

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 _____, 2006 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		0.0004	
2.1	Allied Lines		0.0003	
2.2	Multiple Peril Crop		0	xxxxxx
2.3	Federal Flood		0.0003	
3	Farmowners Multiple Peril		0.0015	
4	Homeowners Multiple Peril		0.0020	
5.1	Commercial Multiple Peril (Non-Liability Portion)		0.0003	
5.2	Commercial Multiple Peril (Liability Portion)		0.0096	
6	Mortgage Guaranty		0	xxxxxx
8	Ocean Marine		0.0004	
9	Inland Marine		0.0001	
10	Financial Guaranty		0	xxxxxx
11	Medical Malpractice		0.0096	
12	Earthquake		0.0003	
13-15.7	Accident & Health		0	xxxxxx
16	Workers' Compensation		0	xxxxxx
17	Other Liability		0.0096	
18	Products Liability		0.0096	
19.1	Private Passenger Auto No-Fault (PIP)		0.0096	
19.2	Other Private Passenger Auto Liability		0.0096	
19.3	Commercial Auto No-Fault (PIP)		0.0096	
19.4	Other Commercial Auto Liability			
	Less Premiums Reported—Sec. 7604 \$ _____			
	Balance \$ _____		0.0096	
21.1	Private Passenger Auto Physical Damage		0	
21.2	Commercial Auto – Physical Damage		0	
22	Aircraft (All Perils)		0.0058	
23	Fidelity		0.0004	
24	Surety		0.0004	
26	Burglary and Theft		0.0003	
27	Boiler and Machinery		0.0001	
28	Credit		0.0000	xxxxxx
31	Aggregate Write-ins - Specify		0.0000	
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.

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 _____

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