

MEMORANDUM

To: All Risk Retention Insurers

Re: Annual Statement Fees - 2025

Please complete the following and return with your annual filing:

Company Name _____

NAIC Number _____

2024 Direct Premiums Written in New Jersey \$ _____

If your company has Direct Premiums Written in New Jersey, it does **not owe** any filing fees for 2024. Please email this form with the other annual required documents to the Department's general inbox at rrg@dobi.nj.gov.

If your company has **no** Direct Premiums Written in New Jersey, pursuant to N.J.A.C. 11:1-32.1., your company **owes** a filing fee in the amount of \$100.00. Please make the check payable to: **State Treasurer of New Jersey** and mail it with this form to the Department at the address below.

BY US MAIL

New Jersey Department of Banking and Insurance
Office of Solvency Regulation
ATTN: Risk Retention Group Section
PO Box 325
Trenton, NJ 08625-0325

BY OVER NIGHT MAIL

New Jersey Department of Banking and Insurance
Office of Solvency Regulation
ATTN: Risk Retention Group Section
20 West State Street
Trenton, NJ 08608-1206