

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

RR-W

INSTRUCTIONS

PENALTIES: Any Company failing to file its Premium Tax Return (EVEN WHEN 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.

- () Supporting documentation for each credit taken on the reverse side should be e-mailed to premiumtax@insurance.alabama.gov. The name of the company and the year must be stated in the subject line. The Alabama Facilities Credit Worksheet must accompany this Return if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance.
- () Mail this Tax Return , the Check and Annual Statement to:

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 No _____

E-Mail Address _____

PREMIUM TAXES

PREMIUM TAX DUE: (reverse side, line 10)

RR

\$ _____

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

--OVER--

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

RR-W

NAIC #: _____

NAME OF COMPANY _____

DIVIDENDS & RETURNS

<p>1. ** Property & multi-peril insurance written in fire protection classes 9 and 10.</p>	<p>9N10--</p>	<div style="border: 2px solid black; background-color: #e0ffe0; height: 20px; width: 100%;"></div>	<p>X</p>	<p>1.0% = \$ _____</p>
<p>2. **Mobile homes and low value dwelling policies with a face value of \$40,000 or less.</p>	<p>MHLD--</p>	<div style="border: 2px solid black; background-color: #e0ffe0; height: 20px; width: 100%;"></div>	<p>X</p>	<p>1.0% = \$ _____</p>
<p>3. All other business (see instructions for rate)</p>	<p>AOB--</p>	<div style="border: 2px solid black; background-color: #e0ffe0; height: 20px; width: 100%;"></div>	<p>X</p>	<p>_____ = \$ _____</p>
<p>4. GROSS PREMIUM TAX DUE:</p>				<p>\$ _____</p>
<p>5. ***DEDUCTIONS:</p>				
<p>a) Ad valorem taxes paid on property owned & occupied as the insurer's principal office in Alabama</p>		<p>\$ _____</p>		
<p>b) Ad valorem taxes paid on property in Alabama at least 50% occupied by insurer</p>		<p>\$ _____</p>		
<p>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>\$ _____</p>		
			<p>ADV---</p>	<div style="border: 2px solid black; background-color: #e0ffe0; padding: 5px;"> <p>\$ _____</p> <p style="text-align: center;">Total 5a – 5c</p> </div>
<p>d) All assessments paid during the year to the Alabama Health Insurance Plan (AHIP)</p>		<p>\$ _____</p>		<p>AHIP---</p>
<p>e) All examination expenses paid to the Alabama Commissioner of Insurance</p>		<p>\$ _____</p>		<p>EXAM---</p>
<p>f) 60% of Alabama franchise and privilege taxes paid</p>		<p>\$ _____</p>		<p>FT---</p>
<p>g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment</p>		<p>\$ _____</p>		<p>GFA---</p>
<p>6. Total Deductions (total of lines 5a – 5g)</p>			<p>Totded---</p>	<div style="border: 2px solid black; background-color: #e0ffe0; padding: 5px;"> <p>\$ _____</p> </div>
<p>7. NET PREMIUM TAX DUE (line 4 less line 6)</p>				<p>\$ _____</p>
<p>8. LESS: Quarterly Premium Tax Payments</p>				<p>\$ _____</p>
<p>9. LESS: Prior Year Overpayment</p>				<p>\$ _____</p>
<p>10. PREMIUM TAX PAID (line 7 less lines 8 and 9)</p>			<p>RR---</p>	<div style="border: 2px solid black; background-color: #e0ffe0; padding: 5px;"> <p>\$ _____</p> </div>

****Line items 1 and 2 require supporting documentation. A policy run, which can be obtained from the Company's underwriting unit will suffice as documentation.*** Lines 5a – 5g 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 franchise tax return.**