

**MEMORANDUM**

**To: All Risk Retention Insurers**

**Re: Annual Statement Fees - 2024**

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Please complete the following and return with your annual filing:

Company Name \_\_\_\_\_

NAIC Number \_\_\_\_\_

2023 Direct Premiums Written in New Jersey \$ \_\_\_\_\_

If your company has Direct Premiums Written in New Jersey, it does **not owe** any filing fees for 2023. Please email this form with the other annual required documents to the Department's general inbox at [rrg@dobi.nj.gov](mailto:rrg@dobi.nj.gov).

If your company has **no** Direct Premiums Written in New Jersey, pursuant to N.J.A.C. 11:1-32.1., your company **owes** a filing fee in the amount of \$100.00. Please make the check payable to the **State Treasurer of New Jersey** and mail with this form to the Department at the address below.

**BY US MAIL**

New Jersey Department of Banking and Insurance  
Office of Solvency Regulation  
ATTN: Risk Retention Group Section  
PO Box 325  
Trenton, NJ 08625-0325

**BY OVER NIGHT MAIL**

New Jersey Department of Banking and Insurance  
Office of Solvency Regulation  
ATTN: Risk Retention Group Section  
20 West State Street  
Trenton, NJ 08608-1206