

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE**

**201 Monroe Street, Suite 502
Montgomery, AL 36104**

**PO Box 303351
Montgomery, AL 36130-3351**

**TAX RETURN FOR HALTH BENEFITS OFFERED BY A
NON-PROFIT AGRICULTURAL ORGANIZATION**

FOR THE SIX-MONTH PERIOD ENDING _____

COMPANY NAME: _____

Premiums (To Nearest Dollar)

		DIRECT PREMIUMS WRITTEN	TAX RATE	TAX DUE
LINE NO	DESCRIPTION	A	B	C Col A * B = C
1	Direct Premiums Collected or Contracted For (Written)	\$	1.3%	\$

Department Administrative Cost Fee

	DESCRIPTION		Col A *B = C
LINE NO		Tax Due	Administrative Cost Rate
2	Tax Due (line 1, Column C)		2.0%
3	Total AMOUNT OF FEES & TAXES DUE WITH THIS RETURN (Line 1, Column C + Line 2, Column C)		\$

Number of Insureds and Policies This Period

	DESCRIPTION	Totals This Period
LINE NO		
4	Number of Insureds	
5	Number of Policies Written	

State of _____ County of _____

We, the undersigned officer of the organization and person preparing this form for the above named company, being severally sworn each for himself deposes and says that this return, including any accompanying schedules and statements has been examined by him, and is to the best of his knowledge, information and belief, a true and correct return, made in good faith and complete in all applicable parts, for the taxable year stated, pursuant to the laws of the state of Alabama.

Sworn and subscribed before me this _____ day of _____ 20____.

Notary Public

Officer of the Organization

Person Preparing Fee & Tax Return

Email Address

Email Address

Title

(Area Code) Telephone Number and Ext.

AL NON-PROFIT AGRICULTURAL ORGANIZATION HEALTH BENEFITS

Effective January 1, 2026, the tax required pursuant to Ala. Act No. 2025-296 (“the Act”), shall be due via tax remittance form located at <https://aldoi.gov/Companies/Forms.aspx> on or before January 20 of each year for health benefits premiums collected by the organization in the preceding six months ending December 31. On or before July 20 of each year, the tax required pursuant to the Act shall be due for health benefits premiums collected by the organization in the preceding six months ending June 30.

The applicable taxes, administrative cost fee, along with this tax form and all supporting documentation shall be remitted electronically at: <https://al.accessgov.com/adoimain/Forms/Page/adoimain/aldoi-examinationtax/1>

Refer to: <https://aldoi.gov/Legal/Regulations.aspx>

Point of Contact: Accounting Division, ptax@insurance.alabama.gov or 334-241-4163