

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).

Executive Order No. 66(1978) Expiration Date

Chapter 19, Financial Examinations Monitoring System, expires on
January 23, 2003.

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, Data 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 Sub-
mission 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 Sub-
mission 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,
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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.

iii. The volume sequence number of the diskette (for example, "1 of 1" or "2 of 4");

iv. The volume serial number of the diskette (this can be determined by executing the DOS "VOL" command); and

v. The information shall be displayed as follows:

NAME: (for example, ABC Life Ins. Co.)
 NAIC NO: NNNNN
 TYPE: (for example, L/H)
 YEAR OF DATA: YY
 DATE MAILED: MM/DD/YY
 DISK: 1 of 1
 VSN: (for example, 2364-07E1);

2. A cover letter that provides the same information as on the external labels;

3. A signed affidavit by the insurer which shall accompany all transmissions attesting to the accuracy of the diskette(s); and

4. The diskette(s) may be delivered or mailed but shall be received by the Department by March 1 at the following address:

New Jersey Department of Banking and Insurance
 FEMS—General Ledger System Project
 20 West State Street
 PO Box 325
 Trenton, NJ 08625-0325

(d) Any diskette that does not contain information in accordance with the record layouts specified in Appendix B shall be returned to the company. The company shall resubmit a corrected diskette within 10 days of notification from the Department of a diskette not in conformance with Appendix B.

New Rule, R.1994 d.104, effective February 22, 1994.
 See: 25 N.J.R. 2820(b), 26 N.J.R. 1100(b).
 Amended by R.1998 d.109, effective February 17, 1998.
 See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

In (c)4, updated the address and changed the deadline from January 31 to March 1; and added a new (d).

11:19-2.6 through 11:19-2.8 (Reserved)

11:19-2.9 Penalties

Failure to comply with the provisions of this subchapter shall subject the insurer to penalties as provided in N.J.S.A. 17:23-2 and 17B:21-2.

APPENDIX A

Exhibit 1

Header Record Layout

Field No.	Field Name	Start Pos	Field Type & Length	Comments
1	Record Type	1	X(1)	Must fill w/"1"

Field No.	Field Name	Start Pos	Field Type & Length	Comments
2	Custodian Code	2	X(5)	DOI assigned custodian code
3	Insurance Company Code	7	X(5)	NAIC Code
4	Year Ended	12	X(4)	Format CCYY; CC = the century, YY = the year
5	Filler	16	X(135) 150	Space fill

Note:

X denotes alphanumeric
 Alphanumeric fields containing numeric values should be right adjusted and zero filled to the left with the sign in the left most character (specific instructions for each field are documented in the comment section).

APPENDIX A

Exhibit 2

Header Record Layout Description

Field No.	Field Name	Comments
1	Record Type	This field must contain the number "1" for this record type.
2	Custodian Code	This field must contain the custodian's code assigned by the DOI.
3	Insurance Company Code	This field must contain the Insurance company's NAIC company code.
4	Year Ended	This field must contain the year of the period for which the data applies.
5	Filler	Spaces

APPENDIX A

Exhibit 3

Detail Record Layout

Field No.	Field Name	Start Pos	Field Type & Length	Comments
1	Record Type	1	X(1)	Must fill w/"2"
2	Custodian Code	2	X(5)	DOI Custodian Code
3	Insurance Company Code	7	X(5)	NAIC Code
4	CUSIP/PPN/CINS Number	12	X(9)	If no assigned number, fill w/nine zeroes. This number must be unique. There may not be two records with the same CUSIP. The first 8 digits must be unique (e.g. 123456789-1 through 8 must be unique).
5	Issuer	21	X(30)	
6	Description	51	X(30)	
7	Stock/Bond Indicator	81	X(1)	S or B
8	Quantity	82	X(15)	Total Par Value or Number of Shares—12 digits to left of implied decimal point, 3 digits to right—sign is NOT included since this value should always be positive.
9	Market Value	97	X(12)	Market Value Per Security 8 digits to left of implied decimal point, 3 digits to right, the sign (+, -) should be in the first character
10	Market Price Source	109	X(20)	Source of Price (e.g. Wall Street Journal)
11	Filler	139	X(22) 150	Space fill

Note:

X denotes alphanumeric
 Alphanumeric fields containing numeric values should be right adjusted and zero filled to the left with the sign in the left most character (specific instructions for each field are documented in the comment section).

