EXHIBIT C

Organized Delivery System

Request for Withdrawal of Funds from Segregated Account

Name of Organized Delivery System:

Contact information of individual to whom correspondence concerning this request should be addressed:

Name Title Address Telephone Number Fax Number				
Amount of proposed withdrawal:				
			The amounts and dates and forms of payment formade pursuant to N.J.A.C.11:22-4.8(d) which did the segregated account) made within the period of withdrawal.	d not exceed 10% of total net worth of of 12 months preceding the proposed date
			For the quarter immediately preceding:	
Total Assets in Segregated Account at er	nd of quarter:			
Net Worth of Segregated Account at end	of quarter:			
Required Net Worth at end of quarter:				
For the quarter following the withdrawal:				
Projected assets in Segregated Account a	t end of quarter:			
Projected Net Worth of Segregated Acco	ount at end of quarter:			

Projected required Net Worth at end of quarter:

A brief statement as to the effect of the proposed withdrawal upon the organized delivery system's net worth and the reasonableness of net worth in relation to the organized delivery system's outstanding liabilities and the adequacy of net worth relative to the organized delivery system's financial needs.

Signature and certification:

Pursuant to the requirements of N.J.A.C. 11:22-4.8(d),	has caused
this notice to be duly signed on its behalf in the City of _	and State of

(SEAL) _________Name of Applicant

(Name) (Title)

Attest:

(Signature of Officer)

(Title)

The undersigned deposes and says that (s)he has duly executed the attached notice dated)he is the (Name of Company) _____ of such company and that (s)he is authorized to execute and file

(Title of Officer)

)he is familiar with such intsrument and

knowledge, information and belief.

(Signature)

odsc/inoregs