

STATEMENT OF OWNERSHIP MANAGEMENT AND CIRCULATION <small>(Act of October 23, 1962; Section 4109, Title 39, United States Code)</small>		<small>Publisher: File two copies of this form with your postmaster. Postmaster: Complete verification on page 2.</small> <small>Post-Approval, Return Form No. 48-807</small>	
1. DATE OF FILING		2. TITLE OF PUBLICATION	
		ANNALS OF MATHEMATICAL STATISTICS	
3. FREQUENCY OF ISSUE			
BI-MONTHLY			
4. LOCATION OF HEADQUARTERS OR GENERAL BUSINESS OFFICE OF THE PUBLISHERS <small>(Not printer)</small>			
Mount Royal & Guilford Avenues		Baltimore Maryland 21202	
5. NAMES AND ADDRESSES OF PUBLISHER, EDITOR, AND MANAGING EDITOR			
PUBLISHER <small>(Name and address)</small>			
Waverly Press, Inc.		Mt. Royal and Guilford Aves Baltimore, Md 21202	
EDITOR <small>(Name and address)</small>			
Ingram Oikin		Sequoia Hall, Stanford University Stanford, Ca 94305	
MANAGING EDITOR <small>(Name and address)</small>			
K.J.C. Smith		Dept. of Statistics Univ. of North Carolina Chapel Hill, NC 27514	
7. OWNER <small>(If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)</small>			
NAME		ADDRESS	
Institute of Mathematical Statistics <small>(Unincorporated non-profit society)</small>		Cal-State College, Hayward 25800 Hillyard Street Hayward, California 94542	
8. KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES <small>(If there are none, so state)</small>			
NAME		ADDRESS	
None			
9. FOR COMPLETION BY NONPROFIT ORGANIZATIONS AUTHORIZED TO MAIL AT SPECIAL RATES <small>(Section 132.122, Postal Manual)</small> <small>(Check one)</small>			
The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes			
<input checked="" type="checkbox"/> Have not changed during preceding 12 months		<input type="checkbox"/> Have changed during preceding 12 months <small>(If changed, publisher must submit explanation of change with this statement.)</small>	
10. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUE DURING PRECEDING 12 MONTHS	ACTUAL NUMBER OF COPIES OF SINGLE ISSUE PUBLISHED NEAREST TO FILING DATE
A. TOTAL NO. COPIES PRINTED <small>(Net Press Run)</small>		6026	6063
B. PAID CIRCULATION			
1. SALES THROUGH DEALERS AND CARRIERS, STREET VENDORS AND COUNTER SALES		None	None
2. MAIL SUBSCRIPTIONS		4848	4935
C. TOTAL PAID CIRCULATION		4836	4923
D. FREE DISTRIBUTION <small>(including samples)</small> BY MAIL, CARRIER OR OTHER MEANS		12	12
E. TOTAL DISTRIBUTION <small>(Sum of C and D)</small>		4848	4935
F. OFFICE USE, LEFT-OVER, UNACCOUNTED, SPOILED AFTER PRINTING		1178	1028
G. TOTAL <small>(Sum of E &amp; F—should equal net press run shown in A)</small>		6026	6063
I certify that the statements made by me above are correct and complete.		<small>(Signature of editor, publisher, business manager, or owner)</small> 	

