IMPORTANT REMINDER - PSLA REQUIRES ONE CONSOLIDATED 1620 REPORT FROM EACH CUSTOMER ID PER MONTH!

1620 (REV. 09/08)

Mail to:

Pennsylvania Surplus Lines Association
180 Sheree Blvd., Suite 3100
Exton, PA 19341

COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT

_____ Original _____ Revised
(Please note items(s) revised from original report)

MONTHLY 1620 REPORT - for MONTH OF: _____ **20** _____

NAME & ADDRESS OF AGENCY: _____ **PSLA CUSTOMER ID#:** _____

INSURED NAME & LOCATION OF RISK	POLICY NUMBER	EFF. DATE	EXP. DATE	KIND	AMT. OF INS.	NON-TAXABLE* PREMIUM	TAXABLE PREMIUM	PREMIUM TAX @ 3%

*This premium includes tax exempt risks and members insured by a risk retention group that appear on the Pennsylvania Insurance Department's eligible surplus lines list.

I hereby attest, that the information contained in this report accurately reflects the business conducted by the Surplus IInes Licensee during the month stated above.

Grand Totals: _____
(Include Totals **only** on Final Page of Report)

Signed by: _____ _____ _____
AUTHORIZED REPRESENTATIVE PRINT NAME DATE