SLA#	
For the	Quarter 20

STATE OF NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE THE SURPLUS LINES EXAMINING OFFICE PO Box 325, Trenton NJ 08625-0325

SCHEDULE TO SUPPORT TAX RETURN

Producer Nai	me							Page of _	
(1) Transaction Number	(2) C o d e	(3) Name of Insured	(4) Policy Number	(5) Term From	(5a) Term To	(6) NAIC/ISI Number	(7) Premiums Fire	(7) Premiums All Others	(8) N/I
			Cumulative Totals						

SLPS-3-TRS (rev 4/2003)