



**State of New Jersey**  
DEPARTMENT OF BANKING AND INSURANCE  
DIVISION OF INSURANCE  
OFFICE OF SOLVENCY REGULATION

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PHIL MURPHY  
*Governor*

TAHESHA L. WAY  
*Lt. Governor*

JUSTIN ZIMMERMAN  
*Acting Commissioner*

December 31, 2023

**To: Domestic & Foreign Life Insurers**

**Re: Assessment of Annuity Premiums**

Companies writing annuity business in New Jersey and requesting an assessment exemption, for including certain deposit type fund premiums in their assessment base, must complete and file the Certification set forth in N.J.A.C. 11:2-43, Appendix.

Therefore, to accurately assess this exemption, please submit the attached Certification.

Please be advised that in order to qualify for this credit, the Certification must be filed in conjunction with the Company's annual statement filings. The Certification is due on March 1<sup>st</sup>.

Should you have any questions, please contact Tanveer Ahmed, Insurance Examiner, Office of Solvency Regulation at (609) 940-7411 or via e-mail at [tanveer.ahmed@dobi.nj.gov](mailto:tanveer.ahmed@dobi.nj.gov).

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CERTIFICATION OF ALLOCATED DEPOSIT-  
TYPE FUNDS SPECIAL PURPOSE  
APPORTIONMENT AND FRAUD ASSESSMENT  
FOR YEAR ENDED DECEMBER 31, 2023

Company Name: \_\_\_\_\_ Company NAIC No. \_\_\_\_\_

1. Annuity Considerations (State Business Page, Line 2, Column 5) \_\_\_\_\_
  
2. Allocated Deposit-Type Deferred Annuity Contract Funds  
Included in Line 1 above \_\_\_\_\_
  
3. Prior Year Annuity Considerations or Immediate Annuities not included in  
Line 1 above or not previously included in the assessment base. \_\_\_\_\_

CERTIFICATION

The undersigned certifies that (s)he is authorized to file this information on  
behalf of \_\_\_\_\_ and that the information contained herein is  
correct to the best of his/her knowledge, information and belief.

(Signature) \_\_\_\_\_

Type or print name \_\_\_\_\_

Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_