

Insurance Company Name: _____

PLEASE RETURN WITH PAYMENT POSTMARKED NO LATER THAN MAY 15, 2009

Policy Effective Dates	Standard Premium	Surcharge Rate	Quarterly ** Payment
1/1/96 - 6/30/96		15.00%	
1/1/96 - 6/30/96 AR*		13.60%	
7/1/96 - 3/31/98		13.50%	
7/1/96 - 3/31/98 AR*		12.00%	
4/1/98 - 6/30/98		12.50%	
4/1/98 - 6/30/98 AR*		11.25%	
7/1/98 - 9/30/98		11.50%	
7/1/98 - 9/30/98 AR*		10.35%	
10/1/98 - 12/31/00		10.00%	
10/1/98 - 12/31/00 AR*		9.00%	
1/1/01 - 9/30/01		10.00%	
1/1/01 - 9/30/01 AR*		10.00%	
10/01/01 - 12/31/01		9.50%	
10/01/01 - 12/31/01 AR*		9.50%	
1/01/02 - 6/30/02		9.50%	
1/01/02 - 6/30/02 AR*		8.30%	
Total from Page 2			B
*AR indicates Assigned Risk Pool		**Amount not subject to rounding	

01/96 - 6/02