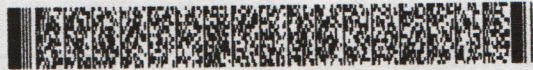


NOTE: Complete both sides of this page for ALL annual reports

State of California
Department of Industrial Relations
Self Insurance Plans
2265 Watt Avenue, Suite 1
Sacramento, CA 95825
Web site <http://sip.dir.ca.gov>
E-mail: sip@dir.ca.gov



PUBLIC SELF INSURER'S ANNUAL REPORT

I. GENERAL-To be completed by the employer

1. CERTIFICATE NUMBER:

A-5805-05-146

Active Revoked

2. PERIOD OF REPORT:

Full Year Interim/Amended Report for the Period of:

From Date (mm/dd/yy) To Date (mm/dd/yy)

3. NAME OF MASTER CERTIFICATE HOLDER

NAME Vector Control Joint Powers Agency (VCJPA)

FEDERAL TAX ID. NUMBER

ADDRESS 1831 K St

94-2608342

CITY Sacramento

STATE CA

ZIP +4 95811

4. TYPE OF PUBLIC AGENCY:

CITY/COUNTY POLICE/FIRE TRANSIT
 SCHOOL HOSPITAL OTHER

5. During the period of this report, has there been any of the following with respect to the master certificate holder, subsidiary, affiliate, JPA's or its member agencies?

A merger or unification? Yes No
Changes in name or identify Yes No
Any addition to Self Insurance Program? Yes No

If yes, explain:

6. TOTAL EMPLOYMENT AND WAGES PAID IN FISCAL YEAR 2007-2008 FOR THIS SELF INSURER:

(a) NUMBER OF EMPLOYEES 1,162
(Number of individual employees listed on for DE-6 for year ending June 30, 2008)

(b) TOTAL WAGES AND SALARIES PAID \$ 38,950,202
(As reported on EDD Form DE-6 Line M for all four quarters)

7. TO WHOM DO YOU WANT CORRESPONDENCE ADDRESSED?

TITLE Mr. FIRST NAME Brian MI LAST Kelley

COMPANY NAME: Bickmore Risk Services

ADDRESS: 1831 K Street

CITY: Sacramento STATE: CA ZIP+4: 95811

PHONE: (916) 244-1100 FAX: (916) 244-1199

E-MAIL ADDRESS: bkelly@brsrisk.com

8. CERTIFICATION BY AGENCY OFFICIAL:

I declare under the penalty of perjury that I have examined this Self Insurer's Annual Report and to the best of my knowledge and believe it is true, correct and complete.

SIGNATURE (Original Only): *Brian Kelley* DATE:

TYPED NAME: Brian Kelley

AGENCY NAME: Bickmore Risk Services

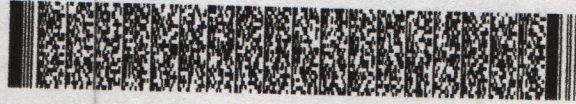
STREET ADDRESS: 1831 K Street

CITY: Sacramento STATE: CA ZIP+4: 95811

PHONE: (916) 244-1100 FAX: (916) 244-1199

Fiscal Year
07/08

NOTE: Claims Administrator
Complete this page for ALL reports



II. LIABILITIES BY REPORTING LOCATION

Reporting Location Nos.: A-5805-05-146

Name of Master Certificate Holder: Vector Control Joint Powers Agency (Vcjpa)

Type of Report:

Original Report (Due October 1 each year) Amended Report for the Period of: Interim Report

07/01/07 06/30/08

From Date (mm/dd/yy) To Date (mm/dd/yy)

