

State of New Jersey  
DEPARTMENT OF BANKING AND INSURANCE  
PO BOX 325  
Trenton, NJ 08625-0325

OCEAN MARINE TAX REPORT

Commissioner of Banking and Insurance of State of New Jersey:

The \_\_\_\_\_  
Incorporated under the laws of \_\_\_\_\_  
and with offices located at \_\_\_\_\_  
(MAILING ADDRESS OF OFFICE PREPARING RETURN)  
hereby submit the following statement for the calendar year ending December 31, \_\_\_\_\_, as  
required by, and in accordance with the New Jersey Revised Statutes Title 54 Chapters 16, 17, 18  
and 18A.

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ }

On this \_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_ before me \_\_\_\_\_  
(INSERT NOTARY PUBLIC)  
personally appeared \_\_\_\_\_  
(INSERT SECRETARY OR U.S. MANAGER)  
Insurance Company of \_\_\_\_\_

who being duly sworn according to law, on his oath did depose and say that the foregoing report  
is true and correct.

Subscribed and sworn to before me the \_\_\_\_\_  
day and year aforesaid.

\_\_\_\_\_  
\_\_\_\_\_  
(INSERT SECRETARY OR U.S. MANAGER)

\_\_\_\_\_  
\_\_\_\_\_  
(OFFICIAL TITLE)

Party to contact regarding this return  
\_\_\_\_\_  
(NAME AND TITLE)  
\_\_\_\_\_  
(PHONE NUMBER)

<p><b><u>IMPORTANT:</u></b> <b><u>THIS BLOCK MUST BE COMPLETED</u></b> FEDERAL EMPLOYER IDENTIFICATION NUMBER ..... NAIC NUMBER:</p>
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\_\_\_\_\_ (Enter calendar year referred to below as current calendar year).

This report is due on or before April 1<sup>st</sup> of each year from all insurers licensed to write ocean marine business \_\_\_\_\_  
(NAME OF INSURER) (STATE OF INCORPORATION)

Ocean Marine Insurance means wet marine and transportation Insurance as defined by the New Jersey Insurance Statutes. Net premiums earned, net losses Incurred and expenses Incurred are as defined by the Fire and Casualty Annual Statement blank and Insurance Expense Exhibit thereof.

	OCEAN MARINE INSURANCE BUSINESS CURRENT CALENDAR YEAR			
	Total (1)	Written outside United States (2)	Written within United States (1)-(2) (3)	
1. Net premiums earned				
2. Net losses Incurred				
3. Expenses Incurred Col (3) shall not exceed 40% of line 9 Col (3)				
4. Underwriting profit, current calendar year. Line 1 minus lines 2 and 3				
5. Underwriting profit, last preceding calendar year, U.S. business				
6. Underwriting profit, second preceding calendar year, U.S. business				
7. Total underwriting profit, preceding three calendar years, U.S. business. Sum of lines 4, 5 and 6				
8. Average annual underwriting profit, preceding three Calendar years, U.S. business. 1/3 of line 7				
	CALENDAR YEARS			
	Second Preceding (1)	Last Preceding (2)	Current (3)	Preceding Three (1)+(2)+(3) (4)
9. Gross premiums less return premiums, ocean marine Insur written within U.S.				
10. Gross premiums less return premiums, Ocean Marine Insurance, written in N.J.				
11. Ratio of ocean marine premiums, N.J. to U.S. Line 10 Col (4) divided by line 9 Col (4)				
12. N.J. proportion, average annual underwriting profit, Preceding three calendar years. Line 11 times line 8				
13. Tax on New Jersey Ocean Marine Insurance underwriting profit. 5.25% of line 12				
14. Additional tax to equal domiciliary state basis. Furnish details of computation. (if negative enter zero)				
15. Total taxes and fees due, sum of lines 13 and 14				