

Insurer's Reconciliation Statement

Calendar Year: 2007

DUE: March 15, 2008

Group Name: _____

NAIC Group Code: _____

Company Name: _____

NAIC Company Code: _____

1. Direct Premiums Written

Enter the amount of direct premiums written
During the period January 1, 2007 through December 31, 2007

This amount should equal what is reported to the Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA), on the company's annual statement. [Exhibit of Premiums and Losses (Statutory Page 14 Data), Line 16, Column 1]

1. _____

2. Annual Assessment Due

The Vermont General Assembly establishes the assessment rate annually. The assessment rate from January 1, 2007 to June 30, 2007 is .4%
The assessment rate from July 1, 2007 to December 31, 2007 is .42%

Multiply the amount on line 1 that was written between January 1, 2007 and June 30, 2007 by .004.

Multiply the amount on line 1 that was written between July 1, 2007 and December 31, 2007 by .0042.

This is the total annual assessment due.

2. _____

3. Quarterly Assessments Previously Submitted

Enter the quarterly assessments actually **submitted** throughout calendar year 2007.

NOTE: Negative amounts (credits) **SHOULD NOT** be listed here, with the exception of the amount carried forward.

Amount carried forward from 2006

1 st Quarter	_____	January 1, 2007 – March 31, 2007
2 nd Quarter	_____	April 1, 2007 – June 30, 2007
3 rd Quarter	_____	July 1, 2007 – September 30, 2007
4 th Quarter	_____	October 1, 2007 – December 31, 2007

TOTAL AMOUNT PREVIOUSLY SUBMITTED 3. _____

4. Balance Due

Subtract line 3 from line 2. If the amount is greater than 0, this is the remaining assessment amount due.
If the amount is less than 0, enter the amount on Line 5.

Make Checks Payable to: **Vermont Department of Labor**
Forward check, and this form, to: Workers' Compensation Admin Fund
PO Box 488
Montpelier, VT 05601-0488

AMOUNT DUE 4. _____

5. Credit to be applied to next quarterly submission or Amount to be refunded

If line 5 is less than zero, this amount will carry-forward and be credit towards the next quarterly assessment due.
Alternatively, this amount may be refunded if requested.

CREDIT 5. _____

6. Certification

I certify that the information identified above, and submitted, is true and accurate.

(Signature)

(Date)

Name: _____

Telephone: _____

Title: _____

Email: _____

Group Address: _____

Company Address: _____
