REMITTANCE ADVICES - PLEASE RETURN WITH PAYMENTS AS INDICATED

Insurance Company Name: NAIC# (Group & Individual): Contact Person: Fitle: 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:					
				conciles to the remittance sub policy. This listing must inclu		
tandard fii	rst dollar, and retrospectively	rated policies, end	lorsements, and audit	s that occurred during this qua	arter. This	
isting mus	t be provided in electronic fo	rm (microsoft exce	el) to the following ac	ldress: second.injury@ct.gov	,	
PAYMI	ENTS POSTMARKED L					
	OF 15% OF PAYMEN	NT OR \$50.00, N	VHICHEVER IS (GREATER		
	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* 7/1/05 - 6/30/06		5.20% 4.00%			
	7/1/05 - 6/30/06 AR*		3.20%			
7/02 - 06/06	Total of above (Page 1)		3.2070		A	
	Total from Page 2				B	
1/96 - 6/02	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	orate adjustments (e	4.00%	e exeruded.)		
	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 - 12/31/14		2.75%			
~	07/01/09 - 12/31/14 AR*		2.20%			
Current	01/01/15 - 03/31/15		2.75%			
Quarter	01/01/15 - 03/31/15 AR*		2.20%		$\overline{}_{\mathbf{c}}$	
	Total (07/01/06 - 03/31/15)					
	Grand Total of Payment (A + B + C) *AR indicates Assigned Risk Pool **Amount not subject to rounding					
	*AR indicates Assigned Risk	Pool	**Amount not sub	ject to rounding		
•	that the Premiums reported above tute 31-349g.	e for the quarter inc	licated are accurate and	are in compliance with CT		

PAYMENTS POSTMARKED LATER THAN MAY 15, 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 Poo	1	**Amount not sub	piect to rounding

01/96 - 6/02