

**WORKER'S COMPENSATION SECURITY FUND RETURN**

N A I C# \_\_\_\_\_ Insurance Company  
\_\_\_\_\_, 20\_\_\_\_\_

**TO BE FILED  
ON OR BEFORE  
MARCH 1<sup>st</sup>**

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 depose 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)