

CHAPTER 19

**FINANCIAL EXAMINATIONS
MONITORING SYSTEM**

Authority

N.J.S.A. 17:1-8.1; 17:1-15(e); 17B:17-1 et seq.; 17:22-6.40 et seq.; 17:22-6.70; 17:22A-17; 17:23-1 and 2; and 17:23B-1.

Source and Effective Date

R.1998 d.109, effective January 23, 1998.
See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 19, Financial Examinations Monitoring System, expires on July 22, 2003. See: 35 N.J.R. 500(a).

Chapter Historical Note

Chapter 19, Financial Examinations Monitoring System, was adopted as R.1993 d.69, effective February 1, 1993. See: 24 N.J.R. 2999(a), 25 N.J.R. 591(a). Subchapter 3, Date Submission Requirements for all Licensed Producers with Surplus Lines Authority and Eligible Surplus Lines Insurers, was added as R.1993 d.232, effective May 20, 1993. See: 24 N.J.R. 3003(a), 25 N.J.R. 1972(b). Subchapter 1, Data Submission Requirements for all Licensed Insurers (The Financial Analysis Subsystem), was added as R.1995 d.665, effective December 18, 1995. See: 27 N.J.R. 3759(a), 27 N.J.R. 5031(b). Subchapter 4 Data Submission Requirements for all Domestic Life/Health Insurers, was added as R.1995 d.112, effective February 21, 1995. See: 26 N.J.R. 1195(a), 27 N.J.R. 709(a).

Pursuant to Executive Order No. 66(1978), Chapter 19, Financial Examinations Monitoring System, was readopted as R.1998 d.109, effective January 23, 1998. See: Source and Effective Date. See, also, section annotations.

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**SUBCHAPTER 1. DATA SUBMISSION
REQUIREMENTS FOR ALL LICENSED
INSURERS (THE FINANCIAL ANALYSIS
SUBSYSTEM)**

11:19-1.1 Purpose and scope

(a) The purpose of this subchapter is to set forth the filing requirements and procedures for the submission of financial data under the Financial Analysis Subsystem ("FAS") of the Financial Examination Monitoring System ("FEMS").

(b) These rules apply to all licensed insurers regulated under the laws of New Jersey.

11:19-1.2 Definitions

The following words and terms, as used in the subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Commissioner” means the Commissioner of the New Jersey Department of Banking and Insurance.

“Department” means the Department of Banking and Insurance.

“FAS” means the Financial Analysis Subsystem, which performs analysis on the annual/quarterly statement data filed with the NAIC under mandate of the Department.

“FEMS” means the Financial Examinations and Monitoring System.

“Insurer” or “insurance company” means an entity authorized as eligible to transact the business of insurance in New Jersey.

“NAIC” means the National Association of Insurance Commissioners.

Amended by R.1998 d.109, effective February 17, 1998.
See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

In “Commissioner” and “Department” definitions, changed the “Department of Insurance” to the “Department of Banking and Insurance”.

11:19-1.3 FAS submission requirements

All New Jersey licensed insurers shall file their FAS data submissions with the NAIC in accordance with the NAIC Annual Statement Diskette Filing Specifications and the NAIC Diskette Submission Directive instead of filing this information with the Department.

11:19-1.4 Penalties

Failure to comply with the provisions of this subchapter shall subject the insurer to penalties pursuant to N.J.S.A. 17:23-2, 17B:21-2 and any other penalties permitted by law.

SUBCHAPTER 2. DATA SUBMISSION REQUIREMENTS FOR ALL DOMESTIC INSURERS

11:19-2.1 Purpose and Scope

(a) The purpose of this subchapter is to set forth the filing requirements and procedures for the submission of financial data under various Financial Examinations Monitoring System (FEMS) subsystems, for all domestic insurers to the Department.

(b) These rules apply to all domestic insurers regulated under the laws of New Jersey unless specifically stated otherwise.

