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FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

OMB Number: 3235-0070

Expires: December 31, 2008

Estimated average burden hours per response: 4.00

(See Instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer

TCW Senior Secured Floating Rate Loan

Jurisdiction of Incorporation/Organization

Cayman Islands

Year of Incorporation/Organization (Select one)

Over Five Years Ago Within Last Five Years (specify year) Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)

- Corporation
Limited Partnership
Limited Liability Company
General Partnership
Business Trust
Other (Specify)

(If more than one issuer is filing this notice, check this box and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1

1251 Avenue of the Americas

City

New York

State/Province/Country

NY

Street Address 2

Suite 4700

ZIP/Postal Code

10020

Phone No.

212-771-4000

Item 3. Related Persons

Last Name

Beyer

First Name

Robert

Middle Name

D.

Street Address 1

865 South Figueroa Street

City

Los Angeles

State/Province/Country

CA

Street Address 2

Suite 1800

ZIP/Postal Code

90017

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary) Director & Chief Executive Officer

(Identify additional related persons by checking this box and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture
Banking and Financial Services
Commercial Banking
Insurance
Investing
Investment Banking
Pooled Investment Fund

If selecting this industry group, also select one fund type below and answer the question below:

- Hedge Fund
Private Equity Fund
Venture Capital Fund
Other Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No

Other Banking & Financial Services

- Business Services
Energy
Electric Utilities
Energy Conservation
Coal Mining
Environmental Services
Oil & Gas
Other Energy

- Health Care
Biotechnology
Health Insurance
Hospitals & Physicians
Pharmaceuticals
Other Health Care

- Manufacturing
Real Estate
Commercial

- Construction
REITs & Finance
Residential
Other Real Estate
Retailing
Restaurants
Technology
Computers
Telecommunications
Other Technology

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Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- Rule 504(b)(1) (not (i), (ii) or (iii))
- Rule 504(b)(1)(i)
- Rule 504(b)(1)(ii)
- Rule 504(b)(1)(iii)
- Rule 505
- Rule 506
- Securities Act Section 4(6)

Investment Company Act Section 3(c)

- Section 3(c)(1)
- Section 3(c)(2)
- Section 3(c)(3)
- Section 3(c)(4)
- Section 3(c)(5)
- Section 3(c)(6)
- Section 3(c)(7)

- Section 3(c)(9)
- Section 3(c)(10)
- Section 3(c)(11)
- Section 3(c)(12)
- Section 3(c)(13)
- Section 3(c)(14)

Item 7. Type of Filing

- New Notice
- OR
- Amendment

Date of First Sale in this Offering: September 1, 2005 OR  First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year?  Yes  No

Item 9. Type(s) of Securities Offered (Select all that apply)

- Equity
- Debt
- Option, Warrant or Other Right to Acquire Another Security
- Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
- Pooled Investment Fund Interests
- Tenant-in-Common Securities
- Mineral Property Securities
- Other (Describe)

Limited Partnership Interests

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?  Yes  No

Clarification of Response (if Necessary)

[Empty box for clarification of response]

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U.S. Securities and Exchange Commission  
Washington, DC 20549

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 1,000,000.00 - Subject to G.P.'s discretion

Item 12. Sales Compensation

Recipient: n/a  
 (Associated) Broker or Dealer:  None  
 Street Address 1:   
 City:   
 State/Province/Country:   
 ZIP/Postal Code:   
 Recipient CRD Number:  No CRD Number  
 (Associated) Broker or Dealer CRD Number:  No CRD Number  
 Street Address 2:   
 States of Solicitation:  All States

States of Solicitation:  AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  ID  IL  IN  IA  KS  KY  LA  ME  MD  MA  MI  MN  MS  MO  MT  NE  NV  NH  NJ  NM  NY  NC  ND  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  VA  WA  WV  WI  WY  PR

(Identify additional person(s) being paid compensation by checking this box  and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$  OR  Indefinite  
 (b) Total Amount Sold \$   
 (c) Total Remaining to be Sold \$  OR  Indefinite  
 (Subtract (a) from (b))

Clarification of Response (if Necessary)

Item 14. Investors

Check this box  if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:

Enter the total number of investors who already have invested in the offering:

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$   Estimate  
 Finders' Fees \$   Estimate

Clarification of Response (if Necessary)

**Item 16. Use of Proceeds**

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ n/a

Estimate

Clarification of Response (if Necessary)

[Empty box for clarification of response]

**Signature and Submission**

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

**Terms of Submission.** In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.\*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box  and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

TCW Senior Secured Floating Rate Loan

Name of Signer

Sean Plater

Signature

*Sean Plater*

Title

Senior Vice President

Number of continuation pages attached:

