

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

PF-Y

QUARTERLY PREMIUM TAX STATEMENT – FOREIGN INSURANCE COMPANY  
CASUALTY BUSINESS

**Quarterly Period Ending March 31, \_\_\_\_\_**  
(Due no later than May 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 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: 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 12)

**PF:**

**2. Check No.:** -----

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**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

**ALABAMA INSURANCE DEPARTMENT**

**PF-Y**

**CASUALTY BUSINESS**

**Quarterly Period Ending March 31, \_\_\_\_\_**

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

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

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

**TAXABLE PREMIUMS**

<u>ACTUAL:</u>	<u>THIS QUARTER</u>	<u>TAX RATE</u>	<u>TAX</u>
<b>3. All Casualty Business</b> (max. rate: 3.6%, see instructions)	\$ _____	X _____ % =	\$ _____
<b>4. Health:</b>			
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% =	\$ _____
<b>5. GROSS PREMIUM TAX DUE - ACTUAL BASIS</b>			\$ _____

**TAXABLE PREMIUMS**

<u>ESTIMATED:</u>	<u>PREVIOUS YEAR</u>	<u>TAX RATE</u>	<u>TAX</u>
<b>6. All Casualty Business</b>	\$ _____	X 25% X _____ % =	\$ _____
<b>7. Health:</b>			
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% =	\$ _____
<b>8. GROSS TAX DUE - ESTIMATED BASIS</b>			\$ _____
<b>9. 25% of deductible expenses paid or estimated to be paid</b>			\$ _____
<b>10. 25% of annual CAPCO credit*</b>			\$ _____
<b>11. Prior Year Overpayment</b>			\$ _____
<b>12. NET PREMIUM TAX DUE</b> (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.