11:19-2.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“ADAS” means the Actuarial Data and Analysis Subsystem, which provides tools to help the Department’s actuaries to value the reserves of domestic life insurance companies.

“ASCII” means the American Standard Code for Information Interchange. It is a byte-oriented coding system based on an eight bit code and used primarily to format information for transfer in a data communications environment.

“BASS” means the Billing and Scheduling Subsystem, which facilitates the examination activities of the Department. This system provides for automated time and expense entry, produces examination schedules and generates company bills.

“Certificate of Verification or statement of assets held” means a certified listing from the custodian of the securities held as of a specified date (for example, year end) for a specified insurance company.

“CINS” means CUSIP International Numbering Standard.

“Commissioner” means the Commissioner of the New Jersey Department of Banking and Insurance.

“CUSIP” means the American Banking Association’s (ABA) Committee on Uniform Security Identification Procedures, a uniform security identification system for securities which are obtained, selected, arranged and published by Standard and Poors.

“Custodian” means an entity that is in custody of securities on behalf of an insurer or the insurer itself.

“DDS” means the Descriptive Data Subsystem, which provides online access to demographic information and a financial snapshot of all insurance and other risk assuming entities regulated by the Department. A tracking system for admissions and extensions of authority is also provided.

“Department” means the Department of Banking and Insurance.

“Domestic insurer” means an insurer formed under the laws of this State pursuant to N.J.S.A. 17:17-1 et seq., 17:46A-1 et seq., 17:46B-1 et seq., and 17B:18-1 et seq.

3. SLPS-3-TRS (Schedule to Support Tax Returns).

Amended by R.1998 d.109, effective February 17, 1998.
 Sec: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).
 Deleted former (c)4.

11:19-3.6 (Reserved)**11:19-3.7 Penalties**

(a) Failure to comply with the provisions of this subchapter shall subject an eligible surplus lines insurer to penalties as provided in N.J.S.A. 17:22-6.61.

(b) Failure to comply with the provisions of this subchapter shall subject a licensed producer with surplus lines authority to penalties as provided in N.J.S.A. 17:22-6.61 and 17:22A-17.

APPENDIX

Instructions for Completing Licensed New Jersey Surplus
 Lines Producer Quarterly Tax Return

Introduction

Effective with the adoption of N.J.A.C. 11:19-3 et seq., the Surplus Lines Unit automated its operations through the implementation of the Surplus Lines Processing Subsystem (SLPS) of the Department of Insurance's Financial Examinations Monitoring System (FEMS). The system was designed to simplify activities for both the Surplus Lines Unit and you, the Surplus Lines Producer. However, the success of this system is dependent on full compliance and cooperation from you and your agency. Failure to cooperate will diminish the system's effectiveness and result in additional work for both parties. Before any forms can be completed, you must fully understand the five basic rules involved in filing a surplus lines producer quarterly tax return. They are listed as follows:

Rule # 1— YOU MUST READ AND FOLLOW THE INSTRUCTIONS EXACTLY AS THEY ARE EXPLAINED!

Rule # 2— YOU MUST COMPLETE EVERY LINE ON THE TAX RETURN AS INSTRUCTED!

Rule # 3— YOU MUST COMPLETE AND INCLUDE EVERY FORM AS INSTRUCTED WITH EACH QUARTERLY FILING!

Rule # 4— YOU MUST PUT THE TAX RETURN FORMS IN THE REQUIRED ORDER!

Failure to comply with any of these rules will result in non-filer status for you and your agency. Your tax return will be sent back to you and the Surplus Lines Unit will have no record of receiving it. If it has to be returned, your resubmission will be subject to the penalties of a late filing. **IF YOU HAVE ANY QUESTIONS, PLEASE CALL ONE OF THE EXAMINERS AT THE SURPLUS LINES EXAMINING OFFICE!** If you need personal assistance, you may also schedule an appointment to meet with an examiner

in the Trenton Office. We are here to help you so feel free to call us at (609) 777-0498.

