

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
SELF INSURANCE PLANS
2265 Watt Avenue, Suite 1
Sacramento, CA 95825
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E-mail:sip@dir.ca.gov

YEAR ENDING June 30, 2004

PUBLIC SELF INSURER'S ANNUAL REPORT JOINT POWERS AUTHORITY AND MEMBERS

I. GENERAL

1. CERTIFICATE NUMBER: 4-5805-01-132

2. PERIOD OF REPORT: Full Year

Status Active

Interim Report For The Period of:
07/01/03 to 04/30/04
Mo Day Yr to Mo Day Yr

3. NAME OF MASTER CERTIFICATE HOLDER(JPA):

Vector Control Joint Powers Agency (VCJPA)

Federal Tax Identification

NAME

No: 94-2608342

1020 19th St., Ste. 200

ADDRESS OF MAIN HEADQUARTERS

Sacramento CA 95814

CITY, STATE ZIP+4

4. TYPE OF PUBLIC AGENCIES IN THIS JPA: JPA

- CITY/COUNTY
- SCHOOL
- POLICE/FIRE
- HOSPITAL
- TRANSIT
- OTHER

5. DURING THE PERIOD OF THIS REPORT, HAS THERE BEEN ANY OF THE FOLLOWING WITH RESPECT TO THE JPA OR ITS MEMBER AGENCIES ? (IF YES, EXPLAIN ON REVERSE SIDE OF THIS PAGE.)

- A MERGER OR UNIFICATION? Yes No
- CHANGE IN NAME OR IDENTITY? Yes No
- ANY ADDITION TO SELF INSURANCE PROGRAM? Yes No

6. ARE THERE ANY JPA OR MEMBER AGENCY EMPLOYEES NOT INCLUDED IN YOUR JPA WORKERS' COMPENSATION SELF INSURANCE PROGRAM?

- Yes No

IF YES, WHAT EMPLOYEES ARE NOT INCLUDED?

ARE THESE EMPLOYEES COVERED BY AN INSURANCE POLICY? Yes No

ARE THESE EMPLOYEES COVERED BY ANOTHER SELF INSURANCE CERT. OR JPA? Yes No

7. TO WHOM DO YOU WANT CORRESPONDENCE ADDRESSED?

NAME Rob Kramer

TITLE Administrator

AGENCY NAME Vector Control Joint Powers Agency (VCJPA)

ADDRESS 1020 19th St., Ste. 200 1831 K Street

Sacramento, CA 95814

TELEPHONE (916)491-1435

FASCIMILE (FAX) NUMBER (916)491-1436 244-1199

8. CERTIFICATION BY JOINT POWERS AUTHORITY 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 belief it is true, correct and complete.

Signature: Rob Kramer Date: 9/30/04
Original Signature Only

Typed Name: Rob Kramer

Agency Name: Vector Control Joint Powers Agency

Street Address: 1831 K St.

City: Sacramento State: CA ZIP+4: 95814

Telephone: (916)491-1435 Fax: (916)491-1436

Fiscal Year
03 / 04

Annual Report is Due October 1, 2004

1. CERTIFICATE NUMBER: 4-5805-01-132

5. (Continued)

9. List the full legal names of each separate subsidiary or affiliate agency whose liabilities are being reported under this annual report; the certificate number of each such agency and its federal tax identification number. Also include the Employment and Wages paid for the applicable fiscal year. The number of employees should include all employees for which a W-2 tax form was issued. The salary information reported should be consistent with the figures reported on the employers EDD Form DE 6 (enter total of figures reported on the DE-6 for all four quaters.

