REMITTANCE ADVICES - PLEASE RETURN WITH PAYMENTS AS INDICATED

	nber:			Remit Payment to: Treasurer, State of Connecticut Second Injury Fund Lock Box 416504 Boston, MA 02241-6504			
Please send The detail standard fin listing mus	d a detailed policy listing on be should include; policy numbers the dollar, and retrospectively to be provided in electronic for	er, premium, effect rated policies, end rm (microsoft exce	ive date and type dorsements, and audit to the following EBRUARY 14,	t reconciles to the remittance subraction of policy. This listing must included that occurred during this quarge address: second.injury@ct.gov	le deductibles, rter. This		
	OF 15% OF PAYMEN						
	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			3.2070				
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 . (Corp						
	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 - 12/31/15		2.75%				
	07/01/09 - 12/31/15 AR*		2.20%				
	01/01/16 - 09/30/16		2.75%				
	01/01/16 - 09/30/16 AR*		2.16%				
Current	10/01/16 - 12/31/16		2.75%				
Quarter	10/01/16 - 12/31/16 AR*		2.16%				
Quarter			2.10 / 0		$\overline{}_{\mathbf{c}}$		
	Total (07/01/06 - 12/31/16)	· A D C()			C		
	Grand Total of Payment (
	*AR indicates Assigned Risk I	Pool	**Amount not	subject to rounding			
	that the Premiums reported above tute 31-349g.	e for the quarter indi	cated are accurate a	and are in compliance with CT			
	Signature		Title		Date		
I							

Insurance Company Name:

PAYMENTS POSTMARKED LATER THAN FEBRUARY 14, 2017 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			В
*AR indicates Assigned Risk Pool		**Amount not s	subject to rounding

01/96 - 6/02