Completing the Tax Return

A complete New Jersey Surplus Lines Producer Quarterly Tax Return consists of the following forms:

1. Check Transmittal Form
2. SLPS-1-TAX (Tax Return and Certified Account By Surplus Lines Producer)
3. SLPS-2-FRA (Schedule Showing Fire premiums and Taxes Payable to New Jersey Firemen's Relief Association)
4. SLPS-3-TRS (Schedule to Support Tax Returns)

THESE FORMS MUST BE STAPLED TOGETHER OR OTHERWISE ATTACHED AND FILED IN THE ORDER LISTED ABOVE! For example, the Check Transmittal Form will always be the top form in the tax return filing. SLPS-1-TAX will always be the second, and so on.

Forms must be completed as necessary to support the Tax Return and Certified Account by the Surplus Lines Producer. For example, if a surplus lines producer does not place any Fire business, then that producer does not need to complete SLPS-2-FRA. It is important to note that no line item should be left blank. If there is an item that is not applicable, you must enter either "0" for a numeric entry, or "N/A" for an alpha entry. Always make sure that you check each form carefully to determine that all lines are completed as required. Additionally, return (negative) premiums should always be shown using parentheses. Also, all monetary figures must be reported to the cent. Rounding is not permitted.

It is suggested that you use these instructions as a checklist until completely familiar with the requirements of each of the three (3) forms.

I. SLPS-1-TAX (Tax Return and Certified Account By Surplus Lines Producer)

—THIS FORM IS NOT REQUIRED IF NO BUSINESS IS PRODUCED!

- Print your assigned SLA number in the five boxes provided in the upper left corner of the form. Lead zeros must be printed in the boxes not used, i.e. SLA # 003 would now be shown as 00003, SLA # 125A would now be shown as 0125A. **EVERY BOX MUST CONTAIN A CHARACTER!**
- Indicate the quarter and year of the tax return by circling the appropriate number to designate the calendar quarter and inserting the last 2 digits of the year as shown at the top of the form.
- Provide the name under which you do business on Line 1 of the form. This should be the agency name for an organization's tax return; your name (as it appears on your license) for an individual tax return.

