State of Connecticut Second Injury Fund

QUARTERLY REMITTANCE ADVICE RETURN WITH PAYMENT AND SIF QUARTERLY REMITTANCE DETAIL

Insurance Company Name: NAIC# (Group & Individual): Contact Person: Title: Phone Number:			Remit Advice and Payment to: Treasurer, State of Connecticut		
			Second Injury Fund Lock Box 416504 Boston, MA 02241-6504		
Fax Number:					
E-Mail Address:		Remittance Advice can be emailed to:			
			julie.bernard@ct.gov		
<u> </u>	d from https://www.ott.ct.g	gov) and payment mu	ist be sent by deadline stated below.		
Remittance Detail Template (download The Quarterly Remittance De PAYMENTS POSTMARKED	I from https://www.ott.ct.gtail Template must be ema	gov) and payment muiled, in excel format. ST 14, 2018 WIL	ust be sent by deadline stated below. , to: second.injury@ct.gov LINCUR A PENALTY		
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Remittance Detail Template (download The Quarterly Remittance De PAYMENTS POSTMARKED OF 15% OF PAYMENTS	I from https://www.ott.ct.gtail Template must be ema LATER THAN AUGUENT OR \$50.00, WHICH	gov) and payment muiled, in excel format. ST 14, 2018 WILL CHEVER IS GREA	ust be sent by deadline stated below. , to: second.injury@ct.gov L INCUR A PENALTY ATER		
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Remittance Detail Template (download The Quarterly Remittance De PAYMENTS POSTMARKED OF 15% OF PAYME Policy Effective Dates Effective July 1, 2006, "SIF SIT OF 1/1/06 - 06/30/07	I from https://www.ott.ct.gtail Template must be ema LATER THAN AUGUENT OR \$50.00, WHICH SIF Surcharge Base	gov) and payment multiple iled, in excel format. ST 14, 2018 WIL. SHEVER IS GREATED Surcharge Rate Written premium on political prem	L INCUR A PENALTY ATER Quarterly ** Payment		
Remittance Detail Template (download The Quarterly Remittance De PAYMENTS POSTMARKED OF 15% OF PAYME Policy Effective Dates Effective July 1, 2006, "SIF Story" (07/1/06 - 06/30/07 AR*)	I from https://www.ott.ct.gtail Template must be ema LATER THAN AUGUENT OR \$50.00, WHICH SIF Surcharge Base	gov) and payment multipled, in excel format. ST 14, 2018 WIL. CHEVER IS GREATED Surcharge Rate Vitten premium on political 4.00% 3.20%	L INCUR A PENALTY ATER Quarterly ** Payment		

Current Quarter 07/1/08 - 06/30/09 AR*

07/01/09 - 12/31/15 AR*

01/01/17 - 03/31/18 AR*

04/01/18 - 06/30/18 AR*

Total (07/01/06 - 06/30/18)

Grand Total of Remittance (A + B)
*AR indicates Assigned Risk Pool

07/01/09 - 12/31/15

01/01/16 - 12/31/16 01/01/16 - 12/31/16 AR*

01/01/17 - 03/31/18

04/01/18 - 06/30/18

*** Grand total of Remittance must match SIF Surcharge Template. Payment may differ if using credit balances.

2.40%

2.75%

2.20% 2.75%

2.16%

2.75%

2.12%

2.75%

2.12%

**Amount not subject to rounding

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:	
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PAYMENTS POSTMARKED LATER THAN AUGUST 14, 2018 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%		Surcharge
4/1/98 - 6/30/98		12.50%		Calculated
4/1/98 - 6/30/98 AR*		11.25%		on Standard
7/1/98 - 9/30/98		11.50%		Premium
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%		
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%		
Total from Page 2				В
*AR indicates Assigned Risk Po	ool	**Amount not subje	ect to rounding	

01/96 - 6/06

Revised - 11/2017