PB-Y

STATE OF ALABAMA **DEPARTMENT OF INSURANCE**

QUARTERLY PREMIUM TAX STATEMENT - DOMESTIC INSURANCE COMPANY PROPERTY AND CASUALTY BUSINESS

Quarterly Period Ending March 31, _______(Due no later than May 15, ______)

INSTRUCTIONS

DENATTIES 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 () Each quarter's payment may be paid on Estimated or Actual present () The Alabama Facilities Credit Worksheet must accompany this formula () Make checks payable to the: Alabama Department of Insurance () WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.	form if paying at a rate less than the 3.6% maximum.
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 32 nd Street Birmingham, AL 35233
NAIC#: (Na	me of Company)
Preparer's Signature	Name and Title (Print)
Telephone Number & E-Mail Address of Preparer	
PLEASE 1. PREMIUM TAX PAID: (reverse side, line 15 2. Check No.:	´
STATE OF	COUNTY OF
Personally appeared before the undersigned attesting officer(National Personal Perso	ame)

SWORN TO AND SUBSCRIBED before me this ____ day of ______, 20 ____.

best of his/her knowledge.

Who says he/she is (Title) ______ of the above company and the above statement is true and correct to the

- OVER -

Quarterly Period Ending March 31, _____

(Due no later than May 15, _____)

NAME OF COMPANY_____

TAXABLE PREMIUMS		
ACTUAL:	THIS QUART	ER TAX RATE TAX
3. Property & multi-peril insurance writte	en	
in fire protection classes 9 & 10		X 1.0% =\$
4. Mobile home & low value dwelling poli		
with a face value of \$40,000 or less	\$	X 1.0% =\$
5. All other property & casualty	\$	X% =\$
(max. rate: 3.6%, see instructions) 6. Health:		
a)Groups with less than 50 participants	s \$	X .5% = \$
b)Other health	\$	X 1.6% = \$
. GROSS PREMIUM TAX DUE - ACTU	AT RACIC	\$
TAXABLE PREMITIMS		
TAXABLE PREMIUMS <u>STIMATED</u> :	PREVIOUS YEAR	TAX RATE TAX
ESTIMATED:	PREVIOUS YEAR	TAX RATE TAX
ESTIMATED: 8. Property & multi-peril insurance written		
8. Property & multi-peril insurance written in fire protection classes 9 & 10	\$	<u>TAX RATE</u> <u>TAX</u> <u>x 25% X 1.0% = \$</u>
STIMATED:B. Property & multi-peril insurance written in fire protection classes 9 & 10Mobile home & low value dwelling policies	\$es	x 25% X 1.0% = \$
 STIMATED: 3. Property & multi-peril insurance written in fire protection classes 9 & 10 Mobile home & low value dwelling polici with a face value of \$40,000 or less 	\$es	x 25% X 1.0% = \$
8. Property & multi-peril insurance written in fire protection classes 9 & 10 1. Mobile home & low value dwelling policity with a face value of \$40,000 or less 20. All other property & casualty	\$es \$ \$	x 25% X 1.0% = \$
STIMATED: 3. Property & multi-peril insurance written in fire protection classes 9 & 10 4. Mobile home & low value dwelling polici with a face value of \$40,000 or less 5. All other property & casualty (max. rate: 3.6%, see instructions)	\$es \$ \$	
8. Property & multi-peril insurance written in fire protection classes 9 & 10 1. Mobile home & low value dwelling policity with a face value of \$40,000 or less 20. All other property & casualty (max. rate: 3.6%, see instruction in the second se	\$es \$s ions)	x 25% X 1.0% = \$ x 25% X 1.0% = \$ x 25% X% = \$ x 25% X .5% = \$
Property & multi-peril insurance written in fire protection classes 9 & 10 Mobile home & low value dwelling polici with a face value of \$40,000 or less All other property & casualty (max. rate: 3.6%, see instruction	\$es \$s ions)	x 25% X 1.0% = \$ x 25% X 1.0% = \$ x 25% X% = \$ x 25% X .5% = \$
Property & multi-peril insurance written in fire protection classes 9 & 10 Mobile home & low value dwelling policit with a face value of \$40,000 or less All other property & casualty (max. rate: 3.6%, see instruction. Health: a) Groups with less than 50 participants b) Other health	\$es \$s ions)	x 25% X 1.0% = \$
STIMATED: Property & multi-peril insurance written in fire protection classes 9 & 10 Mobile home & low value dwelling policit with a face value of \$40,000 or less All other property & casualty (max. rate: 3.6%, see instructions). Health: a) Groups with less than 50 participants b) Other health C. GROSS TAX DUE - ESTIMATED BASE	\$es \$ s ions) \$ \$	x 25% X 1.0% = \$ x 25% X 1.0% = \$ x 25% X% = \$ x 25% X .5% = \$
8. Property & multi-peril insurance written in fire protection classes 9 & 10 9. Mobile home & low value dwelling polici with a face value of \$40,000 or less 10. All other property & casualty (max. rate: 3.6%, see instruction 1. Health: a) Groups with less than 50 participants	\$es \$ s ions) \$ \$	x 25% X 1.0% = \$ x 25% X 1.0% = \$ x 25% X% = \$ x 25% X .5% = \$ x 25% X 1.6% = \$ \$

