



New York State Department of Motor Vehicles
6 Empire State Plaza
Expenditure Accounting - Room 226
Albany NY 12228

**STATEMENT OF PREMIUMS FOR ASSESSMENT
FOR CALENDAR YEAR 2012**

Total Gross Direct Premiums:

Less return premiums thereon, for policies or contracts of private passenger and commercial automobile bodily injury insurance. **This amount should agree with the sum of the amounts reported to the State Insurance Department for their New York Supplemental Insurance Exhibits lines 19.1, 19.2, 19.5 and 19.6.**

\$) _____

Deductions Allowable:

Gross direct premiums less return premiums thereon, for policies or contracts of which evidence thereof has been filed under Section 370 of the Vehicle and Traffic Law.


\$) _____

Other state automobile bodily injury risks reported to New York State for tax purposes only. **(Do not enter amount on this line unless included in your Total Gross Direct Premiums reported above.)**

\$) _____

TOTAL DEDUCTIONS. \$) 0.00

**Final Total for Assessment authorized by
Section 317 and Section 363 of the Vehicle and Traffic Law.** \$) 0.00

Name of Company		NAIC Code	
Address (Include Number and Street)		Telephone (Area Code) ()	
City	State	Zip Code	
<div> _____ Signature of a Principal Officer</div> <div>_____ Title</div>			

State of _____

County of _____

_____ being duly sworn, says that he/she has read the foregoing statement and knows the contents thereof and that the same is true to his/her knowledge.

Sworn to me this

_____ day of _____, 20 _____



Notary Public