A. CASES AND BENEFITS (to nearest dollar)		Incurred Liability		Paid to Date		Future Liability		
	Number	\$ Indemnity	\$ Medical	\$ Indemnity	\$ Medical	\$ Indemnity	\$ Medical	
1. Cases open as of 6/30/2008 reported prior to FY 2003-04		17	474,149	737,849	388,355	482,178	85,794	255,671
2. Open & Closed Cases:								
a. FY 2003-04 Total Cases Reported		101	127,213	200,416	123,674	171,639		
FY 2003-04 Cases Open		2	74,027	89,934	70,488	61,157	3,539	28,777
b. FY 2004-05 Total Cases Reported		97	159,096	207,971	139,346	179,486		
FY 2004-05 Cases Open		1	60,055	69,400	40,305	40,915	19,750	28,485
c. FY 2005-06 Total Cases Reported		105	121,579	209,007	98,149	142,964		
FY 2005-06 Cases Open		8	101,181	143,334	77,751	77,291	23,430	66,043
d. FY 2006-07 Total Cases Reported		83	153,296	716,932	121,806	225,931		
FY 2006-07 Cases Open		11	143,771	671,572	112,281	180,571	31,490	491,001
e. FY 2007-08 Total Cases Reported		97	328,057	198,226	121,603	127,896		
FY 2007-08 Cases Open		27	311,448	163,783	104,994	93,453	206,454	70,330
						\$ Indemnity	\$ Medical	
SUBTOTAL						370,457	940,307	
TOTAL						1,310,764		
						\$ Indemnity	\$ Medical	
						363,827	415,871	
3. ESTIMATED FUTURE LIABILITY (Indemnity plus Medical)								
4. Total Benefits paid during FY 2007-08 (including all case expenditures):								
5. Number of MEDICAL-ONLY cases reported in FY 2007-08:								
6. Number of INDEMNITY cases reported in FY 2007-08:								
7. TOTAL of 5 and 6 (also entered in 2e above):								
8. TOTAL number of open indemnity cases (all years):								
9. Number of Fatality cases reported in FY 2007-08								
10. (a) Number of FY 2007-08 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2007-08:								
10. (b) Number of non-FY 2007-08 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2007-08:								

80/50

Fiscal Year
07/08

A. NAME OF ADMINISTRATOR(S)/ADMINISTRATING AGENCY(IES) SUBMITTING THIS REPORT.

I. Name (Person) Ralph Matthews

Administrative Agency's

Agency Name Acclamation Insurance Management Services

Certificate No.: 146

Address 10445 Old Placerville Road

or Self Administered

City Sacramento

State CA Zip+4 95827-2508

B. HAS THERE BEEN A CHANGE IN ADMINISTRATOR/ADMINISTRATIVE AGENCY DURING THE PERIOD OF THIS REPORT PERIOD? YES NO

IF YES: DATE OF CHANGE:

TYPE OF CHANGE:

Change in Administrative Agency

Change to or from Self Administration

NAME OF NEW ADMINISTRATOR(S)/ADMINISTRATIVE AGENCY(IES):

Name

Agency Name

Address

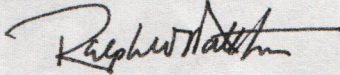
City

State

Zip+4

CERTIFICATION

I declare under penalty of perjury that I have prepared or caused this report to be prepared and I have examined this liabilities report of this self insurer's workers' compensation liabilities. To the best of my knowledge and belief this report is true, correct and complete with respect to the workers' compensation liabilities incurred and paid. I further declare under the penalty of perjury that the estimates of future liability of workers' compensation claims made in this report reflect the administrator's best judgment as to the future liability of claims, using prevailing industry standards, and the signatory intends Self Insurance Plans to rely upon the representation.



Original Signature of Administrator (Qualified Person)

Date: 09/04/08

TYPED NAME OF ADMINISTRATOR

Administrator's First Name: Ralph

MI: W

Last Name: Matthews

Title: Vice President

Name of Administrative Agency or Employer: Acclamation Insurance Management Services

Street Address: 10445 Old Placerville

City: Sacramento

State: CA

Zip+4: 95827-2508

Phone No. of Administrator: (916) 563-1900

Fax No.: (916) 563-1919

E-mail Address of Administrator: rmatthews@aims4claims.com

Fiscal Year
07/08

NOTE: Self Insured Employer
Complete this page on ALL reports.

