

RETURNS TO BE MAILED TO:
 New York State Department of Financial Services
 Attn: Revenue and Expenses
 One Commerce Plaza, 18th Floor
 Albany, New York 12257

RETURNS FOR THE THREE-MONTH PERIOD
 Ending March 31st - due May 15th
 Ending June 30th - due August 15th
 Ending Sept. 30th - due Nov. 15th
 Ending Dec. 31st - due Feb. 15th

Email questions to: billing@dfs.ny.gov

PROPERTY/CASUALTY INSURANCE SECURITY FUND OF THE STATE OF NEW YORK

RETURN for the three-month period ending _____, 2007 made in accordance with the requirements of Article 76 of the Insurance Law, Section 7605.

NAIC Company Code	Name of Insurer
Phone No. _____	Mailing Address

Organized under the Laws of: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Gross</td> <td style="width: 15%;">Direct</td> <td style="width: 15%;">Premiums</td> <td style="width: 15%;">Less</td> <td style="width: 15%;">Return</td> <td style="width: 15%;">Premiums</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td></td> <td>Dividends</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">NET PREMIUMS</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Gross	Direct	Premiums	Less	Return	Premiums	\$		Dividends						NET PREMIUMS						\$ _____
Gross	Direct	Premiums	Less	Return	Premiums	\$																
	Dividends																					
NET PREMIUMS						\$ _____																

	LINES OF BUSINESS	NET PREMIUMS	FACTOR	AMOUNT DUE
1	Fire		.0001	
2.1	Allied Lines		.0001	
2.2	Multiple Peril Crop		Xxxx	xxxxxx
2.3	Federal Flood		.0001	
3	Farmowners Multiple Peril		.0004	
4	Homeowners Multiple Peril		.0006	
5.1	Commercial Multiple Peril (Non-Liability Portion)		.0001	
5.2	Commercial Multiple Peril (Liability Portion)		.0031	
6	Mortgage Guaranty		Xxxx	xxxxxx
8	Ocean Marine		.0001	
9	Inland Marine		Xxxx	xxxxxx
10	Financial Guaranty		Xxxx	xxxxxx
11	Medical Malpractice		.0031	
12	Earthquake		.0001	
13-15.7	Accident & Health		Xxxx	xxxxxx
16	Workers' Compensation		Xxxx	xxxxxx
17	Other Liability		.0031	
18	Products Liability		.0031	
19.1	Private Passenger Auto No-Fault (PIP)		.0031	
19.2	Other Private Passenger Auto Liability		.0031	
19.3	Commercial Auto No-Fault (PIP)		.0031	
19.4	a) Other Commercial Auto Liability b) Less Sec. 7604 Premiums Reported on PMV quarterly filing c) Balance	\$ _____ \$ _____ \$ _____	.0031	Line (c) times factor
21.1	Private Passenger Auto Physical Damage		.0000	xxxxxx
21.2	Commercial Auto – Physical Damage		.0000	xxxxxx
22	Aircraft (All Perils)		.0019	
23	Fidelity		.0003	
24	Surety		.0003	
26	Burglary and Theft		.0001	
27	Boiler and Machinery		Xxxx	xxxxxx
28	Credit		Xxxx	xxxxxx
31	Aggregate Write-ins - Specify		Xxxx	xxxxxx
TOTALS		\$ _____ *		\$ _____

*Total Reported for the full calendar year should reconcile with figures contained in Annual Statement.	Less Credit Due Amount Due (or accumulated credit due)	\$ _____ \$ _____ \$ _____ **
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**Check for amount due should accompany return and be made payable to the Superintendent of Financial Services.

CERTIFICATION OF ELECTED OFFICERS 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 _____

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