TAB 2

CHARLIE Mulfinger



Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

Date: January 12, 2009

- Vendor: Gabriel Roeder Smith & Company One East Broward Blvd., Suite 505 Ft. Lauderdale, FL 33301-1872
- Amount: \$2,025.00
- Invoice 107112 Description: Services through 12/31/08

Trustee Trustee

Date

GRS Gabriel Roeder Smith & Company Consultants & Actuaries		Invoice
One East Broward Blvd. Suite 505	Date	Invoice #
Ft. Lauderdale, Florida 33301-1872 (954) 527-1616	12/31/2008	107112
(934) 527-1010	12/31/2008	10/112
Bill To:	Please Re	emit To:
BOARD OF TRUSTEES, PALMETTO GENERAL	Dane # 79000	
EMPLOYEES RETIREMENT PLAN	Dept. # 78009 Gabriel Roeder Smitl	h & Company
Ms. Diane Ponder	PO Box 78000	n & Company
Deputy City Clerk	Detroit, Michigan 48	278-0009
City of Palmetto	Or	2/0 0009
516 8th Avenue West	ACH Payment to:	
Palmetto, FL 34221	Gabriel Roeder Smith	h & Company
	JPMorgan Chase, AE	
	Account #: 0486723	
Description	Project #	Amount
For services rendered through 12/31/08		
1. 12/1/08 opinion letter pertaining to proposed Plan	103420-208	\$521
amendment		~~~~
2. Retirement Benefit Calculation for: Jones	103420-408	\$250
3. 9/30/08 DROP Statements	103420-308	\$445
 Charges to date for preparation of the 10/1/08 Actuarial Valuation Report 	103420-108	\$809
	Invoice Total	\$2,025
	Paid to Date	φ2,023
Client No. 103420	Amount Due	\$2,025
PLEASE INDICATE THE INVOICE NUMBER ON Y	Amount Duc	· · · · · · · · · · · · · · · · · · ·

AttN: CHARLIE Mulfinger



Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

Date: February 6, 2009

Vendor: Gabriel Roeder Smith & Company One East Broward Blvd., Suite 505 Ft. Lauderdale, FL 33301-1872

Amount: \$1,450.00

Invoice 107384 Description: Services through 11/31/09

ustee Trustee

2/9/09 Date

GRS Gabriel Roeder Smith & Compa Consultants & Actuaries One East Broward Blvd.		Invoice #
Suite 505 Ft. Lauderdale, Florida 33301-187 (954) 527-1616	72 1/31/2009	107384
Bill To:	Please F	Remit To:
BOARD OF TRUSTEES, PALMETTO GENERAL		
EMPLOYEES RETIREMENT PLAN Ms. Diane Ponder Deputy City Clerk City of Palmetto 516 8th Avenue West Palmetto, FL 34221	Dept. # 78009 Gabriel Roeder Sm PO Box 78000 Detroit, Michigan 4 or ACH Payment to: Gabriel Roeder Sm JPMorgan Chase, A Account #: 048672	8278-0009 ith & Company ABA #: 072000326
Description	Project #	Amount
 1. 12/31/08 DROP Statements 2. Retirement Benefit Calculations for: Koper, Freeman (5 calculations) 	103420-308 103420-408	\$450 \$1,000
	Invoice Total	\$1,450
	Paid to Date	<u></u>
Client No. 103420 PLEASE INDICATE THE INVOICE NUMBER	Amount Due	\$1,450

Attw: Charlie Mulfinger



Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

Date: February 4, 2009

- Vendor: Florida Municipal Insurance Trust PO Box 1757 Tallahassee, FL 32302-1757
- Amount: \$2,579.54 (Premium) <u>176.50</u> (Waiver of recourse-to be reimbursed by City) \$2,756.04
- Description: Invoice 107112FMIT #0460 Annual Fiduciary Liability Insurance

Trustee

Kourak Trustee

INVOICE SPECIAL COVERAGES

1/26/2009 FMIT# 0460

2.579.54

\$

MAKE CHECKS PAYABLE TO:

FLORIDA MUNICIPAL INSURANCE TRUST POST OFFICE BOX 1757 TALLAHASSEE FL 32302-1757

PLEASE RETURN THE TAN COPY OF THIS INVOICE WITH YOUR CHECK BY 2/10/2009. IF FULL PREMIUM PAYMENT IS NOT RECEIVED BY 2/10/2009, THE POLICY IS SUBJECT TO CANCELLATION FOR NON-PAYMENT OF PREMIUM BY THE INSURER.

