

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT – HEALTH MAINTENANCE ORGANIZATION
for the Year Ending December 31, _____

PA-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 refer to the NAIC Checklist at <http://www.aldoi.gov/PDF/Companies/HealthEntities.pdf> for further instructions.

- () Make checks payable to: 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 Annual Premium Tax Return and checks 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# _____ COMPANY NAME _____

COMPANY MAILING ADDRESS _____

CONTACT PERSON _____ TELEPHONE _____

E-MAIL ADDRESS _____

LICENSE RENEWAL FEES	
FEES: Renewal of Certificate of Authority	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

-- OVER --

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
 HEALTH MAINTENANCE ORGANIZATION
 For the Year Ending December 31, _____

PA-G

NAIC# _____

NAME OF COMPANY _____

PREMIUMS less DIVIDENDS & RETURNS

1.	HEALTH:			
	a) Groups with less than 50 participants	GL50--	\$ _____	X <u>.5%</u> = \$ _____
	b) Other Health	OH--	\$ _____	
	LESS: Medicare & Medicaid Supplement policies	MMP--	\$ _____	
	LESS: Employer sponsored plans for govt. employees	EGP--	\$ _____	
	Total Taxable Other Health	TOP--	\$ _____	X <u>1.6%</u> = \$ _____
2.	GROSS PREMIUM TAX DUE:			\$ _____
3.	***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	AHIP--	\$ _____	
	e) All examination expenses paid to the Alabama Commissioner of Insurance	EXAM--	\$ _____	
	f) 60% of Alabama franchise or privilege taxes paid	FT--	\$ _____	
	g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment	GFA--	\$ _____	
4.	Total Deductions (lines 3a – 3g)	Totaled--	\$ _____	
5.	NET PREMIUM TAX DUE (line 2 less line 4; if line 4 is greater than line 2 enter zero)			\$ _____
6.	LESS: Quarterly Premium Tax Payments			\$ _____
7.	LESS: Prior Year Overpayment			\$ _____
8.	PREMIUM TAX PAID (line 5 less lines 6 and 7)	PA---	\$ _____	

**** Line items 1a and 1b-(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 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.**