

**STATE OF ALABAMA**  
**DEPARTMENT OF INSURANCE**  
**ANNUAL PREMIUM TAX STATEMENT - FOREIGN HMO**  
**for the Period Ending December 31, \_\_\_\_\_**

**PD-G**

**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](mailto: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 due the State of Alabama.
- ( ) Please mail the following documents to the address below: Annual Premium Tax Return, checks, 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 32<sup>nd</sup> Street  
Birmingham, AL 35233

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

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

COMPANY MAILING ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

LICENSE RENEWAL FEES	
<b>FEES: Renewal of Certificate of Authority</b>	PI \$ <u>205.00</u>
Annual Statement Filing Fee: Check No. _____	PJ \$ <u>20.00</u>

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  
ANNUAL PREMIUM TAX STATEMENT - FOREIGN HMO  
for the Year Ending December 31, \_\_\_\_\_**

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

**PREMIUMS less DIVIDENDS & RETURNS**

<p><b>1. HEALTH:</b>                  a) Groups with less than 50 participants                  b) Other Health                      <b>LESS:</b> Medicare &amp; Medicaid Supplement policies                      <b>LESS:</b> Employer sponsored plans for govt. employees                      <b>Total Taxable Other Health</b></p>	<p>GL50-- \$ _____                  OH-- \$ _____                  MMP-- \$ _____                  EGP--- \$ _____                  TOP-- \$ _____</p>	<p>X <u>.5%</u> = \$ _____                   X <u>1.6%</u> = \$ _____</p>
<p><b>2. GROSS PREMIUM TAX DUE:</b></p>		<p>\$ _____</p>

**3. \*\*\*DEDUCTIONS/CREDITS**

<p>a) Ad valorem taxes paid on property owned &amp; 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. \$ _____</p>	<p>ADV--- \$ _____  <b>Total 3a - 3c</b></p>
<p>d) All assessments paid during the year to the Alabama Health Insurance Plan                  e) All examination expenses paid to the Alabama Commissioner of Insurance                  f) 60% of Alabama franchise and privilege taxes paid                  g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment</p>	<p>AHIP--- \$ _____                  EXAM-- \$ _____                  FT-- \$ _____                  GFA-- \$ _____                  Totaled--- \$ _____</p>
<p><b>4. Total Deductions (lines 3a - 3g)</b></p>	

<p><b>5. NET PREMIUM TAX DUE</b> (line 2 less line 4; if line 4 is greater than 2, enter zero)</p>	<p>\$ _____</p>
<p><b>6. LESS: Quarterly Premium Tax Payments</b></p>	<p>\$ _____</p>
<p><b>7. LESS: Prior Year Overpayment</b></p>	<p>\$ _____</p>
<p><b>8. PREMIUM TAX PAID</b> (line 5 less lines 6 and 7)</p>	<p>PD--- \$ _____</p>

**\*\* Line item 1b-(tax-exempt premium only) requires supporting documentation. A policy run, which can be obtained from the Company's underwriting unit will suffice as documentation.**  
**\*\*\* Lines 3a - 3g 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 EFT payment. The second form of documentation may include a bill, an assessment, or a tax return.**