DESCRIPTION	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
A-3 BONDS FIDUCIARY LIABILITY GENERAL EMPLOYEES RETIREMENT PLAN PORTION TOTAL LIMIT: \$1,000,000	U709-50016	1/31/2009	1/31/2010
	PREMIUMS		
BASE PREMIUM: ADDITIONAL INSURED(S): TERRORISM:			\$2,554.00
	aane suuddheertae gag ade _{suud} se suud suud suud suud suud suud suud su	ം പാനായ് എംഎംഎം പോണ്ട് പ്രാസ്ത്രം പാന്താം	25.54

TOTAL POLICY PREMIUM:

Mr. Ron Koper Risk Manager

City of Palmetto

516 8th Avenue West

Palmetto, FL 34221

Ancillary insurance coverage includes any insurance coverage not currently available directly from the Florida Municipal Insurance Trust. When the Florida League of Cities, Inc. acts as intermediary or agency in facilitating ancillary insurance coverage for a member with a third party insurer, the Florida League of Cities, Inc. shall not be liable to the member if the third party insurer becomes insolvent at any time after coverage has commenced. The Florida League of Cities, Inc. shall use reasonable skill and judgment in securing any such ancillary insurance coverage. However, it is not a guarantor of the financial condition of any third party insurer and is entitled to reasonably rely upon generally accepted financial, actuarial and/or insurance industry data when facilitating ancillary insurance coverage.

CITY OF PALMETTO A/P CHECK REQUEST

Date of Request	2/5/09 Cost Center		Invoice #	FMIT0460	
Vendor	General Employees' Reti	rement System	Invoice Date	1/26/09	

Item Description/Product Number	Amount	Account Number	Project Number
Reimbursement to the General Employees' Retirement System for the Waiver of Recourse for Fiduciary Insurance-Policy U709-500d16	176.50		
	- 2010/05/2017/07/07/07/07/07/07/07/07/07/07/07/07/07		· · · · · · · · · · · · · · · · · · ·
та — ция ст. ст. че так по по поли индерства и ст. ст. т. ст. ст. 45.27 област — т. 47.47 интерниций ст. тик ситис. 405 			······································
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SPECIAL INSTRUCTION:

2/5/09 male Q

Requested By & Date

Department Head Approval & Date

For Finance Use

Vendor#

Finance Approval & Date

City Clerk Approval & Date

Posted By & Date



516 8th Avenue West P.O. Box 1209 Palmetto, Florida 34220-1209 Phone (941) 723-4570 Fax: (941) 723-4576 Suncom: 516-0829 E-mail: chgeneral@palmettofl.org Web: www.palmettofl.org

February 5, 2009

Karen Simpson, Finance Director

Re: City of Palmetto General Employees' Retirement System

Dear Karen:

At the recommendation of the attorney for the Board of Trustees, the Board has purchased a fiduciary insurance policy which will cover the pension plan for losses incurred as a result of fiduciary risks set forth in the policy. This policy does not duplicate and is in addition to coverage afforded by other policies currently in effect for the city of Palmetto.

The insurance policy covers not only the pension fund itself but also the individual trustees while acting in their fiduciary capacity. In order to protect the personal assets of the individual trustees, it is necessary to spend an additional \$176.50 so that the insurance company will "waive recourse" against the individual trustees. This means that if the pension fund should suffer a loss as a result of decisions or acts of one or more of the trustees which result in a loss to the pension fund, which loss is paid by the insurance company, the insurance company, by payment of this additional \$176.50 premium, agrees not to recover the loss by suing the individual trustees for their act or decision. If this additional coverage is not purchased, the personal assets of each individual trustee of the pension plan could be subject to a judgment which might be sought by the insurance company if the waiver of recourse is not purchased.

