



**State of New Jersey**  
DEPARTMENT OF BANKING AND INSURANCE  
OFFICE OF SOLVENCY REGULATION  
PO Box 325  
TRENTON, NJ 08625-0325

TO: **All Motor Vehicle Self-Insurers (Diocesan)  
(Chapter 428, Laws of 1987)**

RE: **2024 Certificate of Exemption Renewal  
Pursuant to N.J.A.C.11:3-30**

Reference is to the renewal of your Certificate of Exemption from insuring your motor vehicle liability exposure in the State of New Jersey. You will find listed the following information required in addition to your annual renewal fee. In the event you have already forwarded some of this information, please so indicate in writing upon return of the rest of the required documentation. Please be sure to include your **SI-# on all blank forms**.

**Promptly file the following:**

1. Audited 2023 financial statement for the year ending December 31, 2023 or latest available if on a reporting basis other than the calendar year.
2. A check in the amount of **\*\$1,000.00** payable to the **State Treasurer of New Jersey**.
3. Listing of all vehicles owned or leased – The information required on each vehicle is indicated on the enclosed form. This listing should be in two components;
  - a) Private Passenger vehicles; and
  - b) All other vehicles. A computer printout is acceptable provided it meets the above criteria.
4. An [Accident and Claim Activity Report](#) for the calendar year 2023.

\*All appropriate fees may be sent electronically via [ACH/Wire Instructions Form](#). Along with the Form include current [Accident and Claim Activity Report](#) and please ensure the “Subject Line” in the email reads as follows: **Filing Fee, Insurer/Company Name** and **SI#**. However, if you choose to mail your fee to the Department directly via USPS or a Courier Service please use address provided.

Your renewal Certificate of Exemption will be issued subsequent to receipt and review of the above required information. Your current Certificate of Exemption will expire on **June 30, 2024**. Please be certain to have all requirements completed and filed by **June 1<sup>st</sup>** in order that no action is necessary by this Department. If you have any questions, please do not hesitate to contact Robert Edge at 609.940.7444 or e-mail [robert.edge@dobi.nj.gov](mailto:robert.edge@dobi.nj.gov). Thank you.



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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  
 Acting 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:** \_\_\_\_\_