

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
201 Monroe Street, Suite 502 PO Box 303351
Montgomery, AL 36104 Montgomery, AL 36130-3351

FEE AND TAX RETURN FOR CAPTIVE INSURER
FOR THE YEAR ENDING DECEMBER 31, _____

COMPANY CODE: _____ **COMPANY NAME:** _____

Schedule 1 – Alabama Fees and Taxes (Captive Insurers)		
LINE NO	DESCRIPTION OF TAXES AND OBLIGATIONS	TAXES AND FEES DUE IN ALABAMA
1	Annual Renewal Fee	\$ 300.00
2	Assumed Reinsurance Premium Tax (Line 7)	\$
3	Direct Insurance Premium Tax (Line 9)	\$
4	Total Premium Tax (Minimum Tax \$5,000)	\$
5	TOTAL AMOUNT OF FEES & TAXES DUE WITH THIS RETURN (Line 1 + Line 4)	\$

Schedule 2- Assumed Reinsurance Premium (To Nearest Dollar)		
LINE NO	DESCRIPTION	PREMIUMS AND TAXES
6	Assumed Reinsurance Premiums	\$
7	ASSUMED REINSURANCE PREMIUM TAX DUE (see rate schedule below)	\$

Assumed Reinsurance Premium Rate Schedule	
If line 6: Is \$20 million or less, multiply line 6 by .0025 Is over \$20 million but not more than \$40 million, line 7 is \$45,000 plus .0015 times excess of \$20 million Is over \$40 million but not more than \$60 million, line 7 is \$75,000 plus .0005 times excess of \$40 million Is over \$60 million, line 7 is \$85,000 plus .00025 times excess of \$60 million	No reinsurance premium tax is payable in connection with the receipt of assets in exchange for the assumption of loss reserves and other liabilities of another insurer under common ownership and control if the transaction is part of a plan to discontinue the operations of that insurer and if the parties intend to renew or maintain such business with the captive insurance company. No reinsurance tax applies to premiums for risks that are subject to taxation on a direct basis.

Schedule 3 – Exhibit of Premiums and Dividends (To Nearest Dollar)				
LINE NO	DESCRIPTION	DIRECT PREMIUMS WRITTEN (A)	DIVIDENDS PAID (B)	NET PREMIUMS Col A – B = C
8	Direct Premiums Collected or Contracted For (Written)	\$	\$	\$
9	DIRECT INSURANCE PREMIUM TAX DUE (see rate schedule below)			\$

Direct Insurance Premium Rate Schedule	
If line 8 Col C: Is \$20 million or less, multiply line 8 by .004 Is over \$20 million, but not more than \$40 million, line 9 is \$80,000 plus .003 times excess of \$20 million Is over \$40 million, but not more than \$60 million, line 9 is \$140,000 plus .002 times excess of \$40 million Is over \$60 million, line 9 is \$180,000 plus .00075 times excess of \$60 million	

State of _____ County of _____

We, the undersigned officer of the insurer and person preparing this form for the above named company, being severally sworn each for himself deposes and says that this return, including any accompanying schedules and statements has been examined by him, and is to the best of his knowledge, information and belief, a true and correct return, made in good faith and complete in all applicable parts, for the taxable year stated, pursuant to the laws of the state of Alabama.

Sworn and subscribed before me this _____ day of _____ 20_____.

Notary Public	Officer of the Insurer	Person Preparing Fee & Tax Return
	Email Address	Email Address
	Title	(Area Code) Telephone Number and Ext.