Affiliate Certificate No.	Full Legal Name	Federal Tax ID	No. of employees in 2003/*** for this member	Wages/Salaries Paid in 2003/*** by this member
5805-000	Madera County Mosquito Abatement District	94-6000865	N/A	\$ N/A
5805-000	Fresno Westside Mosquito Abatement District	94-6037648	N/A	\$ N/A
5805-000	Delano Mosquito Abatement District	95-6000925	N/A	\$ N/A
5805-000	Kings Mosquito Abatement District	94-6000721	N/A	\$ N/A
5805-000	West Side Mosquito Abatement District	95-730308K	N/A	\$ N/A
5805-000	Carpinteria Mosquito Abatement District		N/A	\$ N/A
5805-001	Burney Basin Mosquito Abatement District	94-2350639	3	\$ 57,614
5805-002	Coachella Valley Mosquito Abatement District		46	\$ 1,397,761
5805-003	Colusa Mosquito Abatement District	94-6000508	3	\$ 108,639
5805-004	Consolidated Mosquito Abatement District	94-6000483	38	\$ 845,658
5805-005	East Side Mosquito Abatement District	94-6000595	N/A	\$ N/A
5805-006	Fresno Mosquito and Vector Control District	94-6000664	17	\$ 503,537
5805-007	Glenn County Mosquito and Vector Control District	94-1561658	5	\$ 56,132
5805-008	Los Angeles County West Vector Control District	95-6000926	37	\$ 1,706,653
5805-010	Merced County Mosquito Abatement District	94-6000521	N/A	\$ N/A
5805-011	Northern Salinas Valley Mosquito Abatement District	94-6003459	8	\$ 490,846
5805-012	Northwest Mosquito and Vector Control District	33-0071836	23	\$ 916,116
5805-013	Orange County Vector Control District	33-0031494	102	\$ 3,703,461
5805-014	Sacramento-Yolo Mosquito and Vector Control District	94-6001151	74	\$ 2,794,230
5805-015	San Mateo County Mosquito Abatement District	94-6004102	22	\$ 863,691
5805-016	Shasta Mosquito and Vector Control District	94-2319306	14	\$ 667,062
5805-017	Greater Los Angeles County Vector Control District	95-6004634	76	\$ 2,877,520
5805-018	Sutter-Yuba Mosquito and Vector Control District	94-6001417	23	\$ 714,251
5805-019	Tehama County Mosquito and Vector Control District	94-6050133	4	\$ 141,545
5805-020	Turlock Mosquito Abatement District	94-6001461	15	\$ 582,329
5805-021	Alameda County Mosquito Abatement District	94-6000503	18	\$ 900,394
5805-022	Marin Sonoma Mosquito and Vector Control District	94-6032128	28	\$ 1,553,502
5805-023	Contra Costa Mosquito and Vector	94-6000487	42	\$ 1,919,626

NOTE 1: Add additional page to list additional numbers, if necessary

NOTE 2: If more than one claims administrator is used, then liabilities must be reported for each claims adjusting location using a Page 3, Liabilities by Reporting Location, and a Page 2, Consolidated Liabilities, for all liabilities of the JPA

	Control District			\$ 5805-024
	Solano County Mosquito Abatement District	94-6001309	N/A	\$ N/A
5805-025	Santa Barbara Coastal Vector Control District	94-407160	4	\$ 203,376
5805-026	San Joaquin County Mosquito and Vector Control District	94-6000531	33	\$ 1,605,469
5805-027	West Valley Mosquito and Vector Control District	33-0108234	17	\$ 522,383
5805-028	Coalinga-Huron Mosquito Abatement District	94-6016021	1	\$ 17,038
5805-029	Butte County Mosquito and Vector Control District	94-6000141	27	\$ 852,213
5805-030	Napa County Mosquito Abatement District	94-6000965	11	\$ 350,375
5805-031	Pine Grove Mosquito Abatement District	68-0094406	1	\$ 36,518
5805-032	San Gabriel Valley Mosquito and Vector Control District	95-4365944	27	\$ 1,139,442
5805-033	Compton Creek Mosquito Abatement District	95-6000886	2	\$ 61,533
5805-034	Placer County Mosquito Abatement District	94-600527	12	\$ 402,960
5805-035	Oroville Mosquito Abatement District	94-6001029	1	\$ 30,492
5805-036	Durham Mosquito Abatement District	94 6000587	2	\$ 29,100
5805-037	Lake County Vector Control District	94-6002869	10	\$ 187,087

NOTE 1: Add additional page to list additional numbers, if necessary

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II. CONSOLIDATED JPA LIABILITIES

Certificate Number: 4 5 8 0 5 0 1 1 3 2

Name of Joint Power Authority: Vector Control Joint Powers Agency

Type of Report:

Original Report (Due October 1 each year)

Interim/Amended Report for the period of:

Month Day Year

Month Day Year

A. CASES AND BENEFITS (to nearest dollar)

	Number	Incurred Liability		Paid to Date		Future Liability	
		\$ Indemnity	\$ Medical	\$ Indemnity	\$ Medical	\$ Indemnity	\$ Medical
1. Cases open as of 6/30/04 reported prior to FY 1999-00	11	209,694	543,257	200,740	300,294	8,954	242,963
2. Open & Closed Cases:							
a. FY 1998-99 Total cases reported	55	161,841	270,736	94,185	134,488		
FY 1998-99 Cases open	7	120,567	194,708	52,911	58,460	67,656	136,248
b. FY 2000-01 Total cases reported	78	252,231	274,421	215,326	186,407		
FY 2000-01 Cases open	9	176,454	204,500	139,548	116,486	36,906	88,014
c. FY 2001-02 Total cases reported	86	101,514	255,734	48,384	132,953		
FY 2001-02 Cases open	13	93,505	187,019	40,376	64,238	53,129	122,781
d. FY 2002-03 Total cases reported	94	417,658	517,040	126,644	220,265		
FY 2002-03 Cases open	15	408,812	481,400	117,798	184,624	291,014	296,776
e. FY 2003-04 Total cases reported	90	105,998	267,961	33,899	97,947		
FY 2003-04 Cases open	36	102,140	247,201	30,042	77,187	72,098	170,014
						\$ Indemnity	\$ Medical
						529,757	1,056,796
						SUBTOTAL	
3. ESTIMATED FUTURE LIABILITY (Indemnity plus Medical)						TOTAL	
						1,586,553	
						\$ Indemnity	\$ Medical
4. Total Benefits paid during FY 2003-2004 (including all case expenditures):						191,658	216,331

