

STATE OF NEW JERSEY

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, _____

Place the label provided below. Make necessary corrections on the label. Otherwise, type or print the requested information. <input type="checkbox"/> Check if address change appears below.			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.)	