



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
OFFICE OF SOLVENCY REGULATION
PO Box 325
TRENTON, NJ 08625-0325
Tel (609) 292-5350
FAX (609) 292-6765

WORKERS' COMPENSATION SELF-INSURANCE STATE OF NEW JERSEY
FOR YEAR END 2006

Blank 291 and 291A forms are to be completed as of December 31, 2006. These forms are to be completed and filed in connection with the continuation of the privilege of self-insuring your Workers' Compensation Liability in New Jersey.

The following items should accompany the forms:

1. A \$1,000 renewal fee (in the case of affiliated companies filing the same consolidated financial report - \$1,000 for the parent company or lead affiliate, and \$250 for each additional affiliate) payable to the **State Treasurer of New Jersey**.
2. A copy of your "Certificate of Renewal Excess Insurance" policy.
3. A copy of your financial statement "Annual Audit Report" for year end 2006 certified by an Independent Certified Public Accountant.
4. A completed Certification (N.J.A.C.11:2-33.4(a)5).

Please send the completed forms along with the check to the Self-Insurance Unit by **May 1, 2007**. Thank you.

Return to:

New Jersey Department of Banking and Insurance
Office of Solvency Regulation
Attn: Self-Insurance Unit
P.O. Box 325
Trenton, NJ 08625-0325