



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF INSURANCE
OFFICE OF SOLVENCY REGULATION
PO BOX 325
TRENTON, NJ 08625-0325
TEL (609) 292-7272
FAX (609) 292-6765

PHIL MURPHY
Governor

TAHESHA WAY, ESQ.
Lt. Governor

JUSTIN ZIMMERMAN
Commissioner

December 31, 2025

To: All Insurers

Re: Annual Filing Fees

Effective June 30, 1995, the State of New Jersey passed a special purpose funding bill (P.L. 1995 c.156) that requires that the expenses incurred by the State in connection with the administration of the special functions of the Department of Banking and Insurance relative to the financial regulation, supervision and monitoring of insurers and health maintenance organizations be apportioned among insurers and health maintenance organizations doing business in New Jersey. The bill also provides that companies that pay the special purpose apportionment do not need to pay annual filing fees.

Therefore, please complete the following and return with your annual statement filing:

DIRECT WRITTEN PREMIUMS IN NEW JERSEY \$ _____
(Total)
in 2025 by _____
(Company Name)

If the amount in the above blank is greater than -0-, your company does not owe any filing fees in New Jersey for 2025. However, if your company had no direct premiums written in New Jersey in 2025 it owes the greater of \$100 or the amount your State of domicile would charge a like New Jersey Insurance Company to file its annual statement and renew its Certificate of Authority. Please remit the appropriate amount by March 1st electronically via [ACH/Wire Instructions Form](#) along with this [Annual Statement Fee Letter](#) for your annual statement filing. All fees will be subject to audit. However, if you choose to mail your fee to the Department directly via USPS or a Courier Service follow instruction on the appropriate Annual Statement Checklists and make your check payable to **State Treasurer of New Jersey**. Thank you.



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DEPARTMENT OF BANKING AND INSURANCE

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Governor

ADMINISTRATION
PO Box 325
TRENTON, NJ 08625-0325

Tahesha Way, Esq.
Lt. Governor

TEL (609) 292-7272 prompt 8 then 4

Justin Zimmerman
Commissioner

Wire/ACH Transfer Instructions

For your payment to be applied submit completed form to

E-Mail

DOBI.Fiscal@dobi.nj.gov and

New Jersey Domestic Insurers Only - DomesticAnnual@dobi.nj.gov; or

New Jersey Foreign Insurers Only - ForeignAnnual@dobi.nj.gov

TYPE OF TRANSACTION

(Please Check One) : Wire Transfer Direct Deposit (ACH)

Amount of Transfer: _____

Date of Transfer: _____

Disbursing Account:

Company Name: _____

Purpose of Transmittal: _____

Receiving Account:

Bank Name: Wells Fargo Bank, NA

ABA #: 121000248

Account #: 2100000000377

Account Name: NJ DOBI

Beneficiary Address:

New Jersey Department of Banking and Insurance
Budget / Accounting
ATTN: Fiscal
P.O. BOX 325
Trenton NJ 08625 Fax: 609.292.4063

Originator to Beneficiary

Special Instructions: _____

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