

RETURNS TO BE MAILED TO:
Superintendent of Insurance
New York State Insurance Department
Bureau of Taxes and Accounts
One Commerce Plaza
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

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

RETURN for the three-month period ending _____, 2005 made in accordance with the requirements of Article 76 of the Insurance Law, Section 7605.

NAIC Company Code

Name of Insurer

Mailing Address

Organized under the Laws of: _____

Gross Direct Premiums Less Return Premiums	\$	_____
Less Dividends	\$	_____
NET PREMIUMS	\$	_____*

	LINES OF BUSINESS	NET PREMIUMS	FACTOR	AMOUNT DUE
1	Fire		.0010	
2.1	Allied Lines		.0006	
2.2	Multiple Peril Crop		.0000	xxxxxx
2.3	Federal Flood		.0006	
3	Farmowners Multiple Peril		.0016	
4	Homeowners Multiple Peril		.0019	
5.1	Commercial Multiple Peril (Non-Liability Portion)		.0008	
5.2	Commercial Multiple Peril (Liability Portion)		.0072	
6	Mortgage Guaranty		.0000	xxxxxx
8	Ocean Marine		.0027	
9	Inland Marine		.0004	
10	Financial Guaranty		.0000	xxxxxx
11	Medical Malpractice		.0072	
12	Earthquake		.0006	
13-15.7	Accident & Health		.0000	xxxxxx
16	Workers' Compensation		Xxxx	xxxxxx
17	Other Liability		.0072	
18	Products Liability		.0072	
19.1	Private Passenger Auto No-Fault (PIP)		.0072	
19.2	Other Private Passenger Auto Liability		.0072	
19.3	Commercial Auto No-Fault (PIP)		.0072	
19.4	Other Commercial Auto Liability			
	Less Premiums Reported–Sec. 7604 \$ _____			
	Balance \$ _____		.0072	
21.1	Private Passenger Auto Physical Damage		.0000	
21.2	Commercial Auto – Physical Damage		.0000	
22	Aircraft (All Perils)		.0044	
23	Fidelity		.0031	
24	Surety		.0031	
26	Burglary and Theft		.0006	
27	Boiler and Machinery		.0002	
28	Credit		.0000	xxxxxx
31	Aggregate Write-ins - Specify			
TOTALS		\$ _____*		\$ _____
		Less Credit Due		\$ _____
		Amount Due (or accumulated credit due)		\$ _____**

* Total Reported for the full calendar year should reconcile with figures contained in Annual Statement.
** Check for amount due should accompany return and be made payable to the Superintendent of Insurance for the Property/Casualty Insurance Security Fund of the State of New York.

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_____

Signature of Officer_____

Title_____

Date_____