- Provide the location of your principal place of business on Line 2 of the form. This address must be a New Jersey location and the Surplus Lines Examining Office should be able to contact you by phone and by mail at this address.
- Provide the phone number for the organization or a number where you may be contacted during the day on Line 3 of the form. For organizations, this phone number should be the number listed for the address given on Line 2.
- Provide the total taxable Fire premiums written for the quarter on Line 5 of the form. This should include 999 Fire, if any. On property policies, only the portion of the premium allocable to Fire should be included on this line. If no Fire premiums are written, then enter a "0" on this line.
- Multiply the total taxable Fire premiums entered on Line 5 by three percent (3%), and enter this amount on Line 6 of the form. Again, if no Fire premiums are written, enter a "0" on Line 6.
- Provide the amount of credit applicable (if any) to the 3% FRA Tax on Line 7 of the form. If none, enter a "0" on Line 7 of the form.
- Subtract the amount shown on Line 7 from the amount shown on Line 6 and enter the result on Line 8 of the form.
- Provide the total taxable "All Other" premiums written for the quarter on Line 9 of the form. Simply stated, "All Other" premiums include any premiums that are not Fire premiums (e.g. Allied Lines and Casualty premiums are "All Other"). If no other "All Other" premiums are produced, then enter a "0" on Line 9.
- Multiply the total taxable "All Other" premiums entered on Line 9 by three percent (3%), and enter this amount on Line 10 of the form. Again, if no "All Other" premiums are written, enter a "0" on Line 10.
- Provide the amount of credit applicable (if any) to the 3% State Tax on Line 11 of the form.
- Subtract the amount shown on Line 11 from the amount shown on Line 10 and enter the result on Line 12 of the form.
- Provide the total non-taxable Fire premiums written on Line 13 of the form. Total non-taxable Fire premiums DOES NOT INCLUDE 999 FIRE! Non-coded Fire premiums are included in taxable Fire premiums. If no non-taxable Fire premiums are written, then enter a "0" on Line 13.
- Provide the total non-taxable "All Other" premiums written on Line 14 of the form. If no non-taxable "All Other" premiums are written, then enter a "0" on Line 14.
- Add the total non-taxable Fire premiums entered on Line 13 to the total non-taxable "All Other" premiums entered on Line 14 and insert this amount on Line 15 of the form.
- Type or print your name and title, and sign and date the form on the lines provided at the bottom.
- Draw a check, made payable to the "New Jersey Firemen's Association for the amount shown on Line 8 of the form. This check should be forwarded to the New Jersey Firemen's Association (see section II—SLPS-2-FRA). Attach a copy of this check to your completed tax return that will be sent to the Surplus lines Examining Office as detailed under the "Introduction" section.
- Draw a second check, made payable to the "State of New Jersey", for the amount shown on Line 12 of the form. This check will be attached to your completed tax return and sent to the Surplus Lines Examining Office as detailed in the "Introduction" section.
- II. SLPS-2-FRA—(Schedule Showing Fire Premiums and Taxes Payable to New Jersey Firemen's Association)
- THIS FORM IS NOT REQUIRED IF FIRE PREMIUMS ARE WRITTEN AND/OR NO BUSINESS IS PRODUCED!
- Print your assigned SLA number in the five boxes provided in the upper left corner of the form. Remember, lead zeros must be used, and all boxes must contain a digit or character.
 - Indicate the quarter and year of the tax return by circling the appropriate number to designate the calendar quarter and inserting the last 2 digits of the year as shown under the SLA number.
 - Provide the name under which you do business on the line provided. This should be the same as the name listed on Line 1 of SLPS-1-TAX.
 - Enter the page number and the total number of SLPS-2-FRA pages in the appropriate lines at the upper right corner of the form.
 - Provide the three digit ISO code number for the municipality that corresponds with the location of the risk and enter it in the column marked "ISO Code." The ISO code can be found by using the list included with these instructions. If the municipality does not have an assigned five digit code, the "999" code should be used.
- Enter the municipality or appropriate fire district in the column marked "Location of Risk".
- Enter the zip code of the location in the column marked "Zip Code".
- Provide the Fire premium amount for the policy and enter it in the column marked "Premium". For property policies, include in this column only the portion of the premium allocable to Fire. YOU MUST USE PARENTHESES AROUND A NUMBER TO INDICATE A RETURN PREMIUM! Do NOT use a minus (-) sign! e.g. use (\$123.00) instead of -\$123.00.
- Multiply the amount in the Premium column by three percent (3%) and enter this amount in the column marked "FRA Tax".
- Repeat the above steps each individual placement where Fire premiums are written. If you need additional space, use extra SLPS-2-FRA sheets and number them consecutively as necessary. Keep a cumulative total in the total boxes at the bottom right corner of the form.
- After verifying all entries, mail the completed form(s), along with a check made payable to the "New Jersey Firemen's Association" for the amount of three percent (3%) of the total Fire premiums (as shown on Line 6 of SLPS-1-TAX), to the New Jersey Firemen's Association, 50 Evergreen Place, East Orange, NJ 07018. Attach a copy of the form(s), together with a photocopy of your check, to the tax return that will be sent to the Surplus Lines Examining Office as detailed under the "Introduction" section.
- III. SLPS-3-TRS (Schedule to Support Tax Returns)

—THIS FORM IS NOT REQUIRED IF NO BUSINESS IS PRODUCED!

- Print your assigned SLA number in the five boxes provided in the upper left corner of the form. Remember, lead zeros must be used, and all boxes must contain a digit or character.

- Indicate the quarter and year of the tax return by circling the appropriate number to designate the calendar quarter and inserting the last 2 digits of the year.

- Provide the name under which you do business on the Line provided. This should be the same as the name listed on Line 1 of SLPS-1-TAX.

