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 416504
Phone Number:	Boston, MA 02241-6504
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@ct.gov

PAYMENTS POSTMARKED LATER THAN NOVEMBER 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	
	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%		
7/02 - 06/06	Total of above (Page 1)				A
01/96 - 6/02	Total from Page 2				E
	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 - 06/30/15		2.75%		
	07/01/09 - 06/30/15 AR*		2.20%		
Current	07/01/15 - 09/30/15		2.75%		
Quarter	07/01/15 - 09/30/15 AR*		2.20%		
	Total (07/01/06 - 09/30/15)				(
	10tal (01/01/00 0/100/10)				
	Grand Total of Payment ($\mathbf{A} + \mathbf{B} + \mathbf{C}$			

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 NOVEMBER 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%	
02 Total from Page 2			
*AR indicates Assigned	Risk Pool	**Amount not subje	ect to rounding