



Name of Insurer			
Mailing Address			
City, State, Zip			

NAIC No.	
NM No.	

Contact Information

Name			
Phone Number			
Email Address			

Check any appropriate box

New Company Name /Address Change Amended Return

Payment Type: E-Check
 ACH Credit or Check

Comment Box for Amended Return- Please specify amendment

2019 QUARTERLY SUMMARY

PREMIUM TAX		Quarter 1	Quarter 2	Quarter 3	Quarter 4
		Due April 15 th	Due July 15 th	Due October 15 th	Due January 15 th
	1. Casualty and Health Premium Tax Payment	1.			
	2. Casualty Surtax Payment	2.			
	3. Property Premium Tax Payment	3.			
	4. Vehicle Premium Tax Payment	4.			
	5. \$3.00 Processing Fee if Payment made via E-check	5.	5.	5.	5.
	6. Total Payment Made	6.	6.	6.	6.

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

Authorized Signer _____ Title _____ Date Filed _____



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2019 QUARTERLY PREMIUM TAX- CASUALTY AND HEALTH

		Quarter 1 Due April 15 th	Quarter 2 Due July 15 th	Quarter 3 Due October 15 th	Quarter 4 Due January 15 th
CASUALTY AND HEALTH PREMIUM TAX	1. Prior Year Casualty and 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. Original Amount Paid if Filing an Amendment *	7.	7.	7.	7.
	8. Premium Tax Payment Made 54	8.	8.	8.	8.

2019 QUARTERLY HEALTH INSURANCE- SURTAX

		Quarter 1 Due April 15 th	Quarter 2 Due July 15 th	Quarter 3 Due October 15 th	Quarter 4 Due January 15 th
SURTAX	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.

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



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2019 QUARTERLY PREMIUM TAX- PROPERTY

		Quarter 1 Due April 15 th	Quarter 2 Due July 15 th	Quarter 3 Due October 15 th	Quarter 4 Due January 15 th
PROPERTY PREMIUM TAX	1. Prior Year Property 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. Original Amount Paid if Filing an Amendment *	7.	7.	7.	7.
	8. Premium Tax Payment Made 78	8.	8.	8.	8.

2019 QUARTERLY PREMIUM TAX- VEHICLE

		Quarter 1 Due April 15 th	Quarter 2 Due July 15 th	Quarter 3 Due October 15 th	Quarter 4 Due January 15 th
VEHICLE PREMIUM TAX	1. Prior Year Vehicle 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. Original Amount Paid if Filing an Amendment *	7.	7.	7.	7.
	8. Premium Tax Payment Made 78	8.	8.	8.	8.

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