



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Financial Affairs Section / Analytical Unit 0576
500 James Robertson Parkway
Nashville, Tennessee 37243
(615) 741-1670

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

Pool Name: _____
Administrator Name: _____
Contact Person: _____
Phone Number: _____

		Tennessee	Investments other than TN
1	U.S. Government obligations	XXX	
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 / (TN & Other))

%

- Ratio of TN Investments to Total Investments must be in excess of eighty percent (80%) before the fifty percent (50%) reduction in taxes can be approved (Tenn. Code Ann. § 56-4-210(e)(1)).
- If a pool qualifies for the tax credit, the deduction should be taken on the premium tax which are due on or before six (6) months from fiscal year end pursuant to Tenn. Code Ann. § 56-4-206. (The tax credit does not apply to 0.4% surcharged earmarked for Tennessee Occupation Safety Health Act)
- Pursuant to Tenn. Code Ann. § 56-4-210(e)(2) to qualify for this premium tax credit, return this Investment Schedule on or before **March 1** to:

Tennessee Department of Commerce and Insurance
 Financial Affairs Section / Analytical Unit 0576
 500 James Robertson Parkway
 Nashville, Tennessee 37243

Investment Schedule must be signed and notarized

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

 Signature

Subscribed and sworn to before me this ____ day of _____, 20__
 My commission expires _____

 Notary Public