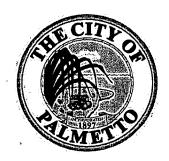
TAB 2

CHARIE Mulfinge



GENERAL EMPLOYEES' PENSION PLAN PAYMENT REQUISITION

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

Date:

August 20, 2010

Vendor:

Christiansen & Dehner, PA

63 Sarasota Center Blvd., Suite 107

Sarasota, FL 34240

Amount:

\$614.900 (Carlton Ramsey Disability)

Description:

Professional Services billed through

July 31, 2010

TRUSTEE APPROVAL:

Trustee '

Trustee

Date

8/24/10

Date

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 34240-

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

July 31, 2010

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

Project Billing	Summary		Ir	voice Number
		Fees/ Costs	Payments/ Credits/ Refunds	Prev. Bal/ New Chgs/ Pm/Cr/Ref/ New Bal
In Reference To: General	Employees' Pension Plan	9421	1	6306
7		\$0.00 \$0.00	(\$859.00) \$0.00 \$0.00	\$859.00 \$0.00 (\$859.00) \$0.00
In Reference To: Carlton I	Ramsey Disability	1017	1	8214
		\$325.00 \$289.90	(\$1,421.00) \$0.00 \$0.00	\$1,421.00 \$614.90 (\$1,421.00) \$614.90
		\$325.00 \$289.90	(\$2,280.00) \$0.00 \$0.00	\$2,280.00 \$614.90 (\$2,280.00
	CRAND TOTAL (or	rrent and previous ba	olonooo)	\$614.90

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

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 34240-

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

July 31, 2010

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

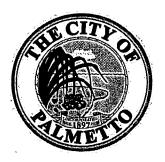
Invoice Number

n Reference To: General Employees' Pension Plan 9421	
	Amount
Previous balance	
	(\$859.00
	(\$859.00
	\$0.00
	9421

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.

In Reference To: Carlton Ramsey Disability	1017	18214	
Professional Services			
		Hours	Amoun
7/14/2010 Receipt and partial review of medical records. Receipt and review of personnel records. 7/22/2010 Receipt and partial review of medical records. 7/23/2010 Receipt and partial review of medical records.	•	0.20 0.30 0.20 0.30	65.00 97.50 65.00 97.50
For professional services rendered		1.00	\$325.00
Additional Charges :			
i.		Qty	
6/22/2010 Copies Postage 7/15/2010 Medical Records. Medical Records. 7/22/2010 Medical Records. Total additional charges		2 1 1 1 1	0.50 7.44 133.42 103.34 45.20 \$289.90
Total amount of this bill		Ramsey	\$614.90
Previous balance		•	\$1,421.00
Accounts receivable transactions			
7/12/2010 Payment - thank you. Check No. 6710485141		(\$1,421.00
Total payments and adjustments		(\$1,421.00
Balance due			\$614.90

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.



GENERAL EMPLOYEES' PENSION PLAN PAYMENT REQUISITION

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

Date:

November 15, 2010

Vendor:

Christiansen & Dehner, PA

63 Sarasota Center Blvd., Suite 107

Sarasota, FL 34240

Amount:

\$ 130.00 (Plan expenses)

\$1,939.80 (Ramsey disability

\$2,069.80

Description:

Professional Services billed through

October 31, 2010

Invoice 18355

TRUSTEE APPROVAL:

Trustee

Trustee

Date

Date

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 34240-

941-377-2200 Phone

941-377-4848 Fax

October 31, 2010

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

		Invoic	e Number
n Reference To: General Employees' Pension Plan	9421	18682	2
Professional Services			, , , , , , , , , , , , , , , , , , ,
		Hours	Amount
10/15/2010 Memorandum to Board regarding application for Inte "Favorable Determination Letter."	rnal Revenue Service	0.40	130.00
For professional services rendered		0.40	\$130.00
Balance due			\$130.00

** 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.

 Current	30 Days	60 Days	90 Days	120+ Days
(\$716.70)	\$846.70	\$0.00	\$0.00	\$0.00

In Reference To: Carlton Ramsey Disability	1017	18683	
Professional Services			
in the second se		Hours	Amoun
10/4/2010 Receipt and partial review of medical records. 10/20/2010 Correspondence to Claimant re: appointment dat Examination.		0.20 0.20	65.00 65.00
10/26/2010 Correspondence to Lakeside transmitting prepay	fee for IME.	0.20	65.00
For professional services rendered		0.60	\$195.00
Additional Charges :	•		
· ·	•	Qty	
10/19/2010 United Parcel Service United Parcel Service United Parcel Service Copies 10/26/2010 Independent Medical Examination Fee	. 3	1 1 1 717 1	20.95 23.65 20.95 179.25 1,500.00
Total additional charges		· <u>-</u>	\$1,744.80
Total amount of this bill		<u></u>	\$1,939.80
Previous balance			\$125.00
Accounts receivable transactions		•	
0/13/2010 Payment - thank you. Check No. 6710554595			(\$125.00
Total payments and adjustments		v	(\$125.00
Balance due			\$1,939.80

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.

