

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT – DOMESTIC LIFE BUSINESS
for the Year Ending December 31, _____

PA-B

INSTRUCTIONS

PENALTIES – Any Company failing to file its **Premium Tax Return** (even when no tax is due) or failing to pay such 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.

- () Supporting documentation for each credit taken on the reverse side should be e-mailed to premiumtax@insurance.alabama.gov.
The name of the company and the year must be stated in the subject line.
- () Make checks payable to the: Alabama Department of Insurance.
- () Please submit **TWO CHECKS**: one in payment of Fees, and one in payment of Premium Taxes.
- () Please mail the following documents to the address below: Annual Premium Tax Return and checks, Annual statement, and the Application for License Renewal. **These items should be mailed together.**

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# _____

COMPANY NAME _____

COMPANY MAILING ADDRESS _____

CONTACT PERSON _____ TELEPHONE _____

E-MAIL ADDRESS _____

LICENSE RENEWAL FEES

FEES: Renewal of Certificate of Authority

PI \$ 505.00

Annual Statement Filing Fee:

PJ \$ 25.00

Check No. _____

STATE OF _____, COUNTY OF _____

_____, President and _____ Secretary

of the _____ Insurance Company
being duly sworn, each for himself, deposes and says, that they are the above described officers of said Company and that the foregoing statement of business transacted during such year and showing the true status of same on December 31, of such year, is full and correct according to the best of their information, knowledge and belief, respectively.

Subscribed & sworn before me this _____

President

Day of _____, 20 _____.

Secretary

My commission expires _____

Notary Public

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE**

PA-B

NAIC# _____

DOMESTIC LIFE BUSINESS
For the Year Ending December 31, _____

NAME OF COMPANY _____

PREMIUMS less DIVIDENDS & RETURNS

- 1. LIFE:**
- a) ****Face amount equal to or less than \$5,000** FAL5-- \$ _____ X .5% = \$ _____
 - b) **Face amount greater than \$5,000 up to and including \$25,000** FAM5-- \$ _____ X 1.0% = \$ _____
 - c) **Face amount greater than \$25,000** FAM25-- \$ _____ X 2.3% = \$ _____
 - d) **Group LIFE** GL---- \$ _____ X 2.3% = \$ _____

- 2. HEALTH:**
- a) **Groups with less than 50 participants** GL50-- \$ _____ X .5% = \$ _____
 - b) **Other Health** OH-- \$ _____
 - LESS: Medicare & Medicaid Supplement policies** MMP-- \$ _____
 - LESS: Employer sponsored plans for govt. employees** EGP-- \$ _____
 - Total Taxable Other Health** TOP-- \$ _____ X 1.6% = \$ _____

3. GROSS PREMIUM TAX DUE: \$ _____

4. *DEDUCTIONS/CREDITS**

- a) Ad valorem taxes paid on property owned & occupied as the insurer's principal office in Alabama \$ _____
 - b) Ad valorem taxes paid on property in Alabama at least 50% occupied by insurer \$ _____
 - c) Ad valorem taxes paid directly or in the form of rent to a third-party landlord on the insurer's offices in Alabama, apportioned by the square foot area occupied by the insurer. \$ _____ **ADV---** \$ _____ **(lines 4a - 4c)**
 - d) All assessments paid during the year to the Alabama Health Insurance Plan **AHIP----** \$ _____
 - e) All examination expenses paid to the Alabama Commissioner of Insurance **EXAM--** \$ _____
 - f) 60% of Alabama franchise or privilege taxes paid **FT --** \$ _____
 - g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment **GFA---** \$ _____
- 5. Total Deductions (lines 4a - 4g) Totalled---** \$ _____

6. NET PREMIUM TAX DUE BEFORE CAPCO CREDIT (line 3 less 5; if line 5 is greater, enter zero) \$ _____

7. LESS: CAPCO CREDIT *Only certified investors who have been allocated a premium tax credit pursuant to AL code section 40-14B are eligible for this credit. \$ _____

8. NET PREMIUM TAX DUE AFTER CAPCO CREDIT (line 6 less line 7) \$ _____

9. LESS: Quarterly Premium Tax Payments \$ _____

10. LESS: Prior Year Overpayment \$ _____

11. PREMIUM TAX PAID (line 8 less lines 9 and 10) **PA---** \$ _____

**** Line items 1a, 1b, 2a, and 2b-(tax-exempt premium only) require supporting documentation. A policy run, which can be obtained from the Company's underwriting unit will suffice as documentation. *** Lines 4a - 4g require two forms of documentation. If documentation is not included, the deduction will not be allowed. All documentation must include a canceled check or verification of an EFT payment. The second form of documentation may include a bill, an assessment, or a tax return.**