

PA-B

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
QUARTERLY PREMIUM TAX STATEMENT – DOMESTIC LIFE BUSINESS
Quarterly Period Ending September 30, _____
(Due no later than November 15, _____)

INSTRUCTIONS

PENALTIES – Any Company failing to file its Premium Tax Return (even if no tax is due) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

RETURNS MUST BE RECEIVED BY THE DUE DATE TO BE ACCEPTED AS TIMELY FILED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Each quarter's payment may be paid on Estimated or Actual premiums.
- () Make checks payable to the: Alabama Department of Insurance.
- () This Return and a check must be mailed to the address below:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#: _____

(Name of Company)

Preparer's Signature

Name and Title (Print)

Telephone Number & E-Mail Address of Preparer

PLEASE COMPLETE

1. PREMIUM TAX PAID: (reverse side, line 12)

PA:

\$

2. Check No.:

STATE OF _____ **COUNTY OF** _____

Personally appeared before the undersigned attesting officer(Name) _____

Who says he/she is (Title) _____ **of the above company and the above statement is true and correct to the best of his/her knowledge.**

SWORN TO AND SUBSCRIBED before me this ____ **day of** _____, **20** ____.

NOTARY PUBLIC

DOMESTIC LIFE BUSINESS
Quarterly Period Ending September 30, _____
(Due no later than November 15, _____)

PA-B

NAIC NO: _____

NAME OF COMPANY _____

TAXABLE PREMIUMS

ACTUAL:

	<u>THIS QUARTER</u>	<u>TAX RATE</u>	<u>TAX</u>
3 .Life:			
a)Face amount equal to or less than \$5,000	\$ _____	X .5% =	\$ _____
b)Face amount greater than \$5,000 up to and including \$25,000	\$ _____	X 1.0% =	\$ _____
c)Face amount greater than \$25,000 & Group Life	\$ _____	X 2.3% =	\$ _____
4. Health:			
a)Groups less than 50 participants	\$ _____	X .5% =	\$ _____
b)Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance	\$ _____	X 1.6% =	\$ _____
5. GROSS TAX DUE – ACTUAL BASIS			\$ _____

ESTIMATED:

	<u>PREVIOUS YEAR</u>	<u>TAX RATE</u>	<u>TAX</u>
6. Life:			
a)Face amount equal to or less than \$5,000	\$ _____	X 25% X .5% =	\$ _____
b)Face amount greater than \$5,000 up to and including \$25,000 *	\$ _____	X 25% X 1.0% =	\$ _____
c)Face amount greater than \$25,000 & Group Life	\$ _____	X 25% X 2.3% =	\$ _____
7. Health:			
a)Groups less than 50 participants	\$ _____	X 25% X .5% =	\$ _____
b)Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance	\$ _____	X 25% X 1.6% =	\$ _____
8. GROSS TAX DUE - ESTIMATED BASIS			\$ _____
9. 25% of deductible expenses paid or estimated to be paid			\$ _____
10. 25% of annual CAPCO credit*			\$ _____
11. Prior Year Overpayment			\$ _____
12. NET PREMIUM TAX DUE			\$ _____
(line 5 or line 8 minus lines 9, 10 and 11)			

*Only certified investors who have been allocated a premium tax credit pursuant to AL Code Section 40-14B are eligible for this credit.