- | | |
|--|----|
| 5. Number of MEDICAL-ONLY cases reported in FY 2003-2004: | 57 |
| 6. Number of INDEMNITY cases reported in FY 2003-2004: | 33 |
| 7. TOTAL of 5 and 6 (also entered in 2e above): | 90 |
| 8. TOTAL number of open indemnity cases (all years): | 74 |
| 9. Number of Fatality cases reported in FY 2003-2004: | 0 |
| 10. (a) Number of FY 2002-03 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2003-2004: | 0 |
| (b) Number of non-FY 2002-03 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2003-2004: | 0 |

B. TOTAL EMPLOYMENT AND WAGES PAID IN FISCAL YEAR 2003-2004 FOR THIS JPA:*

- (a) **NUMBER OF EMPLOYEES*** 746
(Total number of employees for all members of this JPA)
- (b) **TOTAL WAGES AND SALARIES PAID*** \$ 28,238,556
(Total wages paid by all JPA members)

Fiscal Year

03/04

*NOTE Figure totals should agree with total of columns of entries on reverse side of Page 1 for all individual JPA affiliate members in the JPA

IV. RECORDS STORAGE

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

Yes No If yes, Where? _____

A. Agency Name _____ Address _____ City _____ State ____ Zip+4 _____ 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 (____) _____

V. 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 JPA (LAWCX)
Policy Number: 027-2003 Policy Issue Date: July 1, 2003
Retention Limit: \$350,000 - \$2,000,000

2. Name of Carrier: California Public Entities Insurance Authority (CPEIA)
Policy Number: 063003-A Policy Issue Date: July 1, 2003
Retention Limit: \$2,000,000 - \$25,000,000

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

Yes No If Yes:

1. Name of Carrier: _____
Policy Number: _____ Policy Issue Date: _____
Retention Limit: _____

2. Name of Carrier: _____
Policy Number: _____ Policy Issue Date: _____
Retention Limit: _____

VI. OPEN INDEMNITY CLAIMS

A. List of ALL Open Indemnity Claims by reporting location and by year reported and with claims in alphabetical order is attached immediately following page 6 of this report.
(You may use the form attached or a computer-prepared printout organized in the same format.)

Fiscal Year
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VII. FUNDING OF JPA LIABILITIES

1. Which of the following best describes the method the JPA uses to fund workers' compensation claim liabilities?

- Actuary Basis
- Cash Flow Basis
- Budgeted Amount
- Percentage Above Last Year's Losses
- Each Member Funds Their Own Claim Liability
- Other: _____

2. Has the JPA set aside aggregate funding for incurred but not reported claims for FY 2003-2004?

- Yes No If yes, what amount? \$ 100,000.00

3. Did the JPA conduct an actuary study of the JPA's funding of workers' compensation liabilities by an outside, independent actuary during the period July 1, 2003 to June 30, 2004?

- Yes No

What was the date of the last actuary study? April 2004

How often does the JPA have an actuary study done? Annually

4. Did the JPA have a claims audit performed by an outside, independent claims auditor during the period July 1, 2003 to June 30, 2004?

- Yes No

What was the date of the last outside, independent claims audit? March 2004

How often does the JPA have an outside, independent claims audit done? Biennially

5. Did the JPA have an annual financial audit conducted by a certified public accountant during the period July 1, 2003 to June 30, 2004?

- Yes No

What was the date of the last financial audit? As of June 30, 2004

How often are such outside financial audits conducted? Annually

6. Who established the level of funding for the JPA's workers' compensation claims?

- JPA Management
- Third Party Administrator
- Insurance Broker
- Consultant
- Other: _____

7. Can any member of the JPA leave and take their claims liability and equity with them?

Liability: Yes No

Equity: Yes No

8. Does the JPA have authority under its governing document (such as contract or by-laws, etc.) to assess JPA members for additional funding, if necessary?

- Yes No

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03/04