4

Date

12/11/08

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

FORM D

U.S. Securities and Exchange Commission  
Washington, DC 20549

Items 1 and 2 Continuation Page

Item 1 and 2. Issuer's Identity and Contact Information (Continued)

Name of Issuer <input type="text" value="Fund (Cayman), LP"/>		Previous Name(s) <input type="checkbox"/> None <input type="text"/> <input type="text"/> <input type="text"/>		Entity Type (Select one) <input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> General Partnership <input type="radio"/> Business Trust <input type="radio"/> Other (Specify) <input type="text"/>	
Jurisdiction of Incorporation/Organization <input type="text"/>					
Year of Incorporation/Organization (Select one) <input type="radio"/> Over Five Years Ago <input type="radio"/> Within Last Five Years (specify year) <input type="text"/> <input type="radio"/> Yet to Be Formed					

At your option, supply separate contact information for this issuer:

Street Address 1 <input type="text"/>		Street Address 2 <input type="text"/>	
City <input type="text"/>	State/Province/Country <input type="text"/>	ZIP/Postal Code <input type="text"/>	Phone No. <input type="text"/>

Name of Issuer <input type="text"/>		Previous Name(s) <input type="checkbox"/> None <input type="text"/> <input type="text"/> <input type="text"/>		Entity Type (Select one) <input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> General Partnership <input type="radio"/> Business Trust <input type="radio"/> Other (Specify) <input type="text"/>	
Jurisdiction of Incorporation/Organization <input type="text"/>					
Year of Incorporation/Organization (Select one) <input type="radio"/> Over Five Years Ago <input type="radio"/> Within Last Five Years (specify year) <input type="text"/> <input type="radio"/> Yet to Be Formed					

At your option, supply separate contact information for this issuer:

Street Address 1 <input type="text"/>		Street Address 2 <input type="text"/>	
City <input type="text"/>	State/Province/Country <input type="text"/>	ZIP/Postal Code <input type="text"/>	Phone No. <input type="text"/>

Name of Issuer <input type="text"/>		Previous Name(s) <input type="checkbox"/> None <input type="text"/> <input type="text"/> <input type="text"/>		Entity Type (Select one) <input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> General Partnership <input type="radio"/> Business Trust <input type="radio"/> Other (Specify) <input type="text"/>	
Jurisdiction of Incorporation/Organization <input type="text"/>					
Year of Incorporation/Organization (Select one) <input type="radio"/> Over Five Years Ago <input type="radio"/> Within Last Five Years (specify year) <input type="text"/> <input type="radio"/> Yet to Be Formed					

At your option, supply separate contact information for this issuer:

Street Address 1 <input type="text"/>		Street Address 2 <input type="text"/>	
City <input type="text"/>	State/Province/Country <input type="text"/>	ZIP/Postal Code <input type="text"/>	Phone No. <input type="text"/>

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Cahill	Michael	E.
Street Address 1	Street Address 2	
865 South Figueroa Street	Suite 1800	
City	State/Province/Country	ZIP/Postal Code
Los Angeles	CA	91107
Relationship(s):	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Director, Executive Vice President, General Counsel & Secretary	

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Last Name	First Name	Middle Name
Devito	David	S.
Street Address 1	Street Address 2	
865 South Figueroa Street	Suite 1800	
City	State/Province/Country	ZIP/Postal Code
Los Angeles	CA	90017
Relationship(s):	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Director, Executive Vice president and Chief Administrative Officer	

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Last Name	First Name	Middle Name
Gundlach	Jeffrey	E.
Street Address 1	Street Address 2	
865 South Figueroa Street	Suite 1800	
City	State/Province/Country	ZIP/Postal Code
Los Angeles	CA	90017
Relationship(s):	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Director & President	

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Last Name	First Name	Middle Name
Insull	Jonathan	R.
Street Address 1	Street Address 2	
1251 Avenue of the Americas	Suite 4700	
City	State/Province/Country	ZIP/Postal Code
New York	NY	10020
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Managing Director	

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Miller	Matthew	A.
Street Address 1	Street Address 2	
1251 Avenue of the Americas	Suite 4700	
City	State/Province/Country	ZIP/Postal Code
New York	NY	10020
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Managing Director	

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Last Name	First Name	Middle Name
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

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Last Name	First Name	Middle Name
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

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Last Name	First Name	Middle Name
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

**Signature Continuation Page**

**Signature and Submission**

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The undersigned is the duly authorized representative of the issuer(s), identified in the field beside the individual's name below.

Issuer

Fund(Cayman), L.P.

Name of Signer

Signature

Title

Date

Issuer

Name of Signer

Signature

Title

Date

Issuer

Name of Signer

Signature

Title

Date

Issuer

Name of Signer

Signature

Title

Date

(Copy and use additional copies of this page as necessary.)

**END**