



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE

Pool Self-Insured Workers' Compensation Investment Schedule
As of December 31, 20__

Pool Name: _____

Address: _____

Contact Person: _____ Phone Number: _____

		Tennessee	Investments other than TN
1	U.S. Government obligations	XXXXXXXXXXXXXX	
2	State, county, municipal, or other political subdivision bonds		
3	Cash ,including Certificates of Deposit, (Average daily balance)		
4	Stocks		
5	Any other property or security in which by law a self-insured pool may invest its funds		
6	Total investments as of December 31, 20__		

Ratio expressed as a percentage of TN Investments to Total Investments (TN / Other))	%
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- Ratio of TN Investments to Total Investments must be in excess of 80% before the 50% reduction in taxes can be approved (T.C.A. Section 56-4-210).
- Schedule must be filed on or before March 1 of each year to qualify for a reduction in taxes.**
- Tax credit will be deducted from the amount tax that is due on the premium tax form. (Credit does not apply to 0.4% surcharge earmarked for TOSHA)
- To qualify for this premium tax credit, return this Investment Schedule on or before March 1 to:
Tennessee Department of Commerce & Insurance
Self-Insurance Section
500 James Robertson Parkway, 4th Floor
Nashville, TN 37243-1132

Investment Schedule must be signed and notarized

State of _____ County of _____
I, _____, do hereby make oath that I am _____ of
the _____ Self-Insured Group and that the foregoing Investment Schedule is true to the best
of my knowledge, information and belief.

Administrator Signature of

Subscribed and sworn to before me this _____ day of _____ 20__

My commission expires _____

Notary Public