

# Insurer's Reconciliation Statement

Calendar Year: 2006

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, 2006** through **December 31, 2006**

This amount should equal what is reported to the Vermont Department of Banking, Insurance, Securities & 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 current assessment rate is .4%. Multiply the amount on line 1 by .004. This is the total annual assessment due.

2. \_\_\_\_\_

## 3. Quarterly Assessments Previously Submitted

Enter the quarterly assessments actually submitted throughout calendar year 2006.

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

Amount carried forward from 2005 \_\_\_\_\_

1<sup>st</sup> Quarter \_\_\_\_\_  
2<sup>nd</sup> Quarter \_\_\_\_\_  
3<sup>rd</sup> Quarter \_\_\_\_\_  
4<sup>th</sup> Quarter \_\_\_\_\_

**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' Comp Admin Fund  
PO Box 488  
Montpelier VT 05602

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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