APPENDIX A
Exhibit 4

Detail Record Layout Description

Field No.	Field Name	Comments
1	Record Type	This field must contain the number "2" for this record type.
2	Custodian Code	This field must contain the custodian's code which was assigned by the DOI.
3	Insurance Company Code	This field must contain the Insurance company's NAIC company code.
4	CUSIP/PPN/CINS Number	Must contain approved CUSIP, PPN, or CINS Number or (foreign issues) Agency number as assigned by Standard & Poor's Corporation. This number must be unique. There may be no duplicate CUSIP. It is the first 8 digits of the CUSIP that must be unique. For example, 222222212 and 222222222 are unique CUSIPs. However, the following are duplicate CUSIPs: 222222222 and 222222221. Therefore, each record must be a unique CUSIP according to the first 8 digits. The "first 8" refers to the first eight digits, starting from the left.
5	Issuer	Must contain name of company issuing security.
6	Description	Must contain shortened CUSIP security description.
7	Stock/Bond Indicator	Must contain an S to indicate security quantity is reported as number of shares or a B to indicate security quantity is reported as par value.
8	Quantity	Must contain total number of shares of stocks held or total par value of bonds (where the value of bonds owned are adjusted for repayment of principal).
9	Market Value	Must contain market value per security. For stocks this field should contain market value per share. For bonds this field should contain market value per unit.
10	Market Price Source	Must contain the source of pricing for example, Wall Street Journal, Dow Jones, etc.
11	Filler	Spaces

APPENDIX A
Exhibit 5

Trailer Record Layout

Field No.	Field Name	Start Pos	Field Type & Length	Comments
1	Record Type	1	X(1)	Must fill w/"3"
2	Custodian Code	2	X(5)	DOI Custodian Code
3	Insurance Company Code	7	X(5)	NAIC Code
4	Total Records	12	X(8)	Exclude header & trailer
5	Total Quantity	20	X(18)	15 digits to the left of the implied decimal point, 3 digits to the right, no sign should be included, this should be a total of the quantity field for every detail record.
6	Filler	38	X(113) 150	Space fill

Note:

X denotes alphanumeric
Alphanumeric fields containing numeric values should be right adjusted and zero filled to the left with the sign in the left most character (specific instructions for each field are documented in the comment section).

APPENDIX A
Exhibit 6

Trailer Record Layout Description

Field No.	Field Name	Comments
1	Record Type	This field must contain the number "3" for this record type.
2	Custodian Code	This field must contain the custodian's code assigned by the DOI.
3	Insurance Company Code	This field must contain the Insurance company's NAIC company code.
4	Total Records	Total number of detail records submitted.

Field No.	Field Name	Comments
5	Total Quantity	Cash total of total shares/par value (total of quantity field for all detail records).
6	Filler	Spaces

APPENDIX B

Exhibit 1

General Ledger Account Detail Record Layout

Field Number	Field Name	Start Pos	Field Type and Length	Comments
1	General Ledger Account Number	1	X (12)	General Ledger account number including sub-accounts. Must be "0," right justified.
2	Adjustment Number	13	9 (5)	Description of the account.
3	Account Description	18	X (45)	The page number of the annual statement where the account is reported. Pages less than 10 must have 2 leading zeros.
4	Annual Statement Page Number	63	X (2)	The line number on the page where the account is reported. Line Numbers Less than 10 must have a leading zero. An alphabetic character must be in upper case.
5	Annual Statement Line Number	65	X (6)	The column number on the page where the account is reported.
6	Annual Statement Column Number	71	X (1)	The amount of the year-end, preclosing account balance.
7	Amount	72	9 (16)	
				87

