

Insurer's Reconciliation Statement

Calendar Year: 2012

DUE: March 15, 2013

Group Name: _____ NAIC Group Code: _____

Company Name: _____ NAIC Company Code: _____

Did the company name change during calendar year 2012? ☐ Yes ☐ No New Company Name: _____Did the group number change? ☐ Yes ☐ No New Group Number: _____During calendar year 2012 was this company involved in a merger? ☐ Yes ☐ No

If yes, what other NAIC codes were involved? _____

1. Direct Premiums Written

Enter the amount of direct premiums written during the period January 1, 2012 through December 31, 2012

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, 2012 to December 31, 2012 is 1.75%

Multiply the amount on line 1 that was written between January 1, 2012 and December 31, 2012 by .0175.

This is the total annual assessment due.

2. _____**3. Quarterly Assessments Previously Submitted**

Enter the quarterly assessments due by quarter throughout calendar year 2012.

Amount carried forward from 2011

1st Quarter2nd Quarter3rd Quarter4th Quarter

January 1, 2012 – March 31, 2012

April 1, 2012 – June 30, 2012

July 1, 2012 – September 30, 2012

October 1, 2012 – December 31, 2012

TOTAL AMOUNT DUE 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:

Forward check and this form to: Vermont Department of Labor
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.

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 ⇐⇐