

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT - FOREIGN INSURANCE COMPANY-CASUALTY BUSINESS
For the Year Ending December 31, _____

PF-Y

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/PandC.pdf> for further instructions. (Notes D, Q & R)

- () The Alabama Office Facilities Credit Worksheet must accompany this Return if paying at a rate less than the 3.6% maximum.
- () The Coastal Incentive Credit Worksheet must accompany this Return if this credit is taken.
- () Make checks payable to: Alabama Department of Insurance.
- () Submit **THREE CHECKS**: one in payment of Renewal Fees, one in payment of Premium Taxes, and one in payment of Retaliatory Tax.
- () Please mail the Annual Premium Tax Return, Retaliatory Tax Statement and checks to:

POSTAL SERVICE

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
P. O. Box 830691
Birmingham, AL 35283-0691

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 AND FEES	
(Pay License Renewal Fees on Casualty Return PF-Y only):	
FEES: Renewal of Certificate of Authority (\$505, \$1,005 or \$1,505-Please see instructions)	PI
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

-- OVER --

**STATE OF ALABAMA DEPARTMENT OF INSURANCE
FOREIGN INSURANCE CASUALTY BUSINESS
for the period ending December 31, _____**

PF-Y

NAIC# _____

NAME OF COMPANY _____

PREMIUMS less DIVIDENDS & RETURNS

		TAX RATE		TAX																		
1. CASUALTY BUSINESS (max. rate: 3.6%)	AOB--		X _____ =	\$ _____																		
2. 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> =	\$ _____																		
3. GROSS PREMIUM TAX DUE:			=	\$ _____																		
4. DEDUCTIONS (must provide invoice and verification of payment):																						
a) Ad valorem taxes paid on insurer's principal office in AL			\$ _____	<table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">ADV----</td> <td style="width:10%; text-align: center;">\$ _____</td> <td style="width:80%; text-align: center;">Total 4a - 4c</td> </tr> <tr> <td>AHIP--</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>EXAM--</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>FT--</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>GFA--</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Totaled--</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> </table>	ADV----	\$ _____	Total 4a - 4c	AHIP--	\$ _____		EXAM--	\$ _____		FT--	\$ _____		GFA--	\$ _____		Totaled--	\$ _____	
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FT--	\$ _____																					
GFA--	\$ _____																					
Totaled--	\$ _____																					
b) Ad valorem taxes paid on property 50% occupied in AL			\$ _____																			
c) Ad valorem taxes paid directly or in the form of rent to a 3 rd party landlord on offices in AL, by square foot area			\$ _____																			
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			\$ _____																			
f) 60% of Alabama franchise and privilege taxes paid			\$ _____																			
g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment			\$ _____																			
5. Total Deductions (total of lines 4a - 4g)																						
6. NET PREMIUM TAX DUE BEFORE CAPCO (line 3 less 5; if 5 is greater, enter zero)				\$ _____																		
7. LESS: CAPCO CREDIT AND/OR NEW MARKETS TAX CREDIT				\$ _____																		
*Only investors who have been allocated a premium tax credit pursuant to AL code section 40-14B and/or Act 2012-483 are eligible for these credits.																						
8. LESS: COASTAL CREDIT *Only insurers who have obtained policies from AIUA and have been awarded the credit pursuant to AL code section 27-1-24.1				\$ _____																		
9. NET TAXES DUE AFTER CAPCO, COASTAL & New Markets CREDITS (line 6 less lines 7 and 8)				\$ _____																		
10. LESS: Quarterly Premium Tax Payments				\$ _____																		
11. LESS: Prior Year Overpayment				\$ _____																		
12. PREMIUM TAX PAID (line 9 less lines 10 and 11)			PF----	\$ _____																		

**Line item 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.