Legally, the \$176.50 premium for the waiver of recourse against the individual trustees cannot be paid directly out of the pension plan funds. The premium can only be paid by the employer (City of Palmetto), or the individual trustees themselves. Since trustees of the pension board act without compensation as a service to the community, it appears inappropriate to require the individual trustees to each pay \$25 in order to protect their personal assets from potential claims resulting from their voluntary service on the pension board. The Board has paid the additional \$176.50 at this time to avoid a lapse in the policy. However, for legal reasons given, the Board would like to ask the City of Palmetto to agree to pay the \$176.50 premium for the waiver of recourse. Assuming that you agree, we would ask that the City's check in the amount of \$176.50 be made payable to the City of Palmetto General Employees' Retirement System and show that the check is for reimbursement for waiver of recourse coverage on the fiduciary liability insurance policy.

Should you have any questions regarding this matter, please feel free to contact me or one of the Board's attorneys, Scott Christiansen or Lee Dehner at 941-733-2200.

Dure

Diane Ponder Board of Trustees Clerk General Employees' Retirement System

INVOICE SPECIAL COVERAGES

1/26/2009 FMIT# 0460

MAKE CHECKS PAYABLE TO:

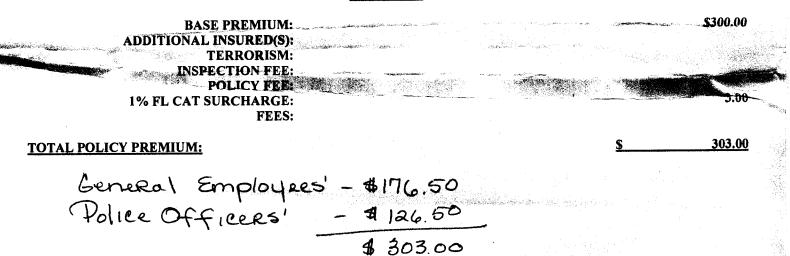
FLORIDA MUNICIPAL INSURANCE TRUST POST OFFICE BOX 1757 TALLAHASSEE FL 32302-1757

Mr. Ron Koper Risk Manager City of Palmetto 516 8th Avenue West Palmetto, FL 34221

PLEASE RETURN THE TAN COPY OF THIS INVOICE WITH YOUR CHECK BY 2/10/2009. IF FULL PREMIUM PAYMENT IS NOT RECEIVED BY 2/10/2009, THE POLICY IS SUBJECT TO CANCELLATION FOR NON-PAYMENT OF PREMIUM BY THE INSURER.

DESCRIPTIONPOLICY NUMBEREFFECTIVE
DATEEXPIRATION
DATEA-3 BONDSU709-500161/31/20091/31/2010FIDUCIARY LIABILITY
POLICE OFFICERS AND GENERAL
EMPLOYEES RETIREMENT PLANS
TOTAL LIMIT: \$1,000,000
ELIMINATION OF RECOURSEU709-500161/31/2019

PREMIUMS



Ancillary insurance coverage includes any insurance coverage not currently available directly from the Florida Municipal Insurance Trust. When the Florida League of Cities, Inc. acts as intermediary or agency in facilitating ancillary insurance coverage for a member with a third party insurer, the Florida League of Cities, Inc. shall not be liable to the member if the third party insurer becomes insolvent at any time after coverage has commenced. The Florida League of Cities, Inc. shall use reasonable skill and judgment in securing any such ancillary insurance coverage. However, it is not a guarantor of the financial condition of any third party insurer and is entitled to reasonably rely upon generally accepted financial, actuarial and/or insurance industry data when facilitating ancillary insurance coverage.

