

**PRODUCER-CONTROLLED INSURER INFORMATION REPORT FORM (NOTE: Complete only Section I or Section II)**

Calendar Year Ending **December 31, 2008**

**Instructions:** All licensed *property and casualty and title insurers* domiciled in New Jersey, *or* domiciled in another state that is not a NAIC "accredited state" having in effect a law substantially similar to N.J.S.A. 17:22D-1 et seq. are required to complete annually either Section I or Section II of this form. *Section I* certifies that the requirements of New Jersey Law have been reviewed and *there is no controlling producer* information to be reported. **Section II should be completed for each producer who "controls" a reporting insurer. Completed forms are due annually on or before April 1st of each year.**

**SECTION I**

**(To be completed by Insurers that are not Producer-Controlled)**

I certify that the \_\_\_\_\_ NAIC # \_\_\_\_\_  
(name of insurer)  
\_\_\_\_\_ State of Domicile: \_\_\_\_\_  
Address of Insurer)

**is not** issuing any property and casualty insurance coverages that are or may be reportable pursuant to the provisions of N.J.S.A. 17:22D-1 et seq. and N.J.A.C. 11:2-37.1 et. seq.

Authorized signature : \_\_\_\_\_ Title : \_\_\_\_\_

Print Name : \_\_\_\_\_ Date : \_\_\_\_\_

**SECTION II**

**(To be completed insurers that are Producer-Controlled)**

*(A separate Report Form should be completed and filed for each controlling producer.)*

Calendar Year Ending: **December 31, 2008**

Name of Reporting Insurer: \_\_\_\_\_ NAIC #: \_\_\_\_\_

Address: \_\_\_\_\_ State of domicile: \_\_\_\_\_

Name of Controlling Producer: \_\_\_\_\_

Address: \_\_\_\_\_

1. Insurer's admitted assets as of September 30 of calendar year pursuant to N.J.S.A. 17:22D-3a: \$ \_\_\_\_\_

2. Gross premiums written, calendar year: \$ \_\_\_\_\_

3. Percentage that gross premiums written represent of admitted assets: \_\_\_\_\_ %

4. Net premiums written, calendar year: \$ \_\_\_\_\_

5. Amount of commissions paid to controlling producer, calendar year: \$ \_\_\_\_\_

6. Percentage that commissions paid represent of net premiums written: \_\_\_\_\_ %

7. Comparable amounts and percentage paid to noncontrolling producers for placement of the same kinds of insurance:

a) Net premiums written: \$ \_\_\_\_\_

b) Commission paid: \$ \_\_\_\_\_

c) Percentage: \_\_\_\_\_ %

8. **NOTE: PRODUCER CONTROLLED INSURERS MUST ATTACH THE INFORMATION REQUIRED PER N.J.S.A. 17:22D-3e:**

*An opinion of an independent casualty actuary reporting loss ratios for each line of business written and attesting to the adequacy of loss reserves established for losses incurred and outstanding as of year-end, including losses incurred but not reported, on business placed by the controlling producer. ARE (IS) THE REQUIRED ACTUARIAL OPINION(S) ATTACHED? (Yes or NO) \_\_\_\_\_*

9. We have notified our controlling producer(s) of the requirements of N.J.S.A. 17:22D-1 et seq. and N.J.A.C. 11:2-37.1 et seq.

*I certify that the above information is accurate and complete.*

Authorized signature : \_\_\_\_\_ Title : \_\_\_\_\_

Print Name : \_\_\_\_\_ Date : \_\_\_\_\_