WORKER’S COMPENSATION SECURITY FUND RETURN

N A I C# ____________ _________________ Insurance Company

_______________________, 20__________

TO BE FILED
ON OR BEFORE
MARCH 1st

TO THE COMMISSIONER OF BANKING AND INSURANCE OF NEW JERSEY:

As required by Title 34, Chapter 15, Article 7, of the “Revised Statutes” of New Jersey, this Company states that the total loss reserve under the above Statute for the payment of benefits, as estimated by this Company as of December 31, 20________, is $____________________________

_______________________________________________

_______________________________________________

(Insert Secretary or U. S. Manager)

STATE OF

ss.

COUNTY OF

On this _________ day of ______________________ A.D. 20______, before me, a Notary Public, personally appeared ________________________ of the __________________________ Insurance Company of _____________

______________________________ who being duly sworn according to law, on his oath did deposite and say that the foregoing is true and correct.

Subscribed and sworn to before me the

Day and year aforesaid.

_________________________________ _______________________________________

_________________________________ _______________________________________

(Notary Public)              (Insert Secretary or U. S. Manager)