

PA-B

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
QUARTERLY PREMIUM TAX STATEMENT – DOMESTIC LIFE BUSINESS
Quarterly Period Ending March 31, _____
(Due no later than May 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 POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that 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.
- () **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.** 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 32nd Street
Birmingham, AL 35233

NAIC No. _____

(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 11)

PA:

\$ _____

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 LIFE BUSINESS
Quarterly Period Ending March 31, _____
(Due no later than May 15, _____)

PA-B

NAIC#

NAME OF COMPANY _____

TAXABLE PREMIUMS

ACTUAL:

THIS QUARTER TAX RATE TAX

3 Life:

- a)Face amount equal to or less than \$5,000 \$ _____ X .5% =\$ _____
- b)Face amount greater than \$5,000 up to and including \$25,000 \$ _____ X 1.0% =\$ _____
- c)Face amount greater than \$25,000 & Group Life \$ _____ X 2.3% =\$ _____

4 Health:

- 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% =\$ _____

5. GROSS TAX DUE – ACTUAL BASIS \$ _____

ESTIMATED:

PREVIOUS YEAR TAX RATE TAX

6. Life:

- a)Face amount equal to or less than \$5,000 \$ _____ X 25% X .5% =\$ _____
- b)Face amount greater than \$5,000 up to and including \$25,000 \$ _____ X 25% X 1.0% =\$ _____
- c)Face amount greater than \$25,000 & Group Life \$ _____ X 25% X 2.3% =\$ _____

7. Health:

- 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% =\$ _____

8. GROSS TAX DUE - ESTIMATED BASIS \$ _____

9. 25% of deductible expenses paid or estimated to be paid \$ _____

10. LESS: Prior Year Overpayment \$ _____

11. NET PREMIUM TAX DUE \$ _____

(line 5 or line 8 minus lines 9 and 10)

PA-B

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
QUARTERLY PREMIUM TAX STATEMENT – DOMESTIC LIFE BUSINESS
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 POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

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: Alabama Department of Insurance.
- () **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.** Mail this Return and a Check to the address below:

POSTAL SERVICE

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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 No. _____

(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 11)

PA:

\$ _____

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 LIFE BUSINESS
Quarterly Period Ending June 30, _____
(Due no later than August 15, _____)

PA-B

NAIC# _____

NAME OF COMPANY _____

<u>ACTUAL:</u>	<u>THIS QUARTER</u>	<u>TAX RATE</u>	<u>TAX</u>
3. Life:			
a)Face amount equal to or less than \$5,000	\$ _____	X 180% X .5% =	\$ _____
b)Face amount greater than \$5,000 up to and including \$25,000	\$ _____	X 180% X 1.0% =	\$ _____
c)Face amount greater than \$25,000 and Group Life	\$ _____	X 180% X 2.3% =	\$ _____
4. Health:			
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% =	\$ _____
5. GROSS PREMIUM TAX DUE - ACTUAL BASIS			\$ _____

<u>ESTIMATED:</u>	<u>PREVIOUS YEAR</u>	<u>TAX RATE</u>	<u>TAX</u>
6. Life:			
a)Face amount equal to or less than \$5,000	\$ _____	X 45% X .5% =	\$ _____
b)Face amount greater than \$5,000 up to and including \$25,000	\$ _____	X 45% X 1.0% =	\$ _____
c)Face amount greater than \$25,000 and Group Life	\$ _____	X 45% X 2.3% =	\$ _____
7. Health:			
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% =	\$ _____
8. GROSS TAX DUE - ESTIMATED BASIS			\$ _____
9. 25% of deductible expenses paid or estimated to be paid			\$ _____
10. LESS: Prior Year Overpayment			\$ _____
11. NET PREMIUM TAX DUE (line 5 or 8 minus lines 9 and 10)			\$ _____

PA-B

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
QUARTERLY PREMIUM TAX STATEMENT – DOMESTIC LIFE BUSINESS
Quarterly Period Ending September 30, _____
(Due no later than November 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 POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

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.
- () **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.** This Return and a check must be mailed 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 32nd 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 11)

PA:

\$

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 LIFE BUSINESS
Quarterly Period Ending September 30, _____
 (Due no later than November 15, _____)

PA-B

NAIC NO: _____

NAME OF COMPANY _____

TAXABLE PREMIUMS

ACTUAL:

