PRODUCER-CONTROLLED INSURER INFORMATION REPORT FORM

(**NOTE**: Please complete *only* SECTION I or SECTION II)

Calendar Year Ending: **December 31, 2025**

Instructions: All licensed property and casualty and title insurers domiciled in New Jersey or domiciled in another State that is not a NAIC "accredited state" having in effect a law substantially similar to N.J.S.A. 17:22D-1 et seq. are required to complete annually *either* SECTION I or SECTION II of this form. Completed forms are due annually on or before **April 1st** of each year.

SECTION I

(To be completed by Insurers that is not Producer-Controlled)

I certify that the, _____ NAIC#: _____
(Name of Insurer)

_____ State of Domicile: _____
(Address of Insurer)

is not issuing any property and casualty insurance coverages that are or may be reportable pursuant to the provisions of N.J.S.A. 17:22D-1 et. seq. and N.J.A.C. 11:2-37.1 et.. seq.

Authorized signature: _____ Title: _____

Print Name: _____ Date**:** _____

SECTION II

(To be completed by Insurers that is Producer-Controlled)

*(A separate Report Form should be completed and filed for **each** controlling producer.)*

Name of Reporting Insurer: _____ NAIC#: _____

Address: _____ State of Domicile: _____

Name of Controlling Producer: _____

Address: _____

1. Insurer's admitted assets as of September 30 of calendar year pursuant to N.J.S.A. 17:22D-3a: $_____

2. Gross premiums written of calendar year: $_____

3. Percentage that gross premiums written represent of admitted assets: _____**%**

4. Net premiums written of calendar year: $_____

5. Amount of commissions paid to controlling producer of calendar year: $_____

6. Percentage that commissions paid represent of net premiums written: _____**%**

7. Comparable amounts and percentage paid to non-controlling producers for placement of the same kinds of insurance:

a) Net premiums written: $_____

b) Commission paid: $_____

c) Percentage: _____**%**

NOTE: PRODUCER CONTROLLED INSURERS MUST ATTACH THE INFORMATION REQUIRED PER N.J.S.A. 17:22D-3e.

An opinion of an independent casualty actuary reporting loss ratios for each line of business written and attesting to the adequacy of loss reserves established for losses incurred and outstanding as of year-end, including losses incurred but not reported, on business placed by the controlling producer.

Is the required Actuarial Opinion(s) attached? (**Y** or **N**) ____
We have notified our controlling producer(s) of the requirements of N.J.S.A. 17:22D-1 et. seq. and N.J.A.C. 11:2-37.1 et. seq. (**Y** or **N**) _____

To the best of my knowledge I certify that the above information is accurate and complete.

Authorized signature: _____ Title: _____

Print Name: _____ Date**:** _____