice Of Appearance. Accordingly, please direct service of all papers in this action or other correspondence to our office. Although, this is not a formal substitution, as a courtesy to your office, I represent that it is not necessary for you to carbon copy any correspondence related to this matter to Plaintiff's *In House* Legal Department.

It is my understanding that there are no material issues of fact or outstanding discovery. If this is not your understanding or if you wish to discuss any aspect of this case including but not limited to an amicable resolution, please contact me within ten days hereof. If I do not hear from your office within ten days hereof, we will assume there are no issues and move for summary judgment without further notice.

Very Truly Yours,
JASNE & FLORIO, L.L.P.


Daniel F. Florio, Jr.

Index No.: 406555/07
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

COMMISSIONERS OF THE STATE INSURANCE FUND,
Plaintiff,

-against-

HARRY'S NURSE'S REGISTRY, INC.,
Defendant.

NOTICE OF MOTION

JASNE & FLORIO, L.L.P.

*Of Counsel to Gregory J. Allen
Attorney for Plaintiff*

Office, Post Office Address and Telephone

*30 Glenn Street
Suite 103
White Plains, New York 10603
(914) 997-1212*