- Enter the page number and the total number of SLPS-3-TRS pages in the appropriate lines at the upper right corner of the form.

- Enter the transaction number assigned to the individual placement in the seven (7) boxes provided in Column 1 of the form. The first two digits of the transaction number indicate the year in which the placement occurred, i.e., if the placement occurred in the year 1998, then the first two digits of the transaction number would be "98". The remaining five digits of the transaction number represent a sequential number, assigned by you, indicating the order in which the placement occurred during the calendar year. For example, the first placement of the year would be numbered 00001, the second placement would be 00002, and so on up to 99,999. EVERY BOX MUST CONTAIN A DIGIT! Remember to always use lead zeros when the sequential number is less than 5 digits. The system will NOT accept alpha suffixes to transaction numbers.

- Indicate the premium type code in Column 2 of the form. The premium type codes are "N" for new and renewal premiums; "A" for additional premiums; and "R" for return premiums. "N", "A" and "R" premiums must be listed on a separate page(s). Do NOT put "N", "A" and "R" premiums on the same page. YOU MUST USE A SEPARATE PAGE(S) FOR NEW AND RENEWAL, A SEPARATE PAGE(S) FOR ADDITIONAL, AND A SEPARATE PAGE(S) FOR RETURNS. "N", "A" and "R" coded pages must be listed in this order.

- Provide the name of the insured as shown on the policy in Column 3 of the form.

- Enter the policy number of the placement in the boxes provided in Column 4 of the form. Start with the first box on the left and use as many boxes as necessary. The policy number may be alphanumeric. It is important to enter the policy number exactly as it appears on the policy, including spaces. YOU MUST LEAVE A BLANK BOX ON THE FORM TO INDICATE A SPACE BETWEEN CHARACTERS! Always be sure to check for any errors.

- Enter the effective dates of the placement in Column 5 of the form, using a slash (/) between month, day, and year, which are 2 digits each. For example, April 5, 1993 would be entered as 04/05/93.

- Indicate the insurance company which issued the policy by entering its corresponding NAIC or ISI number in the boxes provided in Column 6 of the form. The NAIC number is five digits in length, and is used only by foreign insurance companies (those licensed in a U.S. jurisdiction). The ISI number (which is distinguished by its prefix, "AA") is nine characters in length, and is used only by alien (overseas) insurance companies. A list of each surplus lines insurer currently eligible in New Jersey and its

respective NAIC/ISI number is included with these instructions. NOTE: When entering the five digit NAIC number, start at the left and use only the required amount of boxes. That is, enter the five digits in the first five boxes and leave the remaining boxes blank.

- Provide the Fire premium amount, if any, and enter it in the column marked "Fire" under Column 7 of the form.

- Enter the "All Other" premium amount, if any, in the column marked "All Other" under Column 7 of the form.

- Repeat the above steps for each individual placement or transaction. If you need additional space, use extra SLPS-3-TRS sheets and number them as necessary. Keep a cumulative total in the total boxes at the bottom right corner of the form, e.g., page 2 totals should be the page 1 totals plus page 2 totals; page 3 totals should be the page 1 totals plus page 2 plus page 3, etc. Carry the cumulative totals to lines #5 and #9 on the SLPS-1-TAX form.

- If the premium is non-taxable, then enter a "Y" in the column marked "N/T." Otherwise, leave this column blank. As with new and renewal, additional, and return premiums, YOU MUST GROUP ALL NON-TAXABLE PREMIUMS ON A SEPARATE PAGE(S)! In other words, indicate the premium type code in Column 2 of the form. Remember, the codes are "N" for new and renewal premiums; "A" for additional premiums, and "R" for return premiums. Do NOT put "N", "A" and "R" premiums on the same page. YOU MUST USE A SEPARATE PAGE(S) FOR NEW AND RENEWAL, A SEPARATE PAGE(S) FOR ADDITIONAL, AND A SEPARATE PAGE(S) FOR RETURNS. "N", "A" and "R" coded non-taxable pages must be listed in this order.