STATE OF ALABAMA DEPARTMENT OF INSURANCE

QUARTERLY PREMIUM TAX STATEMENT – DOMESTIC INSURANCE COMPANY PROPERTY AND CASUALTY BUSINESS

Quarterly Period Ending June 30, _____

(Due no later than August 15, _____)

INSTRUCTIONS

<u>PENALTIES</u> – 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.

D1 41 6 - 11 -	11-19-4 4	41 4 - 11 41	items are included with vo	D T P!!
Plagea lica tha tallawin	t chacklist to assilta i	that all the necessary	items are inclined with va	iir Premiiim Lav Kilina
i icase use the following	e checking to assure	mai an me necessar v	ichis arc included with ve	ui iithium iaa imme.

- () Each quarter's payment may be paid on Estimated or Actual premiums.
- () The Alabama Facilities Credit Worksheet must accompany this form if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance.
- () WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME. Mail this RETURN and CHECK to the address below:

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 Number & E-Mail Address	of Preparer
1. PREMIUM TAX PAID: (r. 2. Check No.:	
STATE OF	COUNTY OF
Personally appeared before the undersigned a	attesting officer(Name)
Who says he/she is (Title)best of his/her knowledge.	of the above company and the above statement is true and correct to th
SWORN TO AND SUBSCRIBED before me	this day of
1	NOTARY PUBLIC

DOMESTIC PROPERTY AND CASUALTY BUSINESS

PB-Y

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

NAIC#_____

TAXABLE PREMIUMS			
CTUAL:	THIS QUART	ER TAX RATE	TAX
Property & multi-peril insurance written in fire protection classes 9 & 10	\$	_X 180% X 1.0%=\$_	
 Mobile home & low value dwelling policies with a face value of \$40,000 or less All other property & casualty 	\$	_X 180% X 1.0%=\$_ _X 180% X= \$_	
(max. rate: 3.6%, see instructions) Health:	Ψ	_A 100 /0 A = Þ_	
a)Groups with less than 50 participants b)Other health	\$	_X 180% X .5%= \$_ _X 180% X 1.6%=\$_	
	Ψ	_11 100 / 0 11 1.0 / 0 - φ_	
. GROSS PREMIUM TAX DUE - Actual Basis	Ψ		
TAXABLE PREMIUMS			
TAXABLE PREMIUMS STIMATED: Property & multi-peril insurance written in fire protection classes 9 & 10	_PREVIOUS YEAR_	\$_	_TAX_
TAXABLE PREMIUMS STIMATED: Property & multi-peril insurance written in fire protection classes 9 & 10 Mobile home & low value dwelling policies with a face value of \$40,000 or less All other property & casualty	_PREVIOUS YEAR_ \$	\$_ <u>TAX RATE</u>	TAX_
TAXABLE PREMIUMS STIMATED: Property & multi-peril insurance written in fire protection classes 9 & 10 Mobile home & low value dwelling policies with a face value of \$40,000 or less All other property & casualty (max. rate: 3.6%, see instructions) Health:	PREVIOUS YEAR \$ \$ \$ \$	\$_ TAX RATE _X 45% X 1.0% = \$ _X 45% X 1.0% = \$ _X 45% X=\$	TAX_
TAXABLE PREMIUMS STIMATED: Property & multi-peril insurance written in fire protection classes 9 & 10 Mobile home & low value dwelling policies with a face value of \$40,000 or less All other property & casualty (max. rate: 3.6%, see instructions)	PREVIOUS YEAR \$ \$ \$ \$	\$_ <u>TAX RATE</u> _X 45% X 1.0% = \$	TAX_
TAXABLE PREMIUMS STIMATED: Property & multi-peril insurance written in fire protection classes 9 & 10 Mobile home & low value dwelling policies with a face value of \$40,000 or less All other property & casualty (max. rate: 3.6%, see instructions) Health: a)Groups with less than 50 participants	PREVIOUS YEAR \$ \$ \$ \$ \$ \$ \$	\$	TAX_

