



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 L. WAY
Lt. Governor

JUSTIN ZIMMERMAN
Acting Commissioner

Workers' Compensation Self-Insurance State of New Jersey For year End 2023

Forms 291 and 291A are to be completed as of December 31, 2023 and filed in connection with the continuation of the privilege of self-insuring your Workers' Compensation Liability in New Jersey.

The following items should accompany the forms:

1. A *\$1,000 renewal fee (in the case of affiliated companies filing the same consolidated financial report - \$1,000 for the parent company or lead affiliate and \$250 for each additional affiliate) payable to the "New Jersey Department of Banking and Insurance".
2. A list of all the subsidiaries with their renewal application.
3. A copy of your "Certificate of Renewal Excess Insurance" policy.
4. A copy of your financial statement "Annual Audit Report" for year end 2023 certified by an Independent Certified Public Accountant.
5. A completed "Certification" (11:2-33.4(a)5).

*All appropriate fees may be sent electronically via [ACH/Wire Instructions Form](#) along with this letter.

However, if you choose to mail your fee to the Department directly via USPS or a Courier Service use address below and send the completed forms along with the check to the Department by **May 1, 2024**. Thank you.

Any questions or concerns please email waleska.salkauski@dobi.nj.gov.

Return Forms to:

New Jersey Department of Banking and Insurance

Office of Solvency Regulation

Attn: Waleska Salkauski

(Overnight mail only)

20 West State Street, Trenton, NJ 08608

(U.S.P.S. mail only)

P.O. Box 325, Trenton, NJ 08625-0325

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 ADMINISTRATION
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Governor

TAHESHA L. WAY, Esq.
Lt. Governor

TEL (609) 292-7272 prompt 8 then 4

JUSTIN ZIMMERMAN
Acting Commissioner

Wire/ACH Transfer Instructions

For your payment to be applied submit completed form to

E-Mail

DOBI.Fiscal@dobi.nj.gov ; Robert.Edge@dobi.nj.gov and
Waleska.Salkauski@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: _____