



NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE  
 Financial Audit Bureau  
**ESTIMATED QUARTERLY PREMIUM TAX AND SURTAX STATEMENT**

LIFE & HEALTH FORM 306

Name of Insurer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**Contact Information**  
 Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

NAIC # \_\_\_\_\_  
 NM No. \_\_\_\_\_

Check any appropriate box

Comment Box for Amended Return- Please specify amendment

New Company  Name /Address Change  Amended Return

Payment Type:  E-Check  
 ACH Credit or Check

**2019 QUARTERLY PREMIUM TAX- LIFE & HEALTH**

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
		Due April 15 <sup>th</sup>	Due July 15 <sup>th</sup>	Due October 15 <sup>th</sup>	Due January 15 <sup>th</sup>
<b>PREMIUM TAX</b>	1. Prior Year Life/Health Tax Liability	1.	1.	1.	1.
	2. 25% of Total Prior Year Tax Liability	2.	2.	2.	2.
	3. 20% of Tax Due for Current Quarter	3.	3.	3.	3.
	4. Quarterly Amount Due	4.	4.	4.	4.
	5. Less Premium Tax Credit Applied	5.	5.	5.	5.
	6. Premium Tax Amount Due	6.	6.	6.	6.
	7. \$3.00 Processing Fee if Payment made via E-check	7.	7.	7.	7.
	8. Original Amount Paid if Filing and Amendment *	8.	8.	8.	8.
	9. Premium Tax Payment Made 54	9.	9.	9.	9.

**2019 QUARTERLY HEALTH INSURANCE- SURTAX**

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
		Due April 15 <sup>th</sup>	Due July 15 <sup>th</sup>	Due October 15 <sup>th</sup>	Due January 15 <sup>th</sup>
<b>SURTAX</b>	1. Prior Year Surtax Liability	1.	1.	1.	1.
	2. 25% of Total Prior Year Tax Liability	2.	2.	2.	2.
	3. 20% of Tax Due for Current Quarter	3.	3.	3.	3.
	4. Quarterly Amount Due	4.	4.	4.	4.
	5. Less Surtax Credit Applied	5.	5.	5.	5.
	6. Surtax Amount Due	6.	6.	6.	6.
	7. Original Amount Paid if Filing Amendment *	7.	7.	7.	7.
	8. Surtax Payment Made 53	8.	8.	8.	8.

Total Premium Tax and Surtax Payment Made

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\* Amended Filings-Do not include amounts previously paid for the Processing Fee in the Original Amount Paid.

FAB 306 (REV.1- 03/2019)

**DECLARATION OF INSURER**

I declare under penalty of perjury as a representative of the insurance company named above I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true and correct and complete.

By checking this box, I am acknowledging that I am a legally authorized representative of the company and have the authority to e-file this return.

Authorized Signer \_\_\_\_\_ Title \_\_\_\_\_ Date Filed \_\_\_\_\_