REMITTANCE ADVICES - PLEASE RETURN WITH PAYMENTS AS INDICATED

Insurance C	Company Name:			Remit Payment to:			
NAIC# (Group & Individual): Contact Person:				Treasurer, State of Connecticut Second Injury Fund			
Title:				Lock Box 416504			
Phone Num	her:			Boston, MA 02241-	6504		
Fax Numbe	_			Doston, MA 02241-0	0304		
	_						
E-Mail Ado	aress:						
Please send	l a detailed policy listing on	both a standard and	written basis that reco	nciles to the remittance subn	nitted.		
	1 ,			icy. This listing must include			
			• • • • •	hat occurred during this quar			
	t be provided in electronic for				11115		
nsting musi	t de provided in electrome ic	mii (iiiciosoit execi) to the following addi	ess. second.mjury@et.gov			
PAVMI	ENTS POSTMARKED	ATER THAN E	FRRHARV 14 201	3 WILL INCUR A PEN	VALTV		
IAIMI	OF 15% OF PAYMI				VALII		
	Policy Effective Dates	Standard	Surcharge	Quarterly **			
		Premium	Rate	Payment			
	7/1/02 - 12/31/02	Tremmum	8.00%	1 ayıncın			
	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	Total of above (Page 1)				A		
01/96 - 6/02	Total from Page 2				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 . (Co.						
	07/1/06 - 06/30/07	<u>r</u>	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 - 09/30/12		2.75%				
	07/01/09 - 09/30/12 AR*		2.20%				
Current	10/01/12 - 12/31/12		2.75%				
Quarter	10/01/12 - 12/31/12 AR*		2.20%				
	Total (07/01/06 - 12/31/12)				C		
	Grand Total of Payment (A + B + C)						
	*AR indicates Assigned Risk Pool **Amount not subject to rounding						
I certify the	hat the Premiums reported abo	ve for the quarter indi	cated are accurate and ar	e in compliance with CT			
State Stat	tute 31-349g.	•		-			
	-						
					<u></u>		
	Signature		Title		Date		
			Title				

nsurance Company Name:
nsurance Company Name:

PAYMENTS POSTMARKED LATER THAN FEBRUARY 14, 2013 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%	
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			I
*AR indicates Assigned Risk Pool		**Amount not subject to rounding	

01/96 - 6/02