

STATE OF ALABAMA  
DEPARTMENT OF INSURANCE

PC-W

QUARTERLY PREMIUM TAX STATEMENT – NON-PROFIT HOSPITALIZATION

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.
- ( ) Make checks payable to the: Alabama Department of Insurance.
- ( ) Mail this RETURN and a 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#: \_\_\_\_\_

[Yellow box for NAIC#]

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Name and Title (Print)

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

**PLEASE FILL-IN**

1. PREMIUM TAX PAID: (reverse side, line 10)

PC: \_\_\_\_\_

\$ \_\_\_\_\_

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 \_\_\_\_\_, 19 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

NON – PROFIT HOSPITALIZATION  
 Quarterly Period Ending June 30, \_\_\_\_\_  
 (Due no later than May15, \_\_\_\_\_)

PC-W

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

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

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	TAXABLE PREMIUMS	THIS QUARTER	TAX RATE	TAX
<b>ACTUAL:</b>				
<b>3. Health:</b>				
a) Groups less than 50 participants		\$ _____	X 180% X .5% =	\$ _____
b) Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance		\$ _____	X 180% X 1.6% =	\$ _____
<b>4. GROSS PREMIUM TAX DUE - ACTUAL BASIS</b>				\$ _____

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	TAXABLE PREMIUMS	PREVIOUS YEAR	TAX RATE	TAX
<b>ESTIMATED:</b>				
<b>5. Health:</b>				
a) Groups less than 50 participants		\$ _____	X 45% X .5% =	\$ _____
b) Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance		\$ _____	X 45% X 1.6% =	\$ _____
<b>6. GROSS TAX DUE - ESTIMATED BASIS</b>				\$ _____
<b>7. 25% of deductible expenses paid or estimated to be paid</b>				\$ _____
<b>8. 45% of annual CAPCO credit*</b>				\$ _____
<b>9. Prior Year Overpayment</b>				\$ _____
<b>10. NET PREMIUM TAX DUE</b> (line 4 or line 6 minus lines 7, 8 and 9)				\$ _____

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