Date

## State of Connecticut Second Injury Fund

## QUARTERLY REMITTANCE ADVICE RETURN WITH PAYMENT AND SIF QUARTERLY REMITTANCE DETAIL

Contact Person and Title:  Phone Number:  Fax Number:  Base omplete the Remittance Advice below using your policy listing. The Quarterly Remittance Advice Remittance Detail Template (download from http://portal.ct.gov/OTT) and payment must be postmarked be The Quarterly Remittance Detail Template must be submitted electronically, in excel format, along with the to the following address:  Sifassessment@ct.gov  PAYMENTS POSTMARKED LATER THAN MAY 15, 2023 WILL INCUR A PENALTY OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER  Policy Effective Dates  Sif Surcharge Surcharge Quarterly Rame Effective July 1, 2006, "SIF Surcharge Base" means direct written premium on policies adding back any december of the policy and the paymen befreetive July 1, 2006, "SIF Surcharge Base" means direct written premium on policies adding back any december 15 to 15	er, State of Connecticut Injury Fund itol Avenue, 2nd Floor d, CT 06106  e, the Quarterly by the date stated below.
Contact Person and Title:  Phone Number:  Mailing A  Treasure Fax Number:  Second I  165 Cap  E-Mail Address:  Hartford  Please complete the Remittance Advice below using your policy listing. The Quarterly Remittance Advice Remittance Detail Template (download from http://portal.ct.gov/OTT) and payment must be postmarked b The Quarterly Remittance Detail Template must be submitted electronically, in excel format, along with the to the following address: sifassessment@ct.gov  PAYMENTS POSTMARKED LATER THAN MAY 15, 2023 WILL INCUR A PENALTY OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER  Policy Effective Dates  SIF Surcharge Base Rate Paymen  Effective July 1, 2006, "SIF Surcharge Base" means direct written premium on policies adding back any designation of the content of the paymen back any designation of the content of the paymen back any designation of the paymen back any de	MA 02241-6504  Address: er, State of Connecticut Injury Fund itol Avenue, 2nd Floor d, CT 06106  e, the Quarterly by the date stated below.
Fax Number:  Second I  165 Cap  E-Mail Address:  Please complete the Remittance Advice below using your policy listing. The Quarterly Remittance Advice Remittance Detail Template (download from http://portal.ct.gov/OTT) and payment must be postmarked b The Quarterly Remittance Detail Template must be submitted electronically, in excel format, along with the to the following address: sifassessment@ct.gov  PAYMENTS POSTMARKED LATER THAN MAY 15, 2023 WILL INCUR A PENALTY OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER  Policy Effective Dates  SIF Surcharge Base  Surcharge Rate  Paymen  Effective July 1, 2006, "SIF Surcharge Base" means direct written premium on policies adding back any december.	er, State of Connecticut Injury Fund itol Avenue, 2nd Floor d, CT 06106  e, the Quarterly by the date stated below.
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Base Rate Paymen  Effective July 1, 2006, "SIF Surcharge Base" means direct written premium on policies adding back any dec	. **
Effective July 1, 2006, "SIF Surcharge Base" means direct written premium on policies adding back any dec	
07/1/06 - 06/30/07 4.00%	uucubie.
07/1/06 - 06/30/07 AR* 3.20%	
07/1/07 - 06/30/08 3.50%	
07/1/07 - 06/30/08 AR* 2.80%	
07/1/08 - 06/30/09 3.00%	
07/1/08 - 06/30/09 AR* 2.40%	
07/01/09 - 12/31/15 2.75%	
07/01/09 - 12/31/15 AR* 2.20%	
01/01/16 - 12/31/16 2.75%	
01/01/16 - 12/31/16 AR* 2.16%	
01/01/17 - 06/30/18 2.75%	
01/01/17 - 06/30/18 AR* 2.12%	
07/01/18 - 12/31/2021 2.25%	
07/01/18 - 12/31/2021 AR* 1.73%	
01/01/2022 - 12/31/2022 2.25%	
01/01/2022 - 12/31/2022 AR* 1.56%	
Current 01/01/2023 - 03/31/2023 2.25%	
Quarter 01/01/2023 - 03/31/2023 AR* 1.51%	
Total (07/01/06 - 03/31/2023)	A
*** Grand Total of Remittance (A + B )	
* AR indicates Assigned Risk Pool **Amount not subject to	
*** Grand total of Remittance and Remittance Detail must match. Payment may differ if using credit	o rounding
· ·	<u> </u>
I certify that the Premiums reported above for the quarter indicated are accurate and are in compliance with CT Sta	<u> </u>
,	t balances.
	t balances.

Title

Revised 12/2020 Page 1

Signature

Insurance Company Name:	instrumed Company Tumer
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## PAYMENTS POSTMARKED LATER THAN MAY 15, 2023 WILL INCUR A PENALTY OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER

Policy Effective Dates	Standard	Surcharge	Quarterly **	
	Premium	Rate	Payment	
1/1/96 - 6/30/96		15.00%		
1/1/96 - 6/30/96 AR*		13.60%		
7/1/96 - 3/31/98		13.50%		
7/1/96 - 3/31/98 AR*		12.00%		Surcharge
4/1/98 - 6/30/98		12.50%		Calculated
4/1/98 - 6/30/98 AR*		11.25%		on Standard
7/1/98 - 9/30/98		11.50%		Premium
7/1/98 - 9/30/98 AR*		10.35%		
10/1/98 - 12/31/00		10.00%		
10/1/98 - 12/31/00 AR*		9.00%		
1/1/01 - 9/30/01		10.00%		
1/1/01 - 9/30/01 AR*		10.00%		
10/01/01 - 12/31/01		9.50%		
10/01/01 - 12/31/01 AR*		9.50%		
1/01/02 - 6/30/02		9.50%		
1/01/02 - 6/30/02 AR*		8.30%		
7/1/02 - 12/31/02		8.00%		
7/1/02 - 12/31/02 AR*		7.00%		
1/1/03 - 6/30/03		8.00%		
1/1/03 - 6/30/03 AR*		6.70%		
7/1/03 - 12/31/03		6.50%		
7/1/03 - 12/31/03 AR*		5.40%		
1/1/04 - 6/30/05		6.50%		
1/1/04 - 6/30/05 AR*		5.20%		
7/1/05 - 6/30/06		4.00%		
7/1/05 - 6/30/06 AR*		3.20%		
Total from Page 2				В
*AR indicates Assigned Risk Pool		**Am	ount not subject to rounding	;

01/96 - 6/06

Revised 12/2020 Page 2