

MEMORANDUM

To: All Risk Retention Insurers

Re: Annual Statement Fees - 2020

Please complete the following and return with your annual filing:

Company Name _____

NAIC Number _____

2019 Direct Premiums Written in New Jersey \$ _____

If your company has Direct Premiums Written in New Jersey, it does **not owe** any filing fees for 2019. Please email this form with the other annual required documents to the Department's general inbox at rrg@dobi.nj.gov.

If your company has **no** Direct Premiums Written in New Jersey, pursuant to N.J.A.C. 11:1-32.1., your company **owes** a filing fee in the amount of \$100.00. Please make check payable to the **State Treasurer of New Jersey** and mail with this form to the Department at the address below.

New Jersey Department of Banking and Insurance
Office of Solvency Regulation
ATTN: Risk Retention Group Section
20 West State Street, 8th Floor
P.O. Box 325
Trenton, NJ 08625-0325