ATTN: CHARLIE MULFINGER



GENERAL EMPLOYEES' PENSION PLAN PAYMENT REQUISITION

Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

December 17, 2008 Date:

Christiansen & Dehner, PA Vendor: 63 Sarasota Center Blvd., Suite 107 Sarasota, FL 34240

\$1,503.38.00 Amount:

Professional Services billed through Description: November 30, 2008 Invoice 15581

Trustee

Trustee

108 Date

Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 3424

941-377-2200 Phone 941-377-4848

Fax

November 30, 2008

City of Palmetto General Employees' Retirement Plan PO Box 1209 Palmetto, FL 34220-1209 ATTN: Diane Ponder

Invoice No. 15581

Reference To: General Employees' Pension Plan 9421		
Professional Services		
	Hours	Amount
11/5/2008 Review and re-negotiateCitigroup contract. 1/17/2008 Telephone conference with S. Jones. 1/21/2008 Preparation ofordinance amending pension plan incorporating all Internal Revenue Code changes and updates.	1.00 0.10 4.00	290.00 29.00 1,160.00
For professional services rendered	5.10	\$1,479.00
Additional Charges :		
	Qty	
11/21/2008 Copies Postage	80 1	20.00 4.38
Total additional charges		\$24.38
Total amount of this bill		\$1,503.38
Previous balance		\$58.00
Accounts receivable transactions		
12/1/2008 Payment - thank you. Check No. 0299600458		(\$58.00
Total payments and adjustments		(\$58.00

ATTN: CHARITE MULFINGER



GENERAL EMPLOYEES' PENSION PLAN PAYMENT REQUISITION

Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

Date: December 31, 2008

Vendor: Christiansen & Dehner, PA 63 Sarasota Center Blvd., Suite 107 Sarasota, FL 34240

Amount: \$58.00

Description: Professional Services billed through December 31, 2008 Invoice 15752

Trustee Trustee

Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 3424

941-377-2200 Phone 941-377-4848 Fax

December 31, 2008

City of Palmetto General Employees' Retirement Plan PO Box 1209 Palmetto, FL 34220-1209 ATTN: Diane Ponder

Invoice No. 15752

In Reference To: General Employees' Pension Plan 9421		
Professional Services		
	Hours	Amount
12/9/2008 Telephone conference with D. Ponder. 12/15/2008 Memorandum to Board regarding social security number reporting.	0.10 0.10	29.00 29.00
For professional services rendered	0.20	\$58.00
Previous balance		\$1,503.38
Accounts receivable transactions		
12/30/2008 Payment - thank you. Check No. 6710008006	(1	\$1,503.38)
Total payments and adjustments	(1	\$1,503.38
Balance due		\$58.00

** Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses". Thank you.

> Please indicate account number(s) with payment. (Please Deduct any payments not reflected in Balance due)



Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

February 16, 2008 Date:

- Vendor: Christiansen & Dehner, PA 63 Sarasota Center Blvd., Suite 107 Sarasota, FL 34240
- Amount: \$1,219.42
- Description: Professional Services billed through January 31 31, 2009 Invoice 15886

TRUSTEE APPROVAL: ustee Trustee

Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 3424

941-377-2200 Phone 941-377-4848 Fax

January 31, 2009

City of Palmetto General Employees' Retirement Plan PO Box 1209 Palmetto, FL 34220-1209 ATTN: Diane Ponder

Invoice No. 15886

In Reference To: General Employees' Pension Plan 9421		
Professional Services		
	Hours	Amount
1/14/2009 Travel Time Only - Meeting not posted. 1/20/2009 Preparation and attendance at Board Meeting. Travel Time 1/28/2009 Preparation of response to auditor.	1.50 2.30 1.50 0.20	217.50 667.00 217.50 58.00
For professional services rendered	5.50	\$1,160.00
Additional Charges :		
	Qty	
1/14/2009 Car Expense 1/20/2009 Car Expense 1/28/2009 Copies Postage	1 1 2 1	29.25 29.25 0.50 0.42
Total additional charges		\$59.42
Total amount of this bill		\$1,219.42
Previous balance		\$58.00
Accounts receivable transactions		
2/10/2009 Payment - thank you. Check No. 6710049708		(\$58.00)
Total payments and adjustments		(\$58.00)

Amount

\$1,219.42

Balance due

** Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses". Thank you.