

STATE OF ALABAMA

PA-G

DEPARTMENT OF INSURANCE

QUARTERLY PREMIUM TAX STATEMENT – HEALTH MAINTENANCE ORGANIZATION

Quarterly Period Ending March 31, _____

(Due no later than May 15, _____)

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 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 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.
() Make checks payable to the: Alabama Department of Insurance.
() Premium Tax Return and Check must be mailed to the address below.

POSTAL SERVICE

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#: [Green box]

(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 10) PA: \$ []
2. Check No.: -----

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

HEALTH MAINTENANCE ORGANIZATION
Quarterly Period Ending March 31, _____
(Due no later than May 15, _____)

PA-G

NAIC#

NAME OF COMPANY _____

TAXABLE PREMIUMS

ACTUAL:

	<u>THIS QUARTER</u>	<u>TAX RATE</u>	<u>TAX</u>
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3. Health:

a) Groups less than 50 participants \$ _____ X .5% = \$ _____

b) Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance \$ _____ X 1.6% = \$ _____

4. GROSS TAX DUE – ACTUAL BASIS \$ _____

ESTIMATED:

	<u>PREVIOUS YEAR</u>	<u>TAX RATE</u>	<u>TAX</u>
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5. Health:

a) Groups less than 50 participants \$ _____ X 25% X .5% = \$ _____

b) Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance \$ _____ X 25% X 1.6% = \$ _____

6. GROSS TAX DUE - ESTIMATED BASIS \$ _____

7. 25% of deductible expenses paid or estimated to be paid \$ _____

8. 25% of annual CAPCO credit* \$ _____

9. Prior Year Overpayment \$ _____

10. NET PREMIUM TAX DUE \$ _____

(line 4 or line 6 minus lines 7, 8 and 9)

***Only certified investors who have been allocate a premium tax credit pursuant to AL Code Section 40-14B are eligible for this credit.**