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 34240-

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

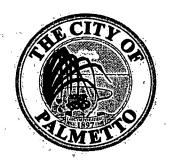
October 31, 2010

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

Project Billing Summary		In	voice Number
	Fees/ Costs	Payments/ Credits/ Refunds	Prev. Bal/ New Chgs/ Pm/Cr/Ref/ New Bal
In Reference To: General Employees' Pension Plan	9421	- 14 (1444-1441) 1	8682
	\$130.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$130.00 \$0.00 \$130.00
In Reference To: Carlton Ramsey Disability	1017	1	8683
	\$195.00 \$1,744.80	(\$125.00) \$0.00 \$0.00	\$125.00 \$1,939.80 (\$125.00) \$1,939.80
	\$325.00 \$1,744.80	(\$125.00) \$0.00 \$0.00	\$125.00 \$2,069.80 (\$125.00)
GRAND TOTAL (c	urrent and previous b	alances)	\$2,069.80

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

Charle Mulfinger



GENERAL EMPLOYEES' PENSION PLAN PAYMENT REQUISITION

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

Date:

October 6, 2010

Vendor:

Christiansen & Dehner, PA

63 Sarasota Center Blvd., Suite 107

Sarasota, FL 34240

Amount:

\$125.00

Description:

Professional Services billed through September 30, 2010

(Ramsey Disability)

Invoice 1653

TRUSTEE APPROVAL:

10/6/10 Date

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 34240-

941-377-2200 Phone

941-377-4848 Fax

September 30, 2010

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

Invoice Number

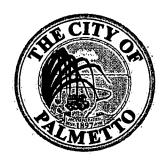
In Reference To: General Employees' Pension Plan	9421	16530
		Amount
Previous balance		\$846.75
Accounts receivable transactions	7	
9/22/2010 Payment - thank you. Check No. 6710539728	8	(\$846.75
Total payments and adjustments	 	(\$846.75
Balance due	•	\$0.00

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.

1017	18494
, 4 .x	Qty Amount
•	1 125.00
v	\$125.00
	 \$125.00
	1017

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.

Attn: C. Mulfinger



GENERAL EMPLOYEES' PENSION PLAN PAYMENT REQUISITION

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

Date:

September 14, 2010

Vendor:

Christiansen & Dehner, PA

63 Sarasota Center Blvd., Suite 107

Sarasota, FL 34240

Amount:

\$846.75

Description:

Professional Services billed through

August 31, 2010 Invoice 18355

TRUSTEE APPROVAL:

9/16/10 Date
9/16/10

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 34240-

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

August 31, 2010

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

Invoice Number

n Reference To: General Employees' Pension Plan	9421	18355	j
Professional Services			
		Hours	Amoun
8/23/2010 Trustee Training 8/30/2010 Preparation and attendance at Board Meeting. Travel Time		0.40 1.80 0.70	130.00 585.00 113.75
For professional services rendered		2.90	\$828.75
Additional Charges :			
· ·		Qty	
8/30/2010 Car Expense Food Expense		1 1	12.50 5.50
Total additional charges		,	\$18.00
Total amount of this bill			\$846.75
Balance due			\$846.75

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.



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:

November 15, 2010

Vendor:

Foster & Foster, Inc.

13420 Parker Commons Blvd, Ste. 104

Fort Myers, FL 33912

Amount:

\$850.00

Description:

Invoice 1639

Services through November 11, 2010

TRUSTEE APPROVAL:

Date 11/19/10

Foster&Foster_{INC}

Phone: (239) 433-5500 Fax: (239) 481-0634 data@foster-foster.com

Invoice

Date	Invoice #
11/11/2010	1639

Bill To

City of Palmetto General Employees' Retirement System PO Box 1209 Palmetto, FL 34220

Terms	Due Date
Net 30	12/11/2010

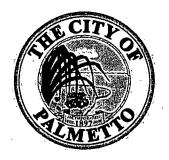
	Description	Amount
Review of propo	osed Ordinance and letter of no actuarial cost impact dated September 29, 2010.	500.00
Preparation for and e-mail correspondence dated October 28, 2010 regarding the individual DROP account balances for the current participants as of the quarter ending September 30, 2010.		
1		•
F		

Balance Due

\$850.00

Thank you for your business!