Note: X = denotes alphanumeric
9 = denotes numeric

New Rule, R.1994 d.104, effective February 22, 1994.
See: 25 N.J.R. 2820(b), 26 N.J.R. 1100(b).
Amended by R.1998 d.109, effective February 17, 1998.
See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

APPENDIX B

Exhibit 2

General Ledger Account Detail Record Layout Description

Field Number	Field Name	Comments
1	General Ledger Account Number	General ledger account number (alphanumeric, left justified, up to 12 positions). Sub-accounts are to be combined with account number, up to 12 positions.
2	Adjustment Number	A zero for the adjustment number (numeric, right justified) indicates this is an account and not an adjustment.
3	Account Description	Description of the account (the first 45 positions, left justified).
4	Annual Statement Page Number	The page number of the annual statement for P/C companies which corresponds to Assets, Liabilities Surplus and Other Funds and Underwriting and Investment Exhibit. The page number of the Annual Statement for L/H companies which corresponds to Assets, Liabilities Surplus and Other Funds and Underwriting and Investment Exhibit. (for 1997 data this must be 02, 03 and 04 for P/C and L/H companies). Pages less than 10 must have a leading zero.
5	Annual Statement Line Number	The line number on the page where the account is reported (left justified, with a leading zero for numbers less than 10 and alphabetic characters in upper case, that is 02.2 or 04A).
6	Annual Statement Column Number	The column number on the page where the account is reported (1 for pages 03 and 04; 1, 2 or 3 for page 02).

Field Number	Field Name	Comments
7	Amount	The amount field will be the year-end pre-closing account balance (positive for debit balance and negative for credit balance). The decimal point is to be contained in the field. A leading minus (“-”), placed directly before the first number, is used to indicate negative numbers. Leading zeros are not to be used, but trailing zeros are to be used for the decimal places. The total field width (16) includes all numbers, the minus sign and the decimal point. For example, a negative \$304,020 and 20 cents would appear as ____-304020.20, where the underscore represents spaces.

Field Number	Field Name	Comments
5	Annual Statement Line Number	The line number on the page where the adjustment is reported (left justified, with a leading zero for numbers less than 10).
6	Annual Statement Column Number	The column number on the page where the adjustment is reported (1 for pages 03 and 04; 1, 2 or 3 for page 02) and alpha characters must be upper case, that is 02.2 or 04A.
7	Amount	The amount field will be the year-end closing adjustment amount (positive for debit balance and negative for credit balance). The decimal point is to be contained in the field. A leading minus (“-”), placed directly before the first number, is used to indicate negative numbers. Leading zeros are not to be used, but trailing zeros are to be used for the decimal places. The total field width (16) includes all numbers, the minus sign and the decimal point. For example, a negative \$304,020 and 20 cents would appear as ____-304020.20, where the underscore represents spaces.

New Rule, R.1994 d.104, effective February 22, 1994.
 See: 25 N.J.R. 2820(b), 26 N.J.R. 1100(b).
 Amended by R.1998 d.109, effective February 17, 1998.
 See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

New Rule, R.1994 d.104, effective February 22, 1994.
 See: 25 N.J.R. 2820(b), 26 N.J.R. 1100(b).
 Amended by R.1998 d.109, effective February 17, 1998.
 See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

APPENDIX B

Exhibit 3

Adjusting Entry Detail Record Layout

Field Number	Field Name	Start Pos	Field Type and Length	Comments
1	General Ledger Account Number	1	X (12)	General ledger account number to be adjusted.
2	Adjustment Number	13	9 (5)	The adjustment number.
3	Adjustment Description	18	X (45)	Description of the adjustment.
4	Annual Statement Page Number	63	X (2)	The page number of the annual statement where the adjustment is reported. Pages less than 10 must have a leading zero.
5	Annual Statement Line Number	65	X (6)	The line number on the page where the adjustment is reported. Line numbers less than 10 must have leading zeros and alpha characters must be upper case.
6	Annual Statement Column Number	71	X (1)	The column number on the page where the adjustment is reported.
7	Amount	72	9 (16)	The year-end closing adjustment amount.