STATE OF ALABAMA DEPARTMENT OF INSURANCE

QUARTERLY PREMIUM TAX STATEMENT – DOMESTIC INSURANCE COMPANY PROPERTY AND CASUALTY BUSINESS

Quarterly Period Ending September 30, _____

(Due no later than November 15, _____)

INSTRUCTIONS

<u>PENALTIES</u> – 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 liable to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner

Dasis silai	if be hable to a penalty of \$1,000 to \$10,000, to be	e assessed by the Commissioner
RETURN	NS POST MARKED BY THE DUE DATE WI	LL BE ACCEPTED.
() Each q () The Al () Make o	nuarter's payment may be paid on Estimated or Adlabama Facilities Credit Worksheet must accompachecks payable to the: Alabama Department of In	any this form if paying at a rate less than the 3.6% maximum.
	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 32 nd Street Birmingham, AL 35233
NAIC#:		(Name of Company)
Prepare	er's Signature	Name and Title (Print)
Telepho	one Number & E-Mail Address of Pr	eparer
	1. PREMIUM TAX PAID: (reverse 2. Check No.:	

STATE OF	COUNTY OF
Personally appeared before the undersigned attestin	ng officer(Name)
Who says he/she is (Title) best of his/her knowledge.	of the above company and the above statement is true and correct to the
SWORN TO AND SUBSCRIBED before me this	day of

NOTARY PUBLIC

Quarterly Period Ending September 30, _____

-	-	_	_	
(Due no	later than	November 1	5.)

NAIC NO:

NAME OF COMPANY_____

TAXABLE PREMIUMS ACTUAL:	THIS QUARTER	TAX RATE TAX
3. Property & multi-peril insurance written in fire protection classes 9 & 10	\$	X 1.0% =\$
4. Mobile home & low value dwelling policie		2 λ 1.0 / 0 — φ
with a face value of \$40,000 or less	\$	X 1.0% =\$
5. All other property & casualty (max. rate: 3.6%, see instructions)	\$	X% =\$
6. Health:		
a) Groups with less than 50 participants	\$	X .5% = \$ X 1.6% = \$
b)Other health	\$	X 1.6% = \$
7. GROSS PREMIUM TAX DUE - ACTUAL	BASIS	\$
TAXABLE PREMIUMS <u>ESTIMATED</u> : <u>F</u>	PREVIOUS YEAR	TAX RATE TAX
ESTIMATED: 8. Property & multi-peril insurance written		-
ESTIMATED: 8. Property & multi-peril insurance written in fire protection classes 9 & 10		<u>TAX RATE</u> <u>TAX</u> 25% X 1.0% = \$
 ESTIMATED:	\$	25% X 1.0% = \$
ESTIMATED: 8. Property & multi-peril insurance written in fire protection classes 9 & 10	\$	25% X 1.0% = \$
8. Property & multi-peril insurance written in fire protection classes 9 & 10 9. Mobile home & low value dwelling policies with a face value of \$40,000 or less 10. All other property & casualty (max. rate: 3.6%, see instructions)	\$	-
8. Property & multi-peril insurance written in fire protection classes 9 & 10 9. Mobile home & low value dwelling policies with a face value of \$40,000 or less 10. All other property & casualty (max. rate: 3.6%, see instructions)	\$ \$ \$	25% X 1.0% = \$ 25% X 1.0% = \$ 25% X% = \$
8. Property & multi-peril insurance written in fire protection classes 9 & 10 9. Mobile home & low value dwelling policies with a face value of \$40,000 or less 10. All other property & casualty (max. rate: 3.6%, see instructions)	\$\$ \$\$ s)	25% X 1.0% = \$ 25% X 1.0% = \$ 25% X% = \$ 25% X .5% = \$
8. Property & multi-peril insurance written in fire protection classes 9 & 10 9. Mobile home & low value dwelling policies with a face value of \$40,000 or less 10. All other property & casualty (max. rate: 3.6%, see instructions) 11. Health: a) Groups with less than 50 participants	\$\$ \$\$ s)	25% X 1.0% = \$ 25% X 1.0% = \$ 25% X% = \$
8. Property & multi-peril insurance written in fire protection classes 9 & 10 9. Mobile home & low value dwelling policies with a face value of \$40,000 or less 10. All other property & casualty (max. rate: 3.6%, see instructions) 11. Health: a)Groups with less than 50 participants b)Other health	\$s \$s \$s	25% X 1.0% = \$ 25% X 1.0% = \$ 25% X% = \$ 25% X .5% = \$
8. Property & multi-peril insurance written in fire protection classes 9 & 10 9. Mobile home & low value dwelling policies with a face value of \$40,000 or less 10. All other property & casualty (max. rate: 3.6%, see instructions 11. Health: a)Groups with less than 50 participants b)Other health 12. GROSS TAX DUE - ESTIMATED BASIS	\$s \$s \$s	25% X 1.0% = \$ 25% X 1.0% = \$ 25% X% = \$ 25% X .5% = \$ 25% X 1.6% = \$ \$