- Repeat the above steps for each individual non-taxable placement of transaction. If you need additional space use extra SLPS-3-TRS sheets and number them as necessary. Again, as with taxable business, keep an cumulative total for non-taxable business in the total boxes at the bottom right corner of the form, e.g., the second page totals (non-taxable) should be the first page totals plus second page totals; the third page totals should be totals of the first three pages (non-taxable), etc. Carry the cumulative totals to lines #13 and #14 on the SLPS-TAX form.

Procedures for Filing the Tax Return

The three (3) forms with required copies, completed and attached together in the correct order, comprise a complete tax return filing. This package should be properly stapled together or secured with a rubber band. A complete, separate duplicate copy of this filing must also be included. This separate duplicate copy should also be properly stapled together or secured with a rubber band. The tax return is to be filed with the Surplus Lines Examining Office on or before the 45th day after the close of the calendar quarter. Therefore, they must be mailed on or before May 15, August 14, November 15 and February 14 for the first, second, third, and fourth calendar quarters, respectively.

If you have any questions on the instructions, or any questions pertaining to surplus lines, then you are encouraged to call the Surplus Lines Examining Office and/or any of the examiners at (609) 777-0498.

Thank you for taking the time to read these instructions and completing the forms accurately.

Amended by R.1998 d.109, effective February 17, 1998.
See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

In "Completing the Tax Return", inserted a new 1 and recodified existing 1, 2, and 3 as 2, 3, and 4 and deleted former 4; changed "four(4) forms" to "three(3) forms"; in II, added the last sentence to the last paragraph; in III, changed the date references and rewrote the last 10 paragraphs; deleted entire "SLPS-4-GFS (Quarterly Surcharge Statement); and in "Procedures for Filing the Tax Return", changed "four(4) forms" to "three(3) forms"; substituted "the 45th day after" for "end of the month following"; changed mailing deadlines from "April 30, July 31, October 31, and January 31" to "May 15, August 14, November 15 and February 14"; and deleted the second, third, and fourth paragraphs.

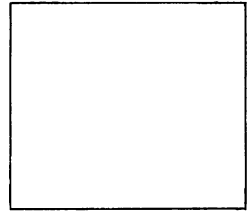
SLPS CHECK TRANSMITTAL

Attach Original Surplus Lines
Tax Transmittal Check in
This Space

Photocopy Your Check Payable
To N.J. Firemen's Association (if any)
in This Space

STATE OF NEW JERSEY
 DEPARTMENT OF INSURANCE
 THE SURPLUS LINES EXAMINING OFFICE
 20 West State Street, CN 325, Trenton, NJ 08625-0325

For Official Use Only



TAX RETURN AND CERTIFIED ACCOUNT BY SURPLUS LINES PRODUCER

SLA # For the 1 2 3 4 Quarter, 19 ____
 (circle one)

To the Commissioner of Insurance of New Jersey:

1. Name of Surplus Lines Producer _____
2. I have a bona fide office in this State in which is kept a record of contracts of insurance countersigned or issued by me located at:

 (Street Address) (City or Town) (State) (Zip Code)
3. Telephone # (____) _____ - _____
 (area code)
4. Pursuant to N.J.S.A. 17:22-6.58, there is submitted on the accompanying pages a verified report, in duplicate, of the surplus lines insurance transacted during the quarter circled above, a summary of which follows:

TAXABLE NET PREMIUMS:	
5. Total Taxable Fire Premiums	\$ _____
6. Tax @ 3% (3% of Line 5)	\$ _____
7. Prior Period Credit Applied (If Any)	\$(_____)
8. Amount Payable to the "New Jersey Firemen's Association" (Line 6) - (Line 7)	\$ _____
9. Total Taxable All Other Premiums	\$ _____
10. Tax @ 3% (3% of Line 9)	\$ _____
11. Prior Period Credit Applied (If Any)	\$(_____)
12. Amount Payable to the "State of New Jersey" (Line 10) - (Line 11)	\$ _____

