

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE
FRATERNALS
FEES RETURN**

Filed With the Annual Statement for the
Year Ending _____

NAIC#: _____

NAME OF COMPANY: _____

FEIN#: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE NO: _____

E-MAIL ADDRESS: _____

Amount of Fee paid to renew Certificate of Authority PI

\$ _____ 55.00 _____

Amount of Fee paid to file Annual Statement

PJ

\$ _____ 25.00 _____

Check# _____

ID-15

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE**

SL

Surplus Lines Brokers

For the Period Ending _____

Broker No. _____

Surplus Lines Broker _____

Name of Brokerage Company _____

Address _____

E-Mail Address _____

SUMMARY

	GROSS PREMIUM	RETURN PREMIUM	NET PREMIUM
TOTAL			\$

Total Net Premium

Total No. of pages in this Report _____

Total Amount of Tax Due for this Report \$ _____

_____ Surplus Lines Broker

Sworn To and Subscribed Before Me
This _____ Day of _____, 20_____

SEAL

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
Retaliatory Tax Statement

PG

for the Year Ending December 31, _____

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 POST MARKED ON THE DUE DATE WILL BE ACCEPTED AS TIMELY FILED.

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

- () Include supporting calculations for Retaliatory Statement, i.e. a retaliatory statement from the Insurer's state of domicile.
- () Make checks payable to: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- () Please mail Retaliatory Tax Statement 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 32nd Street
Birmingham, AL 35233

NAIC#

Name of Company

Company's Mailing Address

Preparer's Name and Title (Print)

Telephone Number

E-Mail Address of Preparer

RETALIATORY COMPUTATION

When by the laws of any other state, the aggregate taxes and fees which are imposed upon Alabama insurers are in excess of the aggregate taxes and fees imposed by Alabama upon similar insurers of such other state, the same taxes and fees imposed by such state shall be imposed by Alabama on the insurers of such other state.

- | | | | |
|----|--|----------------|---|
| 1. | Amount of tax due your state by a similar Alabama insurer | \$ _____ | Your state of domicile premium tax rate _____ |
| 2. | Annual Statement filing Fee imposed upon a similar Alabama insurer | \$ _____ | |
| 3. | License renewal fee due for a similar Alabama insurer | \$ _____ | |
| 4. | Other taxes and fees imposed upon a similar Alabama insurer | \$ _____ | |
| 5. | TOTAL (lines 1 - 4) | \$ _____ | |
| 6. | Total TAXES you owe figured on an Alabama basis | \$ _____ | |
| 7. | Total fees you owe figured on an Alabama basis | \$ _____ | |
| 8. | TOTAL (lines 6 and 7) | \$ _____ | |
| 9. | TOTAL RETALIATORY TAXES DUE
(line 5 less line 8, if negative enter zero) | PG--- \$ _____ | |