

**STATE OF ALABAMA**  
**DEPARTMENT OF INSURANCE**

PB-Y

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

**Quarterly Period Ending September 30, \_\_\_\_\_**  
(Due no later than November 15, \_\_\_\_\_)

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**INSTRUCTIONS**

**PENALTIES** – 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

**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.**

- ( ) 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.
- ( ) Mail this RETURN 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 32<sup>nd</sup> Street  
Birmingham, AL 35233

NAIC#:

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Name and Title (Print)

\_\_\_\_\_  
Telephone Number & E-Mail Address of Preparer

**PLEASE COMPLETE**

1. **PREMIUM TAX PAID:** (reverse side, line 16)

**PB:**

2. **Check No.:** -----

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**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_

**Personally appeared before the undersigned attesting officer(Name)** \_\_\_\_\_

**Who says he/she is (Title)** \_\_\_\_\_ **of the above company and the above statement is true and correct to the best of his/her knowledge.**

**SWORN TO AND SUBSCRIBED before me this** \_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

- OVER -

**DOMESTIC PROPERTY AND CASUALTY BUSINESS**

**PB-Y**

Quarterly Period Ending September 30, \_\_\_\_\_

(Due no later than November 15, \_\_\_\_\_)

NAIC NO: \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

**TAXABLE PREMIUMS**

<b><u>ACTUAL:</u></b>	<b><u>THIS QUARTER</u></b>	<b><u>TAX RATE</u></b>	<b><u>TAX</u></b>
3. Property & multi-peril insurance written in fire protection classes 9 & 10	\$ _____	X 1.0%	= \$ _____
4. Mobile home & low value dwelling policies 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%	= \$ _____
b) Other health	\$ _____	X 1.6%	= \$ _____
7. GROSS PREMIUM TAX DUE - ACTUAL BASIS			\$ _____

**TAXABLE PREMIUMS**

<b><u>ESTIMATED:</u></b>	<b><u>PREVIOUS YEAR</u></b>	<b><u>TAX RATE</u></b>	<b><u>TAX</u></b>
8. Property & multi-peril insurance written in fire protection classes 9 & 10	\$ _____	25% X 1.0%	= \$ _____
9. Mobile home & low value dwelling policies with a face value of \$40,000 or less	\$ _____	25% X 1.0%	= \$ _____
10. All other property & casualty (max. rate: 3.6%, see instructions)	\$ _____	25% X ____ %	= \$ _____
11. Health:			
a) Groups with less than 50 participants	\$ _____	25% X .5%	= \$ _____
b) Other health	\$ _____	25% X 1.6%	= \$ _____
12. GROSS TAX DUE - ESTIMATED BASIS			\$ _____
13. 25% of deductible expenses paid or estimated to be paid			\$ _____
14. 25% of annual CAPCO credit and/or New Markets Tax credit *			\$ _____
15. Prior Year Overpayment			\$ _____
16. NET PREMIUM TAX DUE (line 7 or line 12 minus lines 13, 14 and 15)			\$ _____

\* 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.