

RETURN TO BE MAILED TO

New York State Department of Financial Services
 Attn: Office of Financial Management
 One Commerce Plaza, 18th Floor
 Albany, New York 12257

RETURNS FOR THE THREE MONTHS' PERIOD	
Ending Mar. 31 st	due May 15 th
Ending June 30 th	due Aug. 15 th
Ending Sept. 30 th	due Nov. 15 th
Ending Dec. 31 st	due Feb. 15 th

Email questions to: billing@dfs.ny.gov

**PUBLIC MOTOR VEHICLE LIABILITY SECURITY FUND
 OF THE STATE OF NEW YORK**

RETURN for the three months' period ending _____, made in accordance with the requirements of Article 76 of the Insurance Law, Section 7605.

_____ NAIC Company Code	_____ Name of Insurance Company
_____ Mailing Address	

_____ Contact Name	_____ Phone Number/Email address

Organized under the Laws of _____

Net premiums on surety bonds and insurance policies written during the period of this return to insure payment of any legal or liability claims or judgements resulting from the operation, maintenance, use or defective construction of a motor vehicle causing: (a) damages for an incident to death or injuries to persons, (b) damages for the incident to injury or destruction of property as provided for by Section 370 of the Vehicle and Traffic Law of the State of New York, and properly allocated in the books of account of such insurance carrier making this return. Gross premiums shall be the gross amount charged during the period of this return, on direct business written, on all policies, certificates, renewals, bonds, policies and bonds subsequently canceled, issued or delivered during such period and all prior quarterly periods and calendar years subsequent to December 31, 1938. Premiums on reinsurance assumed or on reinsurance ceded shall not be included. Return premiums and dividends to policyholders paid or credited on direct business during the period of this return may be deducted where the original gross premiums or adjustments thereof shall have been concurrently or previously reported under this section.

Premiums less returned premiums as above defined	\$ _____	
Surety Bond premiums less returned premiums as above defined	\$ _____	\$ _____
Less: (a) Medical payment premiums	\$ _____	
(b) Uninsured motorists premiums	\$ _____	\$ _____
Net premiums		\$ _____
Dividends on premiums less return premiums	\$ _____	\$ _____
Less: (a) Medical payment dividends	\$ _____	
(b) Uninsured motorists dividends	\$ _____	
Balance		\$ _____
3% due (or credit due company)		\$ _____
Less: credit due company as of last report		\$ _____
Amount payable* (or accumulated credit due)		\$ _____
New York State claim reserves as of December 31 last**		\$ _____

*Check for amount due should accompany return and be made payable to the Superintendent of Financial Services.

CERTIFICATION OF ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report is, to the best of my knowledge and belief, a true, correct and complete report.

_____ (Signature of Officer)	_____ (Title)	_____ (Date)
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State of _____ County of _____ ss:

_____ of the _____
 (Name and Title of Officer) (Name of Corporation)

being duly sworn, deposes and says, that he or she is the above described officer of the said company, and that the foregoing statement hereby subscribed is full, true and correct to the best of his or her knowledge, information and belief.

Subscribed and sworn to before me

this _____ day of _____, 20____ Notary Public

** To be shown only on the last quarterly report each year.