

**REMITTANCE ADVICES - PLEASE RETURN WITH PAYMENTS AS INDICATED**

Insurance Company Name: \_\_\_\_\_  
 NAIC# (Group & Individual): \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**Remit Payment to:**  
**Treasurer, State of Connecticut**  
**Second Injury Fund**  
**Lock Box 416504**  
**Boston, MA 02241-6504**

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@ct.gov](mailto:second.injury@ct.gov)

<b>PAYMENTS POSTMARKED LATER THAN MAY 15, 2012 WILL INCUR A PENALTY OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER</b>			
Policy Effective Dates	Standard Premium	Surcharge Rate	Quarterly ** 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%	
07/02 - 06/06	<b>Total of above (Page 1)</b>		<b>A</b>
01/96 - 6/02	<b>Total from Page 2</b>		<b>B</b>
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 - 06/30/09		3.00%	
07/1/08 - 06/30/09 AR*		2.40%	
07/01/09 - 12/31/11		2.75%	
07/01/09 - 12/31/11 AR*		2.20%	
Current Quarter	01/01/12 - 03/31/12	2.75%	
	01/01/12 - 03/31/12 AR*	2.20%	
	<b>Total (07/01/06 - 03/31/12)</b>		<b>C</b>
<b>Grand Total of Payment (A + B + C)</b>			
*AR indicates Assigned Risk Pool		**Amount not subject 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:** \_\_\_\_\_

**PAYMENTS POSTMARKED LATER THAN MAY 15, 2012 WILL INCUR A PENALTY OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER**

Policy Effective Dates	Standard Premium	Surcharge Rate	Quarterly ** 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%	
<b>Total from Page 2</b>			
*AR indicates Assigned Risk Pool		**Amount not subject to rounding	

01/96 - 6/02

**B**