1. Direct Premiums Written

Enter the amount of direct premiums written during the period January 1, 2013 through December 31, 2013.

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, 2013 to June 30, 2013 is 1.75%
The assessment rate from July 1, 2013 to December 31, 2013 is 1.45%

Multiply the amount on line 1 that was written between January 1, 2013 and June 30, 2013 by .0175.
Total assessment due for that period of time: ______________________

Multiply the amount on line 1 that was written between July 1, 2013 and December 31, 2013 by .0145.
Total assessment due for that period of time: ______________________

The total annual assessment due is: ______________________

2a. ______________________

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 2012

1st Quarter ______________________ January 1, 2013 - March 31, 2013
2nd Quarter ______________________ April 1, 2013 - June 30, 2013
3rd Quarter ______________________ July 1, 2013 - September 30, 2013
4th Quarter ______________________ October 1, 2013 - December 31, 2013

TOTAL AMOUNT DUE 3. ______________________

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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: __________________________

______________________________  __________________________

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

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