REMITTANCE ADVICES - PLEASE RETURN WITH PAYMENTS AS INDICATED

Insurance Company Name: NAIC# (Group & Individual): Contact Person: Title: Phone Number: Fax Number:			Remit Payment to: Treasurer, State of Connecticut Second Injury Fund Lock Box 416504 Boston, MA 02241-6504			
E-Mail Ado	dress:					
The detail s standard fü	should include; policy numberst dollar, and retrospectively	er, premium, effect rated policies, en	tive date and type of dorsements, and audi	econciles to the remittance su policy. This listing must inc ts that occurred during this quadress: second.injury@ct.go	lude deductibles, uarter. This	
	•					
PAYMI	OF 15% OF PAYME		,	DIS WILL INCUR A PE GREATER	NALIY	
	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%			
07/02 - 06/06	Total of above (Page 1)				A	
01/96 - 6/02	Total from Page 2				В	
	Effective July 1, 2006, "SIF Surcharge Base" means direct written premium on policies prior to					
	application of any deductible					
	adjustments and audits . (Corp	orate adjustments (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 - 09/30/14		2.75%			
	07/01/09 - 09/30/14 AR*		2.20%			
Current	10/01/14 - 12/31/14		2.75%			
Quarter	10/01/14 - 12/31/14 AR*		2.20%			
	Total (07/01/06 - 12/31/14)				C	
	Grand Total of Payment (
	*AR indicates Assigned Risk	Pool	**Amount not sub	eject to rounding		
-	that the Premiums reported about tute 31-349g.	ve for the quarter in	dicated are accurate an	d are in compliance with CT		

Insurance Company Name:	
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PAYMENTS POSTMARKED LATER THAN FEBRUARY 14, 2015 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			
*AR indicates Assigned Risk l	Pool	**Amount not su	ubject to rounding

01/96 - 6/02