

STATE OF ALABAMA  
DEPARTMENT OF INSURANCE

PG

Retaliatory Tax Statement

for the Year Ending December 31, \_\_\_\_\_

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/Companies/FilingReqs.aspx> for further instructions.

( ) Supporting calculations for Retaliatory Statement, i.e. a retaliatory statement from the Insurer's state of domicile should be emailed to [premiumtax@insurance.alabama.gov](mailto:premiumtax@insurance.alabama.gov). The name of the company and the year must be stated in the subject line.

( ) Make checks payable to: Alabama Department of Insurance.

( ) Please mail Retaliatory Tax Statement and Check 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 32<sup>nd</sup> Street  
Birmingham, AL 35233

NAIC# \_\_\_\_\_

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Company's Mailing Address

\_\_\_\_\_  
Preparer's Name and Title (Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address of Preparer

**RETALIATORY COMPUTATION**

If the fees and taxes which would have been paid in your home state if the business had been written there by a similar Alabama insurer exceeds the fees and taxes you paid in Alabama, that excess is due to Alabama as Retaliatory tax.

- |   |          |   |
|---|----------|---|
| 1. Amount of tax that would have been paid by a similar Alabama insurer               | \$ _____ | Your state of domicile premium tax rate _____ |
| 2. Annual Statement filing Fee that would have been paid by a similar Alabama insurer | \$ _____ |   |
| 3. License renewal fee that would have been paid by a similar Alabama insurer         | \$ _____ |   |
| 4. Other taxes and fees that would have been paid in your home state                  | \$ _____ |   |
| 5. <b>TOTAL</b> (lines 1 - 4)   | \$ _____ |   |
| 6. Total TAXES that were <b>paid</b> to Alabama                                       | \$ _____ |   |
| 7. Total fees that were <b>paid</b> to Alabama  | \$ _____ |   |
| 8. <b>TOTAL</b> (lines 6 and 7)   | \$ _____ |   |
| 9. <b>TOTAL RETALIATORY TAXES DUE</b>   |          |   |

(line 5 less line 8, if negative enter zero)

PG--- \$ \_\_\_\_\_