

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT - DOMESTIC PROPERTY AND CASUALTY BUSINESS
for the Year Ending December 31, _____

PB-Y

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 refer to the NAIC Checklist at <http://www.aldoi.gov/PDF/Companies/PandC.pdf> for further instructions.

- () The Alabama Office Facilities Credit Worksheet must accompany this Return if paying at a rate less than the 3.6% maximum.
- () Make checks payable to: Alabama Department of Insurance.
- () Please submit **TWO CHECKS**: one in payment of Fees, and one in payment of Premium Taxes due the State of Alabama.
- () Please mail the Annual Premium Tax Return and checks to:

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

Company's Mailing Address

Preparer's Name and Title (Print)

Telephone Number

E-Mail Address

LICENSE RENEWAL FEES			
FEES: Renewal of Certificate of Authority (\$505, \$1,005 or \$1,505-Please see instructions)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">PI \$ _____</td></tr><tr><td>PJ \$ 25.00 _____</td></tr></table>	PI \$ _____	PJ \$ 25.00 _____
PI \$ _____			
PJ \$ 25.00 _____			
Annual Statement Filing Fee: \$25			
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

--OVER --

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
DOMESTIC PROPERTY AND CASUALTY BUSINESS
for the Year Ending December 31, _____

PB-Y

NAIC# _____

NAME OF COMPANY _____

PREMIUM less DIVIDEND & RETURNS

		TAX RATE	TAX
1. Property & multi-peril insurance written in fire protection classes 9 & 10	9N10--	X <u>1.0%</u>	= \$ _____
2. Mobile homes and low value dwelling policies with a face value of \$40,000 or less	MHLD--	X <u>1.0%</u>	= \$ _____
3. All other business (maximum rate: 3.6%, see instructions)	AOB--	X _____	= \$ _____
4. HEALTH:			
a) Groups with less than 50 participants	GL50--	X <u>.5%</u>	= \$ _____
b) Other Health	OH--		
LESS: Medicare & Medicaid Supplement policies	MMP--		
LESS: Employer sponsored Plans for govt. employees	EGP--		
TOTAL TAXABLE OTHER HEALTH	TOP--	<u>1.6%</u>	\$ _____

5. **GROSS PREMIUM TAX DUE:** \$ _____

6. *****DEDUCTIONS:**
- 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 \$ _____
 - 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
 - e) 60% of Alabama franchise or privilege taxes paid
 - g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment

\$ _____	
Total 6a – 6c	ADV--
\$ _____	AHIP--
\$ _____	EXAM--
\$ _____	FT--
\$ _____	GFA--
\$ _____	Totaled----

7. **Total Deductions** (total of lines 6a – 6g) \$ _____

8. **NET PREMIUM TAX DUE BEFORE CAPCO CREDIT** (line 5 less 7, if 7 is greater, enter zero) \$ _____

9. **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. \$ _____

10. **NET PREMIUM TAX DUE AFTER CAPCO CREDIT** (line 8 less line 9) \$ _____

11. **LESS: Quarterly Premium Tax Payments** \$ _____

12. **LESS: Prior Year Overpayment** \$ _____

13. **PREMIUM TAX PAID** (line 10 less lines 11 and 12) \$ _____

****Line items 1, 2, 4a and 4b-(tax-exempt premiums only) require supporting documentation. A policy run, which can be obtained from the Company's underwriting unit will suffice as documentation.*** Lines 6a –6g 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.**