THIS QUARTER TAX RATE TAX

3 .Life:

a)Face amount equal to or less than \$5,000	\$ _____	X .5% =\$	_____
b)Face amount greater than \$5,000 up to and including \$25,000	\$ _____	X 1.0% =\$	_____
c)Face amount greater than \$25,000 & Group Life	\$ _____	X 2.3% =\$	_____

4. Health:

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% =\$	_____

5. GROSS TAX DUE – ACTUAL BASIS

\$ _____

ESTIMATED:

PREVIOUS YEAR TAX RATE TAX

6. Life:

a)Face amount equal to or less than \$5,000	\$ _____	X 25% X .5% =\$	_____
b)Face amount greater than \$5,000 up to and including \$25,000 *	\$ _____	X 25% X 1.0% =\$	_____
c)Face amount greater than \$25,000 & Group Life	\$ _____	X 25% X 2.3% =\$	_____

7. Health:

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% =\$	_____

8. GROSS TAX DUE - ESTIMATED BASIS

\$ _____

9. 25% of deductible expenses paid or estimated to be paid

\$ _____

10. LESS: Prior Year Overpayment

\$ _____

11. NET PREMIUM TAX DUE

\$ _____

(line 5 or line 8 minus lines 9 and 10)

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT – DOMESTIC LIFE BUSINESS
for the Year Ending December 31, _____

PA-B

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. ANY COMPANY, OTHER THAN A FRATERNAL, FAILING TO FILE THE ANNUAL STATEMENT ON A TIMELY BASIS SHALL BE SUBJECT TO A PENALTY OF \$250 AND MAY HAVE ITS CERTIFICATE OF AUTHORITY SUSPENDED OR REVOKED. Fraternal shall be subject to a penalty of \$100 per day for each day the Annual Statement is late.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Include two (2) forms of supporting documentation for each credit taken on the reverse side.
- () Make checks payable to the: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- () Please submit **TWO CHECKS**: one in payment of Fees, and one in payment of Premium Taxes.
- () Please mail the following documents to the address below: Annual Premium Tax Return and checks, the Annual Financial Statement, 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 32nd Street
Birmingham, AL 35233

NAIC# _____

COMPANY NAME _____

COMPANY MAILING ADDRESS _____

CONTACT PERSON _____ TELEPHONE _____

E-MAIL ADDRESS _____

LICENSE RENEWAL FEES	
FEES: Renewal of Certificate of Authority	PI \$ 505.00
Annual Statement Filing Fee: Check No. _____	PJ \$ 25.00

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**

PA-B

NAIC# _____

DOMESTIC LIFE BUSINESS
For the Year Ending December 31, _____

NAME OF COMPANY _____

PREMIUMS less DIVIDENDS & RETURNS

- 1. LIFE:**
- a) ****Face amount equal to or less than \$5,000** FAL5-- \$ _____ X .5% = \$ _____
 - b) **Face amount greater than \$5,000 up to and including \$25,000** FAM5-- \$ _____ X 1.0% = \$ _____
 - c) **Face amount greater than \$25,000** FAM25-- \$ _____ X 2.3% = \$ _____
 - d) **Group LIFE** GL---- \$ _____ X 2.3% = \$ _____

- 2. HEALTH:**
- a) **Groups with less than 50 participants** GL50-- \$ _____ X .5% = \$ _____
 - b) **Other Health** OH-- \$ _____
 - LESS: Medicare & Medicaid Supplement policies** MMP- \$ _____
 - LESS: Employer sponsored plans for govt. employees** EGP-- \$ _____
 - Total Taxable Other Health** TOP-- \$ _____ X 1.6% = \$ _____

3. GROSS PREMIUM TAX DUE: \$ _____

4. *DEDUCTIONS/CREDITS**

- 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
- e) All examination expenses paid to the Alabama Commissioner of Insurance
- f) 60% of Alabama franchise or privilege taxes paid
- g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment

ADV----	\$ _____ (lines 4a - 4c)
AHIP----	\$ _____
EXAM--	\$ _____
FT --	\$ _____
GFA---	\$ _____
Totaled---	\$ _____

5. Total Deductions (lines 4a - 4g) **Totaled---** \$ _____

6. NET PREMIUM TAX DUE (line 3 less line 5; if line 5 is greater than line 3, enter zero) \$ _____

7. LESS: Quarterly Premium Tax Payments \$ _____

8. LESS: Prior Year Overpayment \$ _____

9. PREMIUM TAX PAID (line 6 less lines 7 and 8) **PA---** \$ _____

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