Note: X = denotes alphanumeric
 9 = denotes numeric

New Rule, R.1994 d.104, effective February 22, 1994.
 See: 25 N.J.R. 2820(b), 26 N.J.R. 1100(b).
 Amended by R.1998 d.109, effective February 17, 1998.
 See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

SUBCHAPTER 3. DATA SUBMISSION REQUIREMENTS FOR ALL LICENSED PRODUCERS WITH SURPLUS LINES AUTHORITY AND ELIGIBLE SURPLUS LINES INSURERS

11:19-3.1 Purpose and scope

(a) The purpose of this subchapter is to set forth the filing and reporting requirements and procedures for the submission of:

1. All eligible surplus lines insurers’ quarterly net written premiums for the State of New Jersey; and
2. Tax and surcharge filings for all licensed surplus lines producers.

(b) These rules apply to all licensed producers with surplus lines authority and all insurers eligible to transact surplus lines insurance business in New Jersey in accordance with N.J.S.A. 17:22-6.40 et seq. and 17:22-6.70 et seq.

11:19-3.2 Definitions

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

“Alien insurer” means an insurer formed under the laws of any country other than the United States of America, its states, districts, territories, commonwealths or possessions.

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

“Department” means the Department of Banking and Insurance.

APPENDIX B

Exhibit 4

Adjusting Entry Detail Record Layout Description

Field Number	Field Name	Comments
1	General Ledger Account Number	General ledger account number to be adjusted (alphanumeric, left justified, up to 12 positions). If there is no account number Surplus (page 03, line 25B for P&C companies and page 03, line 34 for L/H companies), account number 999 is to be used.
2	Adjustment Number	The same adjustment number should be used for all off-setting entries. All adjustment numbers shall be less than 90,000.
3	Adjustment Description	Description of the adjustment (The first 45 positions, left justified).
4	Annual Statement Page Number	The page number of the annual statement for P/C companies which corresponds to Assets, Liabilities Surplus and Other Funds and Underwriting and Investment Exhibit. The page number of the Annual Statement for L/H companies which corresponds to Assets, Liabilities Surplus and Other Funds and Underwriting and Investment Exhibit. (for 1997 data this must be 02, 03 and 04 for P/C and L/H companies). Pages less than 10 must have a leading zero.

“Due date” means a date prior to or on which a submission shall be received by the Department.

“EBCDIC” means the Extended Binary Coded Decimal Interchange Code which is a computer code for representing data. This code is used in all IBM mainframe systems.

“Foreign insurer” means an insurer formed under the laws of a jurisdiction of the United States of America, other than the State of New Jersey.

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

“ISI Number” means the nine digit identifying number issued by the NAIC to uniquely identify an “alien insurer.”

“NAIC” means the National Association of Insurance Commissioners.

“NAIC number” means the five digit number assigned by the NAIC to uniquely identify a foreign or admitted insurer.

“Net written premiums” means direct gross premiums on insurance policies written by a surplus lines insurer less return premiums thereon. If a policy issued by a surplus lines insurer covers risks or exposures only partially located in this State, the “net written premiums” do not include premiums on the risks or exposures outside of the State.

“SLPS” means the Surplus Lines Processing Subsystem, which assists the Department in monitoring the activities of licensees which sell surplus lines insurance to New Jersey residents and matches quarterly agent tax data to quarterly company policy data.

“Surplus lines insurer” means an unauthorized insurer eligible to transact surplus lines insurance business in this State, in which an insurance coverage is placed or may be placed pursuant to N.J.S.A. 17:22-6.40 et seq.

“Transaction number” means the 14-character number made up of the producer’s surplus line agent number (assigned by the Department), the year of the placements, and a sequential number (maintained by the agent).