RECORDS STORAGE

1. Are claim records stored at any location other than with the current administrator?

Yes No If yes, Where?

A. Agency Name Derrel's Mini Storage

Address 3502 S. San Jose

City Fresno State CA

Zip+4 93711 Phone

C. Agency Name

Address

City State

Zip+4 Phone

B. Agency Name

Address

City State

Zip+4 Phone

D. Agency Name

Address

City State

Zip+4 Phone

INSURANCE COVERAGE

1. Are any of your workers' compensation liabilities in California during the reporting period covered by a standard workers' compensation insurance policy?

Yes No If Yes:

1. Name of Insurance Company:

Policy Number:

Policy Issue Date:

2. Name of Insurance Company:

Policy Number:

Policy Issue Date:

2. Are any of your workers' compensation liabilities in California during the reporting period covered by a specific excess workers' compensation insurance policy?

Yes No If Yes:

1. Name of Carrier: Local Agency Workers' Compensation Excess

Policy Number: 34-2007

Policy Issue Date: 07/01/07

Retention Limit: 500,000

2. Name of Carrier:

Policy Number:

Policy Issue Date:

Retention Limit:

3. Do you carry an aggregate (stop loss) workers' compensation insurance policy?

Yes No If Yes:

1. Name of Carrier:

Policy Number:

Retention Limit:

Policy Issue Date:

2. Name of Carrier:

Policy Number:

Retention Limit:

Policy Issue Date:

OPEN INDEMNITY CLAIMS

A. Attach a list of ALL Open Indemnity Claims by reporting location and by year reported and with claims in alphabetical order, or a computer prepared printout organized in the same format.

Fiscal Year
07/08

District	Affiliate Certificate Number
Burney Basin Mosquito Abatement District	5805-001
Coachella Valley Mosquito Abatement District	5805-002
Colusa Mosquito Abatement District	5805-003
Consolidated Mosquito Abatement District	5805-004
Fresno Mosquito and Vector Control District	5805-006
Glenn County Mosquito and Vector Control District	5805-007
Los Angeles County West Vector Control District	5805-008
Northern Salinas Valley Mosquito Abatement District	5805-011
Northwest Mosquito and Vector Control District	5805-012
Orange County Vector Control District	5805-013
Sacramento-Yolo Mosquito and Vector Control District	5805-014
San Mateo County Mosquito Abatement District	5805-015
Shasta Mosquito and Vector Control District	5805-016
Greater Los Angeles County Vector Control District	5805-017
Sutter-Yuba Mosquito and Vector Control District	5805-018
Tehama County Mosquito and Vector Control District	5805-019
Turlock Mosquito Abatement District	5805-020
Alameda County Mosquito Abatement District	5805-021
Marin Sonoma Mosquito and Vector Control District	5805-022
Contra Costa Mosquito and Vector Control District	5805-023
Santa Barbara Coastal Vector Control District	5805-025
San Joaquin County Mosquito and Vector Control District	5805-026
West Valley Mosquito and Vector Control District	5805-027
Coalinga-Huron Mosquito Abatement District	5805-028
Butte County Mosquito and Vector Control District	5805-029
Napa County Mosquito Abatement District	5805-030
Pine Grove Mosquito Abatement District	5805-031
San Gabriel Valley Mosquito Abatement District	5805-032
Compton Creek Mosquito Abatement District	5805-033
Placer County Mosquito Abatement District	5805-034
Oroville Mosquito Abatement District	5805-035
Durham Mosquito Abatement District	5805-036
Lake County Vector Control District	5805-037

Alphabetical Order

2002-001
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2002-100

1. The first column contains a list of numbers from 2002-001 to 2002-100. The second column contains a list of names, some of which are partially obscured or illegible. The names appear to be related to a specific organization or project, possibly involving various departments or locations. The text is very faint and difficult to read accurately.

