

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT – FOREIGN PROPERTY BUSINESS
for the Year Ending December 31, _____

PE-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 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

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

NAIC# _____

Name of Company

Company's Mailing Address

Preparer's Name and Title (Print)

Telephone Number

E-Mail Address

(Pay License Renewal Fees on Casualty Return PF-Y only)

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
ANNUAL PREMIUM TAX STATEMENT – FOREIGN PROPERTY BUSINESS
for the Year Ending December 31, _____

PE-Y NAIC# _____

NAME OF COMPANY _____

PREMIUMS less DIVIDENDS & RETURNS

			TAX RATE	TAX
1. ** Property & multi-peril insurance written in fire protection classes 9 and 10.	9N10--		X <u>1.0%</u>	= \$ _____
2. **Mobile homes and low value dwelling policies with a face value of \$40,000 or less.	MHLD--		X <u>1.0%</u>	= \$ _____
3. All other business (max. rate: 3.6%)	AOB--		X _____	= \$ _____
4. GROSS PREMIUM TAX DUE:				\$ _____

5. **DEDUCTIONS** (must provide invoice and verification of payment):

a) Ad valorem taxes paid on insurer's principal office in AL \$ _____				
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 <u>following</u> the year of payment				
6. Total Deductions (total of lines 5a – 5g)			Totaled--	\$ _____

ADV----	\$ _____	
	Total 5a – 5c	
AHIP--	\$ _____	
EXAM--	\$ _____	
FT---	\$ _____	
GFA--	\$ _____	
Totaled--	\$ _____	

7. NET PREMIUM TAX DUE BEFORE CAPCO (line 4 less 6; if 6 is greater, enter zero)				
8. LESS: CAPCO CREDIT AND/OR NEW MARKETS TAX CREDIT <small>*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.</small>				\$ _____
9. LESS: COASTAL TAX CREDIT <small>*Only insurers who have obtained policies from AIUA and have been awarded the credit pursuant to AL code section 27-1-24.1.</small>				\$ _____
10. NET TAXES DUE AFTER CAPCO, COASTAL & New Markets CREDITS (line 7 less lines 8 and 9)				\$ _____
11. LESS: Quarterly Premium Tax Payments				\$ _____
12. LESS: Prior Year Overpayment				\$ _____
13. PREMIUM TAX PAID (line 10 less lines 11 and 12)			PE----	\$ _____

****Line items 1 and 2 require supporting documentation. A policy run, which can be obtained from the Company's underwriting unit will suffice as documentation.**