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”.

11:19-3.3 General data filing requirements

(a) All eligible surplus lines insurers qualified to transact business in New Jersey shall report to the Department the information required by this subchapter on a quarterly basis beginning July 1, 1993, in accordance with (a)1 or 2 below, and with the Appendices to this subchapter, incorporated herein by reference.

1. Foreign insurers and alien insurers shall report their net written premiums for the State of New Jersey no later than 45 days after the end of the calendar quarter. The due dates for the net written premiums reports are as follows: May 15 for the first quarter; August 15 for the second quarter; November 15 for the third quarter; and February 15 for the fourth quarter.

2. Alien insurers which are not technically capable to report pursuant to (a)1 above shall report their net written premiums for the State of New Jersey no later than nine months after the end of the calendar quarter. The due dates for the net written premiums reports are as follows: December 1 for the first quarter; March 1 for the second quarter; June 1 for the third quarter; and September 1 for the fourth quarter.

(b) All licensed surplus lines producers shall, on or before the end of the month following each calendar quarter, remit premium taxes and surcharges in accordance with the Appendices to this subchapter. The due dates for these filings are as follows: April 30; July 31; October 31; and January 31.

11:19-3.4 SLPS subsystem filing requirements for all surplus lines insurers

(a) All eligible surplus lines insurers shall provide the Department with a report listing net written premiums for all insurance covering a subject of insurance resident, located, or to be performed in New Jersey by either cartridge (3480 model) or computer tape (6250 BPI, IBM compatible) in accordance with (b) and (c) below. Surplus lines insurers which write no business during a calendar quarter shall not file the report required by (c) below, but shall submit a signed affidavit to the Department attesting that no business was written for the quarter.

(b) An insurer’s quarterly report to the Department shall list each policy and transaction number only once. All surplus lines premiums written data submissions shall include a transaction number for each policy reported. Insurers shall combine all activity on the policy during the quarter and report only the policy’s net written premiums for that quarter in conjunction with the transaction number assigned by the New Jersey surplus lines agent. If the policy is a non-New Jersey multi-state risk with incidental exposures in New Jersey, the insurer should use the default number, 99999-99-99999.

(c) Each eligible surplus lines insurer’s report of their net written premiums for the State of New Jersey shall be set forth in accordance the record layouts in the Appendices to this subchapter.

1. The report shall include an internal IBM standard tape label containing:

i. Data set name (INF.SLPS);

- ii. The data shall be EBCDIC character set and alphas in upper case;
- iii. Volume serial number (will be assigned by the company);
- iv. Tape density;
- v. Record format (must be fixed block);
- vi. Record length (must be 300);
- vii. Block size (must be 24,300); and
- viii. Create date.

2. Tapes and cartridges may be delivered or mailed but shall be received by the Department by the due date to:

New Jersey Department of Banking and Insurance
 FEMS—SLPS Project
 20 West State Street
 PO Box 325
 Trenton, NJ 08625-0325

3. Tapes and cartridges shall be clearly labeled with the company's name and the date. The box and the label shall be printed or typed in capital letters.

4. Surplus lines insurers shall submit either IBM compatible 3480 cartridges, or 6250 BPI tapes. (3480 cartridges are preferred, with 6250 BPI tapes as a secondary preference.)

5. An external label shall be affixed to the tapes or cartridges and shall include the following information:

- i. The company's name and NAIC (or ISI) number;
- ii. The volume sequence number if the file is multi-volume (for example, 1 of 5);
- iii. The date when the tape or cartridge was mailed; and
- iv. The letters "SL" on the external label indicating that the internal IBM standard tape information is included as provided in (c)1 above.

6. The submission shall also include:

- i. A cover letter indicating the same information on the internal and external labels;
- ii. The total number of transactions and the total dollar amount of premiums being reported on the tape/cartridge; and
- iii. A signed affidavit of the surplus lines insurer attesting to the accuracy of the cartridges or tapes.