NON-TAXABLE NET PREMIUMS (Insurance of risks of state, county, or municipal government or agency thereof)	
13. Total Non-Taxable Fire Premiums	\$ _____
14. Total Non-Taxable All Other Premiums	\$ _____
15. Total Non-Taxable Net Premiums (Line 13) + (Line 14)	\$ _____

I declare under penalties of perjury that I have examined this statement including the schedules and statements attached thereto, if any and to the best of my knowledge and belief the matters and information set forth therein are true, correct, and complete. I further certify that I am authorized to sign for the producer identified on Line 1 above.

_____ Date

_____ Signature of Surplus Lines Producer

_____ Name and Title
 (Print or Type)

STATE OF NEW JERSEY
 DEPARTMENT OF INSURANCE
 THE SURPLUS LINES EXAMINING OFFICE

SCHEDULE SHOWING FIRE PREMIUMS AND TAXES PAYABLE

MAIL TO:
 NEW JERSEY FIREMEN'S ASSOCIATION
 50 Evergreen Place, East Orange, NJ 07018

SLA #

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1 2 3 4 Quarter, 19 ____
 (circle one)

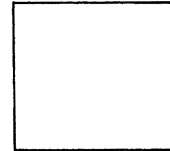
Producer Name _____ Page ____ of ____

ISO Code	Location of Risk (Municipality or Fire District)	Zip Code	Premium	FRA Tax
			\$	\$
Totals			\$	\$

SLPS-2-FRA 1/93

STATE OF NEW JERSEY
DEPARTMENT OF INSURANCE
THE SURPLUS LINES EXAMINING OFFICE
20 West State Street, CN 325, Trenton, NJ 08625-0325

For Official Use Only



SLA #

QUARTERLY SURCHARGE STATEMENT

MAIL TO:
NEW JERSEY SURPLUS LINES INSURANCE GUARANTY FUND
P.O. Box 1303, Cranford, New Jersey 07016-1303

For the 1 2 3 4 Quarter, 19 ____
(circle one)

- 1. Name of Surplus Lines Producer: _____
- 2. Street Address: _____
- 3. City, State: _____ Zip Code _____
- 4. Telephone #: (____) _____ - _____
(area code)
- 5. New Jersey new premiums written during quarter \$ _____
- 6. New Jersey additional premiums written during quarter (+) \$ _____
- 7. New Jersey return premiums written during quarter (-) \$(_____)
- 8. Total New Jersey Net Premiums (Line 5) + (Line 6) - (Line 7) \$ _____
- 9. Surcharge amount due (4% of Line 8) \$ _____
- 10. Interest received on deposits* \$ _____
- 11. Total surcharges and interest due (Line 9) + (Line 10) \$ _____

- Remit amount on Line 11 payable to "NJ Surplus lines Insurance Guaranty Fund".
- Send check with copy of this statement to the Association at P.O. Box 1303, Cranford, New Jersey 07016-1303.
- An additional copy of this statement, together with a photocopy of your check, should be attached to your Quarterly Premium Tax Return that is mailed to the Surplus Lines Examining Office.

*Trust Account # _____ is established at the following financial institution:

Name: _____

Address: _____

CERTIFICATION

I declare under penalties of perjury that I have examined this statement including the schedules and statements attached thereto, if any, and to the best of my knowledge and belief the matters and information set forth therein are true, correct, and complete. I further certify that I am authorized to sign for the producer identified on Line 1 above.

Signature of Surplus Lines Producer

Date

Name and Title
(Print or Type)

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Amended by R.1998 d.109, effective February 17, 1998.
See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).
Amended by R.2001 d.132, effective May 7, 2001.
See: 33 N.J.R. 14(a), 33 N.J.R. 1392(a).

Material contained in this Appendix was originally adopted as 11:19-3 Appendix B. Appendix A was repealed by R.2001 d.132 and designation "B" deleted from this Appendix.