Please make all checks payable to:
Foster & Foster, Inc.
13420 Parker Commons Blvd, Suite 104
Fort Myers, FL 33912



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:

September 2, 2010

Vendor:

Florida Municipal Insurance Trust

PO Box 1757

Tallahassee, FL 32302-1757

Amount:

\$2,579.54 (Premium)

161.78 (Waiver of recourse-to be reimbursed by City)

\$2,741.32

Description:

Invoice FMIT #0460

Annual Fiduciary Liability Insurance

Policy U710-50528 10/1/2010-10/1/2011

TRUSTEE APPROVAL:

Trustee

Trustee

Date

Date

INVOICE SPECIAL COVERAGES

8/20/2010 FMIT# 0460

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

MAKE CHECKS PAYABLE TO:

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

PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR CHECK BY 9/4/2010.

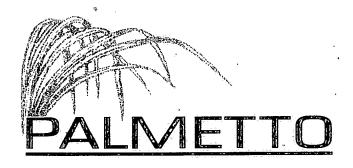
IF FULL PREMIUM PAYMENT IS NOT RECEIVED BY 9/4/2010, THE POLICY IS SUBJECT TO CANCELLATION FOR NON-PAYMENT OF PREMIUM BY THE INSURER.

	DESCRIPTION	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
	* . d	,		
A-3 BON		U710-50528	10/1/2010	10/1/2011
	ARY LIABILITY AL EMPLOYEES RETIREMENT	y.	•	
PLAN PO	ORTION			
TOTAL	LIMIT: \$1,000,000			
.+		*		
•	, -	DDEMIUMO	Į.	
	P ₄	<u>PREMIUMS</u>		
•	BASE PREMIUM:			\$2,554.00
	ADDITIONAL INSURED(S):	•		•
•	TERRORISM: INSPECTION FEE:	•		
	POLICY FEE:	,		
•	1% FL CAT SURCHARGE:	. *		25.54
	FEES:	~		
ŤÓTALI	POLICY PREMIUM.			
IUIAL	POLICY PREMIUM:			\$ 2,579.54

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	Morgan Stanley Smith Barney			Invoice #		
Vendor						
	i dala hiberta samati nina dalah nina arawa makanga mga mga mga maka	- a vanie mag is e in experience de l'in e is mandre place plane any métable previousle.	PRINCIPAL PARCENTE, N.C. PARTIE NO. AND VENTAMENT FROM N. P. BANK F. S. SPANI.	Date	The experimental matter of extends an experimental server.	e tig, mg a ng ang ang ang ang ang ang ang ang a
Item Desc	cription/Product N	Number	Amoun	t T	Account Number	Project Number
and the same in the parameter of the	sement of Gener Board of Trustee		161.78		THE STATE OF THE S	3
Pension I Recourse	Board of Trustee premium	s Waiver of	A SERVICE AND THE COURSE OF TH	income a succession of the suc	and deviated specific deviations and the specific specifi	No. of Section 2015 and
	and the property of the contract of the property of the property of the contract of the contra				A providence of the provider a management of the provider and the section of the	The state of the s
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No. an	Amle.	9/2/10	, ,		,	
Requested	By & Date		Depart	lment Hea	ad Approval & Date	
hatter in process.		-	For Finance Use			
					Vendor#	· · ·
					vendoi #	
			,			
inance Ap	proval & Date			City Cle	erk Approval & Date	
·				,		
,	i					



September 2, 2010

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

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 \$161.78 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 \$161.78 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 \$161.78 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 the premium 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 \$161.78 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 \$161.78 premium for the waiver of recourse. Assuming that you agree, we would ask that the City's check in the amount of \$161.78 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.

Diane Ponder

Board of Trustees Clerk

General Employees' Retirement System

INVOICE SPECIAL COVERAGES

8/20/2010 FMIT# 0460

Mr. Ron Koper Risk Manager City of Palmetto 516 8th Avenue West Palmetto, FL 34221 MAKE CHECKS PAYABLE TO:

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

PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR CHECK BY 9/4/2010.

IF FULL PREMIUM PAYMENT IS NOT RECEIVED BY 9/4/2010, 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 POLICE OFFICERS AND GENERAL EMPLOYEES RETIREMENT PLANS TOTAL LIMIT: \$1,000,000 ELIMINATION OF RECOURSE	U710-50528	10/1/2010	10/1/2011
	PREMIUMS		
BASE PREMIUM: ADDITIONAL INSURED(S): TERRORISM: INSPECTION FEE:			\$275.00
POLICY FEE: 1% FL CAT SURCHARGE: FEES:			2.75
TOTAL POLICY PREMIUM:			<u>\$ 277.75</u>
Police Pension	114.60	+1.37 =	11597
Police Pension General Employee Pe	NSION 160.	40 + 1.38 =	161.78

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.