7. Surplus lines insurers that are not technically capable of providing the Department with an IBM standard label pursuant to (c)1 above, shall indicate that no internal label is included by writing the letters "NL" on the external label and on the cover letter.

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

In (b), added the second and last sentences; in (c)2, changed the address; deleted (c)2i; and added a new 6ii and recodified the existing language of 6 into 6i and iii.

11:19-3.5 SLPS subchapter filing requirements for all licensed producers with surplus lines authority

(a) All licensed producers with surplus lines authority shall assign a transaction number to each new or renewal policy he or she places. All subsequent endorsements shall be identified by the same transaction number. All surplus lines producers shall provide surplus lines insurers with the appropriate transaction number for each new, renewal, additional or return premium policy or endorsement, including adjustments for policies prior to July 1, 1993.

(b) All licensed surplus lines producers shall file with the Department or other authority as required a quarterly tax return in the form set forth in Appendix B to this subchapter.

(c) A complete New Jersey surplus lines producer quarterly tax returns consists of the following forms.

- 1. SLPS-1-TAX (Tax Return and Certified Account by Surplus Lines Producer);
- 2. SLPS-2-FRA, if applicable (Schedule showing Fire Premiums and Taxes Payable to New Jersey Firemen's Relief Association); and
- 3. SLPS-3-TRS (Schedule to Support Tax Returns).

Amended by R.1998 d.109, effective February 17, 1998.
 See: 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 A

Exhibit 1 (SLPS)

Header Record Layout

Field No.	Field Name	Start Pos	Field Type & Length	Comments
1	Record Type	1	X(1)	Format as "1"
2	Company Number	2	X(9)	NAIC or ISI number
3	Company Name	11	X(30)	
4	Quarter	41	X(1)	Format as 1,2,3, or 4
5	Year	42	X(4)	Format as CCYY

Field No.	Field Name	Start Pos	Field Type & Length	Comments
6	Filler	46	X(255) 300	Spaces

Note:
X denotes alphanumeric
Alphanumeric fields containing numeric values should be right adjusted and zero filled to the left with the sign in the left most character (specific instructions for each field are documented in the comment section).

APPENDIX A
Exhibit 2 (SLPS)

Header Record Layout Description

Field No.	Field Name	Comments
1	Record Type	This field should contain the number "1" for this record type.
2	Company Number	This field should contain the company's NAIC or ISI number (If NAIC number, leave last four characters as spaces).
3	Company Name	This field should contain the first 30 bytes of the company's full business name.
4	Quarter	This field should contain the quarter of the year for which the data applies. Can only be a "1", "2", "3", or "4".
5	Year	This field should contain the year for which the data applies.
6	Filler	This field should contain spaces.

APPENDIX A
Exhibit 3 (SLPS)

Detail Record Layout

Field No.	Field Name	Start Pos	Field Type & Length	Comments
1	Record Type	1	X(1)	Format as "2"
2	Company Number	2	X(9)	NAIC or ISI number
3	Transaction Number	11	X(14)	Number assigned to the policy by the surplus lines agent
4	Name of Insured	25	X(30)	
5	Policy Number	55	X(20)	Number assigned to the policy by the company
6	Policy From Date	75	X(8)	Format as MMDDCCYY
7	Policy To Date	83	X(8)	Format as MMDDCCYY
8	Total Net Premium Amount	91	X(12)	Net premium amount (including cents). Should reflect the net amount of all business received on the policy for the quarter
9	Name of Producer	103	X(30)	Name of producing agent
10	Street1	133	X(30)	First 30 bytes of producer's street address
11	Street2	163	X(30)	Second 30 bytes of producer's street address
12	Street3	193	X(30)	Last 30 bytes of producer's street address
13	City	223	X(20)	Producer's city
14	State	243	X(2)	Two-letter abbreviation of producer's state
15	Zip5	245	X(5)	Producer's zip code
16	Zip4	250	X(4)	Last 4 bytes of producer's zip code
17	Filler	254	X(47) 300	Spaces

