Vermont Department of Labor   Workers' Compensation Assessment Fund

Insurer's Reconciliation Statement

Calendar Year: 2019   DUE: March 15, 2020

Insurer Name: _____   NAIC Company Code: _____

Group Name: _____   NAIC Group Code: _____

1.	Direct Premiums Written

Enter the amount of direct premiums written during the period January 1, 2019 through December 31, 2019

This amount should equal what is reported to the Vermont Department of Financial Regulation 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 is 1.4%

Multiply the amount on line 1 by .014

The total annual assessment due is: **2.**   _____

3.	Quarterly Assessments Previously Submitted

Actual amounts paid for each quarter throughout calendar year 2019

Amount carried forward from 2018   _____
      1st Quarter   _____   January 1, 2019 – March 31, 2019
      2nd Quarter   _____   April 1, 2019 – June 30, 2019
      3rd Quarter   _____   July 1, 2019 – September 30, 2019
      4th Quarter   _____   October 1, 2019 – December 31, 2019

TOTAL AMOUNT DUE   **3.**   _____

4.	Credit to be applied to next quarterly submission or amount to be refunded

If line 3 is less than zero, this amount will carry forward and be credited toward the next quarterly assessment due.

CREDIT   4.   _____

5.	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 PAID   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 ⇦⇦