



## 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

PHILIP D. MURPHY  
*Governor*

TAHESHA L. WAY  
*Lt. Governor*

JUSTIN ZIMMERMAN  
*Commissioner*

### **Workers' Compensation Self-Insurance State of New Jersey For year End 2024**

Forms 291 and 291A are to be completed as of December 31, 2024 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 2024 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, 2025**. Thank you.

Any questions or concerns please email [waleska.salkauski@dobi.nj.gov](mailto: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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DEPARTMENT OF BANKING AND INSURANCE  
ADMINISTRATION  
PO BOX 325  
TRENTON, NJ 08625-0325

PHIL MURPHY  
Governor

TAHESHA L. WAY, Esq.  
Lt. Governor

TEL (609) 292-7272 prompt 8 then 4

JUSTIN ZIMMERMAN  
Commissioner

**Wire/ACH Transfer Instructions**

**For your payment to be applied submit completed form to**

**E-Mail**

[DOBI.Fiscal@dobi.nj.gov](mailto:DOBI.Fiscal@dobi.nj.gov) ; [Robert.Edge@dobi.nj.gov](mailto:Robert.Edge@dobi.nj.gov) and  
[Waleska.Salkauski@dobi.nj.gov](mailto: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:** \_\_\_\_\_

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