Note:
All fields must be filled. If producer is not known, fill all related fields with spaces.
X denotes alphanumeric

APPENDIX A
Exhibit 4 (SLPS)
Detail Record Layout
Description

Field Number	Field Name	Comments
1	Record Type	This field should contain the number "2" for this record type.
2	Company Number	This field should contain the company's NAIC or ISI number (If NAIC number, leave last four characters as spaces.)
3	Transaction Number	This field should contain the number assigned to the policy by the surplus lines agent. Format using the producer number (five characters), a dash ("—"), the year of the placement (two characters), a dash ("—"), and the sequential number (five characters). The format of this field is XXXXX-XX-XXXXX. The dashes must be included. If the policy is a non-New Jersey multi-state risk with incidental exposures in New Jersey, use the default number, 99999-99-99999.
4	Name of Insured	This field should contain the name of the insured. Left justify the name. Leave spaces in the unused portions of the field. Format placing last name first. Example: Doe, John.
5	Policy Number	This field should contain the number assigned to the policy by the company. Left justify the policy number. Leave spaces in the unused portion of the field.
6	Policy From Date	This field should contain the effective date of the policy.
7	Policy To Date	This field should contain the end date of the policy.
8	Total Net Premium Amount	This field should contain the total net premium information received for the policy during the quarter. The decimal point is implied. Should be right justified with leading zeros. The sign ("+" or "-") should be the first character.
9	Name of Producer	This field should contain the name of the producing agent (if known). Name must be provided if address is provided. Left justify the name. Leave spaces in the unused portion of the field. Format placing last name first. Example: Doe, John.
10	Street1	This field should contain the first 30 bytes of the producer's street address.
11	Street2	This field should contain the second 30 bytes of the producer's street address. This field may be spaces if street name fits in the Street1 field.
12	Street3	This field should contain the last 30 bytes of the producer's street address. This field may also be spaces if the street name does not require it.
13	City	This field should contain the producer's city.
14	State	This field should contain the two-position postal abbreviation of the producer's state.
15	Zip5	This field contains the producer's zip code (first 5 digits).
16	Zip4	This field contains the last four bytes of the producer's zip code. If not applicable, it should contain spaces.
17	Filler	This field should contain spaces.

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

APPENDIX A
Exhibit 5 (SLPS)
Trailer Record Layout

Field No.	Field Name	Start Pos	Field Type & Length	Comments
1	Record Type	1	X(1)	Format as "3"

Field No.	Field Name	Start Pos	Field Type & Length	Comments
2	Total Records	2	X(7)	Exclude header & trailer
3	Total Net Premiums	9	X(12)	Total net premiums written amount for the quarter (including cents).
4	Filler	21	<u>X(280)</u> <u>300</u>	Spaces

Note:

All fields must be filled
X denotes alphanumeric

APPENDIX A

Exhibit 6 (SLPS)

Trailer Record Layout Description

Field No.	Field Name	Comments
1	Record Type	This field should contain the number "3" for this record type.
2	Total Records	This field should contain the total number of records submitted on the tape. This excludes the header and trailer records.
3	Total Net Premiums	This field should contain the sum of the net premium amounts reported for each policy. The decimal point is implied. Should be right justified with leading zeroes. The sign (" + " or " - ") should be the first character.
4	Filler	This field should contain spaces.

APPENDIX B

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 transact 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.

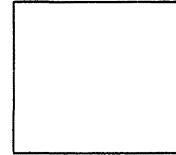
SLPS CHECK TRANSMITTAL

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)

SLPS-1-TAX 4/93 (REV 12/17/92)

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 #

--	--	--	--	--

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

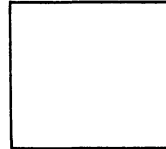
Producer Name _____ Page ____ of ____

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)

SLPS-4-GFS 4/93 (REV 12/17/92)

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