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 AUGUST 14, 2012 WILL INCUR A PENALTY **OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER** Policy Effective Dates Standard Surcharge Quarterly ** Rate Premium Payment 7/1/02 - 12/31/02 8.00% 7.00% 7/1/02 - 12/31/02 AR* 8.00% 1/1/03 - 6/30/03 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 **Total from Page 2** B 01/96 - 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 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 - 03/31/12 2.75% 07/01/09 - 03/31/12 AR* 2.20% 04/01/12 - 06/30/12 2.75% Current

I certify that the Premiums reported above for the quarter indicated are accurate and are in compliance with CT State Statute 31-349g.

Signature

Quarter

04/01/12 - 06/30/12 AR*

Total (07/01/06 - 06/30/12)

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

Title

2.20%

**Amount not subject to rounding

Date

С

Insurance Company Name:

PAYMENTS POSTMARKED LATER THAN AUGUST 14, 2012 WILL INCUR A PENALTY OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER

Policy Effective Date	es 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*	۶ ۲	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 A	R*	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 Assign	ned Risk Pool	**Amount not subje	ect to rounding