STATE OF ALABAMA DEPARTMENT OF INSURANCE

ANNUAL PREMIUM TAX STATEMENT - DOMESTIC PROPERTY AND CASUALTY BUSINESS

for the Year Ending December 31, _____

INSTRUCTIONS

<u>PENALTIES</u> – Any Company failing to file its <u>Premium Tax Return</u> (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 <u>ANNUAL STATEMENT</u> ON A TIMELY BASIS SHALL BE SUBJECT TO A PENALTY OF \$250 AND MAY HAVE ITS CERTIFICATE OF AUTHORITY SUSPENDED OR REVOKED. Fraternals 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 th	ne following	checklist to assure	e that all the neces	sary items are include	d with your P	Premium Tax Filing.
---------------	--------------	---------------------	----------------------	------------------------	---------------	---------------------

- () Include two (2) forms of supporting documentation for each credit taken on reverse side.
- () The Alabama Office 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. 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 due the State of Alabama.
- () Please mail the following documents to the address below: Annual Premium Tax Returns 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

		Name of Company			
	Mailing Address Name and Title (Print)	Telephone Number	E-Mail Address		
		LICENSE RENEWAL FEES			
	FEES: Renewal of Certificate of Aut (\$505, \$1,005 or \$1,505-Please see i Annual Statement Filing Fee: Check No	instructions) : \$25	PI \$ PJ \$ 25.00		
STATE OF _		COUNTY OF			
		, President and		_Secretary	
being duly s foregoing sta		says, that they are the above uch year and showing the true	e described officers of said Company a e status of same on December 31, of such		
Subscribed &	sworn before me this			President	
Day of	, 20			Secretary	
My commissi	on expires		Nota	ary Public	

PB-Y

STATE OF ALABAMA DEPARTMENT OF INSURANCE

DOMESTIC PROPERTY AND CASUALTY BUSINESS for the Year Ending December 31, _____

NAIC#

NAM	E OF COM	IPANY_					_				
			PREMIU	M less	DIVIDEND & RETURNS		K RATE	TAX			
1.	insura	nce wr	ti-peril Titten in fire								
2	_	protection classes 9 & 10 9N10				х <u>1.</u>	<u>0%_</u> = \$				
۷٠		Mobile homes and low value dwelling policies with a face MHLD-									
	value of \$40,000 or less					x <u>1</u>	.0%_= \$				
3.	All other business				.,						
4.	<pre>(maximum rate: 3.6%, see instructions) AOB HEALTH:</pre>			AOB		x	= \$				
			with less than								
		50 par	ticipants	GL50		х _ <u>•</u>	<u>5%_</u> = \$				
	b)	Other	Health	ОН							
		LESS:	Medicare & Medicaid	MMP							
			Supplement policies	MMP -							
		LESS:	Employer sponsored Plans								
			for govt. employees	EGP-							
	TOTAL	TAXAB	BLE OTHER HEALTH	TOP		1.6%	<u> </u>				
5.	GROSS	PREMI	UM TAX DUE:				\$				
6.	***DEDUCTIONS: 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										
	c) Ad v		pied by insurer es paid directly or in the form of rer	nt to	\$	-					
			rty landlord on the insurer's offices ed by the square foot are a occupied			ADV	\$				
		аррогион	ed by the square root are a occupied	by the insur	σ	_ AD (To	otal 6a – 6c			
	d) All as	sessments p	paid during the year to the Alabama	rance Plan (AHIP)	АНІР	\$					
	e) All examination expenses paid to the Alabama Commissioner of Insurance						Φ				
	f) 60% of Alabama franchise or privilege taxes paid						\$				
	g) 20%	of Guarant	ty Fund Assessments for each of 5 ye	ears followin	g the year of payment	GFA	\$				
7.	Total Do	eductions	s (total of lines 6a – 6g)		,	Totaled	\$				
8.	NET PR	NET PREMIUM TAX DUE (line 5 less line 7, if line 7 is more than line 5, then enter zero) \$									
9.	LESS: (Quarterly	y Premium Tax Payments				\$				
10.	LESS: I	Prior Yea	nr Overpayment				\$				
11.	PREMI	UM TAX	X PAID (line 8 less lines 9 and	10)		PB	\$				

^{**}Line items 1, 2, 4a and 4b-(tax-exempt premiums only) require supporting documentation. A policy run, which can be obtained from the Company's underwriting unit will suffice as documentation.*** Lines 6a -6g 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.