

PB-Y

**STATE OF ALABAMA**  
**DEPARTMENT OF INSURANCE**  
QUARTERLY PREMIUM TAX STATEMENT – DOMESTIC INSURANCE COMPANY  
PROPERTY AND CASUALTY BUSINESS  
Quarterly Period Ending September 30, \_\_\_\_\_  
(Due no later than November 15, \_\_\_\_\_)

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**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 liable 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

**PLEASE COMPLETE**

1. **PREMIUM TAX PAID:** (reverse side, line 16)

**PB:**

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 September 30, \_\_\_\_\_

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

NAIC NO: \_\_\_\_\_

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

**TAXABLE PREMIUMS**

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

**TAXABLE PREMIUMS**

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