

REMITTANCE ADVICES - PLEASE RETURN WITH PAYMENTS AS INDICATED

Insurance Company Name: _____
 NAIC# (Group & Individual): _____
 Contact Person: _____
 Title: _____
 Phone Number: _____
 Fax Number: _____
 E-Mail Address: _____

Remit Payment to:
Treasurer, State of Connecticut
Second Injury Fund
Lock Box 30467
Hartford, CT 06150

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

PLEASE RETURN WITH PAYMENT POSTMARKED NO LATER THAN AUGUST 14, 2009

Policy Effective Dates	Standard Premium	Surcharge Rate	Quarterly ** 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	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 . (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 - 03/31/09	3.00%	
	07/1/08 - 03/31/09 AR*	2.40%	
Current Quarter	04/01/09 - 06/30/09	3.00%	
	04/01/09 - 06/30/09 AR*	2.40%	
	Total (07/01/06 - 06/30/09)		C
	Grand Total of Payment (A + B + C)		
*AR indicates Assigned Risk Pool		**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: _____

PLEASE RETURN WITH PAYMENT POSTMARKED NO LATER THAN AUGUST 14, 2009

Policy Effective Dates	Standard Premium	Surcharge Rate	Quarterly ** 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 Pool		**Amount not subject to rounding	

01/96 - 6/02

B