

ANNUAL REPORT OF PREMIUMS PAID TO RISK RETENTION GROUPS
NOT CHARTERED IN NEW JERSEY FOR COVERAGE ON RISKS WITHIN NEW JERSEY
For Calendar Year Ended December 31, _____



Form with fields: Federal Identification Number, Name of Risk Retention Group, NAIC Number, Mailing Address, Party to contact regarding this return, City, State, ZIP Code, Title, Phone Number, Business Address if Different from Mailing Address, City, State, ZIP Code, State(s) in which Chartered or Licensed as a Liability Insurance Company.

IMPORTANT: ALL TAXPAYERS MUST FOLLOW THE INSTRUCTIONS BELOW.

The original return, along with payment for the amount indicated on line 5 below, payable to the State of New Jersey - RRG, must be filed with the Director, Division of Taxation, postmarked on or before March 1 annually, and sent to the address indicated at the right.

State of New Jersey
Division of Taxation
PO Box 247
Trenton, NJ 08695-0247

AND ALSO

A duplicate copy of this return must also be filed with the Commissioner of Banking and Insurance, on or before March 1 annually, and sent to the address indicated at the right.

State of New Jersey
Department of Banking and Insurance
Div. of Financial Examinations - Tax Unit
PO Box 325
Trenton, NJ 08625-0325

The above Risk Retention Group does hereby submit the following report for the calendar year ending December 31, _____ as required by and in accordance with Chapter 240, Laws of 1993, approved August 9, 1993 (N.J.S.A. 17:47A-5c. and d.)

TAX COMPUTATION

1. TOTAL PREMIUMS RECEIVED FOR COVERAGE ON RISKS LOCATED IN NEW JERSEY
2. DEDUCTIONS:
a. Premiums Returned
b. Dividends
c. Total Deductions (Line 2(a) Plus Line 2(b))
3. TAXABLE PREMIUMS (Line 1 minus Line 2(c))
4. TAX RATE 5%
5. TAX (Line 3 times .05)

SIGNATURE AND VERIFICATION

The above statement is a true and correct report of premiums paid to the above Risk Retention Group for coverage on risks within New Jersey during the calendar year indicated above.

(Date) (Signature of Duly Authorized Officer of Taxpayer) (Title)
(Date) (Signature of Individual Preparing Return) (Preparer's ID No.)
(Name of Tax Preparer's Employer) (Employer's ID No.)