



O R Y X
INSURANCE BROKERAGE INCORPORATED

Workers' Compensation Claims Administration
For **Oryx Insurance Brokerage, Inc.** Program
Contacts for New Jersey Claims

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Claim Reporting:
Fax First Report To 1-877-217-0603

All medical bills, forms, etc. should be mailed to:

AmTrust Group
P. O. Box 105010
Atlanta, GA 30348