

RETURN TO BE MAILED TO

Superintendent of Insurance
 State of New York Insurance Dept.
 Bureau of Taxes and Accounts
 One Commerce Plaza
 Albany, New York 12257

| <u>RETURNS FOR THE THREE MONTHS' PERIOD</u> | |
|---|---------------------------|
| Ending Mar. 31 st | due May 15 th |
| Ending June 30 th | due Aug. 15 th |
| Ending Sept. 30 th | due Nov. 15 th |
| Ending Dec. 31 st | due Feb. 15 th |

**WORKERS' COMPENSATION SECURITY FUND
 OF THE STATE OF NEW YORK**

RETURN for the three months' period ending _____, made in accordance with the requirements of Article 6-A of the Workers' Compensation Law, Section 109.2.

 (N.A.I.C. #) _____ (Name of Insurance Carrier)

 (P.O. Address) _____

 Organized under the Laws of _____

Premiums to be reported shall be those premiums written during the period of this return for policies issued or renewed to insure payment of compensation as described in Section 108.1 of the Workers' Compensation Law of the State of New York. Net written premiums shall mean gross written premiums less return premiums on policies returned "not taken" and on policies cancelled, but shall not mean premiums for reinsurance nor premiums for policies containing coverage pursuant to Section 3420(j) of the Insurance Law relating to a policy providing comprehensive personal liability insurance on a one, two, three or four family owner-occupied dwelling. Dividends shall be the amount of dividends paid to policyholders during the period covered by this return.

| | |
|--|----------|
| Gross premiums as above defined | \$ _____ |
| Return premiums as above defined | \$ _____ |
| Net premiums written (Sec. 108.1) | \$ _____ |
| Dividends as above defined | \$ _____ |
| Balance | \$ _____ |
| | |
| 2% due (or credit due company) | \$ _____ |
| Less: credit due company as of last report | \$ _____ |
| Amount payable (or accumulated credit due) | \$ _____ |

A check made payable to the Superintendent of Insurance for the Workers' Compensation Security Fund of the State of New York should accompany this return and be forwarded to the Superintendent of Insurance at the above address.

CERTIFICATION OF ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report is, to the best of my knowledge and belief, a true, correct and complete report.

 (Signature of Officer) _____ (Title) _____ (Date)

State of _____ County of _____ ss:
 _____ of the _____
 (Name and Title of Officer) (Name of Corporation)

being duly sworn, deposes and says, that he or she is the above described officer of the said company, and that the foregoing statement hereby subscribed is full, true and correct to the best of his or her knowledge, information and belief.

Subscribed and sworn to before me
 this _____ day of _____, 20____

 Notary Public