

PREMIUM TAX FINAL FOR CASUALTY & MISC. COMPANIES

For calendar year ending December 31, 2010. Original to be filed with the Superintendent of Insurance Santa Fe, New Mexico, no later than April 15, 2011

PLEASE FILL OUT THE FOLLOWING:

Company Name: _____
 Company Address: _____
 Contact: _____
 Phone/Email: _____

NM Co. # _____
 Class: _____
 NAIC: _____

CLASS	DEDUCTIONS ALLOWED				5. Net Premiums on which the New Mexico tax is based (Column 1 less 2, 3 & 4).
	1. Gross Premiums received from policies within the State of New Mexico	2. Return premiums or Political Subdivisions	3. Dividends paid/credited to policyholders	4. Premiums received from Authorized companies for reinsurance on NM risks.	
6. Mortgage Guaranty					
10. Financial Guaranty					
11. Medical Malpractice					
13. Group Accident and Health					
14. Credit A & H (Group & Individual)					
15.1 Collectively Renewable A & H					
15.2 Non-Cancelable A & H					
15.3 Guaranteed Renewable A & H					
15.4 Non-Renewable for stated reasons only					
15.5 Other accident only					
15.6 All Other A & H					
16. Workers' Compensation					
17. Other liability					
17.3 Excess Worker's Compensation					
18. Products liability					
23. Fidelity					
24. Surety					
26. Burglary & Theft					
27. Boiler & Machinery					
28. Credit					
29. Title Guaranty					
29.1 Property Bail Bonds					
30. Warranty					
33. Aggregate Write-ins					
34. TOTALS					

35. Premium Tax Due (3.003% of line 34 Column)	
36. Enter State of Domicile Tax Rate	
37. If tax rate on line 36 is greater than 3.003% then enter Retaliatory Tax	
38. Less Medical Insurance Pool (50% credit) Copies of cancelled check(s) to be submitted (if applicable)	
38.1 Less Medical Insurance Pool (75% credit on special acts) Submit copies of Cancelled check(s)	
39. Less Health Alliance (50% credit) Copies of cancelled check(s) to be submitted (if applicable)	
40. Premium Tax Due	
41. Less 1st and 2nd quarterly taxes paid (include credit taken)	
42. Less 3rd and 4th quarterly taxes paid (include credit taken)	
43. Less year 2010 remaining credit not used in line 41 & 42	
44. Net Premium Taxes Due	#54

1. All Health Insurance Premium during the 2010 tax year	
2. Surtax Due (1% of Line 1)	
3. Less 1st and 2nd surtax paid (include credit taken)	
4. Less 3rd and 4th surtax paid (include credit taken)	
5. Less year 2010 remaining credit not used in line 3 & 4	
6. Net Surtax Due (Do not net lines 44 & 6)	#53
Total Amount of Check	
Check #	

The insurance company above named; whose return for PREMIUM TAX is herein above set forth; that they signed the forgoing Premium Tax returns for and as of the act of said insurance company by authority of its Board of Directors that they have examined the contents thereof; and that to their best knowledge and belief are true and correct, as disclosed the books of said insurance company as of December 31, 2010.

 President

 Secretary/Treasurer

Notary Seal
 Notary Signature _____
 My Commission Expires _____
 Subscribed and sworn before me this ___ day of _____ 20__