## REMITTANCE ADVICES - PLEASE RETURN WITH PAYMENTS AS INDICATED

Insurance Company Name:	Remit Payment to:		
NAIC# (Group & Individual):	Treasurer, State of Connecticut		
Contact Person:	Second Injury Fund		
Title:	Lock Box 30467		
Phone Number:	Hartford, CT 06150		
Fax Number:			
E-Mail Address:			

Please send a detailed policy listing on both a standard and written basis that reconciles to the remittance submitted. The detail should include; policy number, premium, effective date and type of policy. This listing must include deductibles, standard first dollar, and retrospectively rated policies, endorsements, and audits that occurred during this quarter. This listing must be provided in electronic form (microsoft excel) to the following address: second.injury@po.state.ct.us

	Policy Effective Dates	Standard	Surcharge	Quarterly **	
		Premium	Rate	Payment	
	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%		
/02 - 06/06	Total of above (Page 1)				A
01/96 - 6/02	Total from Page 2				F
	Effective July 1, 2006, "SIF Surcharge Base" means direct written premium on policies prior to				
	application of any deductible policy premium credits. Includes all endorsements, retrospective				
	adjustments and audits . (Corporate adjustments (dummy policies) shall be excluded.)				
	07/1/06 - 06/30/07		4.00%		
	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 - 12/31/08		3.00%		
	07/1/08 - 12/31/08 AR*		2.40%		
Current	01/01/09 - 03/31/09		3.00%		
Quarter	01/01/09 - 03/31/09 AR*		2.40%		
	Total (07/01/06 - 03/31/09)				
	Grand Total of Payment (	$\mathbf{A} + \mathbf{B} + \mathbf{C}$			
	*AR indicates Assigned Risk			ject to rounding	

I certify that the Premiums reported above for the quarter indicated are accurate and are in compliance with CT State Statute 31-349g.

Signature

Title

Date

**Insurance Company Name:** 

## PLEASE RETURN WITH PAYMENT POSTMARKED NO LATER THAN MAY 15, 2009

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%		
4/1/98 - 6/30/98		12.50%		
4/1/98 - 6/30/98 AR*		11.25%		
7/1/98 - 9/30/98		11.50%		
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%		
Total from Page 2				
*AR indicates Assigned Risk	*AR indicates Assigned Risk Pool **Amount not subject to rounding		ect to rounding	