

**STATE OF ALABAMA**  
**DEPARTMENT OF INSURANCE**

**PB-Y**

QUARTERLY PREMIUM TAX STATEMENT – DOMESTIC INSURANCE COMPANY  
PROPERTY AND CASUALTY BUSINESS

**Quarterly Period Ending June 30, \_\_\_\_\_**  
(Due no later than August 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.
- ( ) The Alabama Facilities Credit Worksheet must accompany this form if paying at a rate less than the 3.6% maximum.
- ( ) Make checks payable to the: Alabama Department of Insurance.
- ( ) Mail this RETURN and CHECK 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 32<sup>nd</sup> Street  
Birmingham, AL 35233

NAIC#:  \_\_\_\_\_ (Name of Company)

Preparer's Signature \_\_\_\_\_ Name and Title (Print) \_\_\_\_\_

Telephone Number & E-Mail Address of Preparer \_\_\_\_\_

<b>PLEASE COMPLETE</b>	
1. PREMIUM TAX PAID: (reverse side, line 16)	PB: \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
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 PROPERTY AND CASUALTY BUSINESS**

**PB-Y**

Quarterly Period Ending June 30, \_\_\_\_\_

(Due no later than August 15, \_\_\_\_\_)

NAIC# \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

**TAXABLE PREMIUMS**

<u>ACTUAL:</u>	<u>THIS QUARTER</u>	<u>TAX RATE</u>	<u>TAX</u>
3. Property & multi-peril insurance written in fire protection classes 9 & 10	\$ _____	X 180% X 1.0% =	\$ _____
4. Mobile home & low value dwelling policies with a face value of \$40,000 or less	\$ _____	X 180% X 1.0% =	\$ _____
5. All other property & casualty (max. rate:3.6%, see instructions)	\$ _____	X 180% X _____ =	\$ _____
6. Health:			
a) Groups with less than 50 participants	\$ _____	X 180% X .5% =	\$ _____
b) Other health	\$ _____	X 180% X 1.6% =	\$ _____
7. GROSS PREMIUM TAX DUE - Actual Basis			\$ _____

**TAXABLE PREMIUMS**

<u>ESTIMATED:</u>	<u>PREVIOUS YEAR</u>	<u>TAX RATE</u>	<u>TAX</u>
8. Property & multi-peril insurance written in fire protection classes 9 & 10	\$ _____	X 45% X 1.0% =	\$ _____
9. Mobile home & low value dwelling policies with a face value of \$40,000 or less	\$ _____	X 45% X 1.0% =	\$ _____
10. All other property & casualty (max. rate: 3.6%, see instructions)	\$ _____	X 45% X _____ =	\$ _____
11. Health:			
a) Groups with less than 50 participants	\$ _____	X 45% X .5% =	\$ _____
b) Other health	\$ _____	X 45% X 1.6% =	\$ _____
12. GROSS TAX DUE - Estimated Basis			\$ _____
13. 25% of deductible expenses paid or estimated to be paid			\$ _____
14. 45% of annual CAPCO credit*			\$ _____
15. Prior Year Overpayment			\$ _____
16. NET PREMIUM TAX DUE (line 7 or line 12 minus lines 13, 14 and 15)			\$ _____

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