

# Insurer's Reconciliation Statement

Calendar Year: 2014

DUE: March 15, 2015

Group Name: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Company Name: \_\_\_\_\_ NAIC Group Code: \_\_\_\_\_

## 1. Direct Premiums Written

Enter the amount of direct premiums written during the period January 1, 2014 through December 31, 2014

This amount should equal what is reported to the Vermont Department of Financial Regulation formerly known as 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, 2014 to December 31, 2014 is 1.45%

Multiply the amount on line 1 that was written between January 1, 2014 and December 31, 2014 by .0145  
Total assessment due for that period of time: \_\_\_\_\_

The total annual assessment due is: **2a.** \_\_\_\_\_

### Technological Assessment

The technological assessment for the period January 1, 2014 to December 31, 2014 is .16%

Multiply the amount on line 1 that was written between January 1, 2014 and December 31, 2014 by .0016.

The total technological assessment due is: **2b.** \_\_\_\_\_

**The total assessment due is** (add 2a and 2b above): **2c.** \_\_\_\_\_

## 3. Quarterly Assessments Previously Submitted

Enter the quarterly assessments due by quarter throughout calendar year 2013.

Amount carried forward from 2013

1 <sup>st</sup> Quarter	_____	January 1, 2014 – March 31, 2014
2 <sup>nd</sup> Quarter	_____	April 1, 2014 – June 30, 2014
3 <sup>rd</sup> Quarter	_____	July 1, 2014 – September 30, 2014
4 <sup>th</sup> Quarter	_____	October 1, 2014 – December 31, 2014

**TOTAL AMOUNT DUE** **3.** \_\_\_\_\_

**4. Balance Due**

Subtract line 3 from line 2c. 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 toward the next quarterly assessment due. Alternately, this amount may be refunded if requested and the company is no longer writing workers' compensation in Vermont.

**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: \_\_\_\_\_

\_\_\_\_\_

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⇒⇒ Include a copy of "Exhibit of Premiums and Losses (Statutory Page 14 Data)" with your submission ⇐⇐