

**CONNECTICUT INSURANCE DEPARTMENT
ANNUAL STATEMENT SUPPLEMENTARY STATEMENT
FOR
WORKERS' COMPENSATION DEDUCTIBLE LOSS INFORMATION**

This statement is to be completed annually by all companies licensed to write workers' compensation in Connecticut in accordance with Bulletin RD-18 dated April 17, 1989. This information supplements information on page 24, line 16, workers' compensation, of the company's annual statement for Connecticut.

Company _____ Year _____

Sum of the Deductible Portion of:

Conn. Page 24 Loss		Losses within the Deductible Limit		Losses which exceed the Deductible limit		Total Loss	
(1)	(2)	(3)	(4)	(5)	(6)	sum	sum
<u>Incurred</u>	<u>Paid</u>	<u>Incurred</u>	<u>Paid</u>	<u>Incurred</u>	<u>Paid</u>	col. (1+3+5) <u>Incurred</u>	col.(2+4+6) <u>Paid</u>
_____	_____	_____	_____	_____	_____	_____	_____

If the company had no workers' compensation business on a deductible basis, write "**none**" in the appropriate space.

An officer of the company must sign this form.

Officer's Name _____

Title _____

Signature _____

Date _____

Telephone Number _____