

OFFICE OF SUPERINTENDENT OF INSURANCE

1120 Paseo De Peralta Room 433, Santa Fe, NM, 87501, P.O. Box 1689 room 433, Santa Fe, New Mexico,
87504-1689 Please make checks payable to "Office of Superintendent of Insurance"
Financial Audit Bureau 505-827-5781

SELF-INSURED FORM

Insured's Name: _____ SS#/Tax ID #: _____

Address: _____

Telephone #: _____

Pursuant to Section 59A-6-2 (5) NMSA 1978, each unauthorized insurer that has assumed a contract or policy of insurance directly or indirectly from such policies remaining in force in New Mexico, except that this provision shall not apply if a ceding insurer continues to pay the tax provided in this Section as to much policy or contract. (Premium Tax must be paid on quarterly biases.)

Term of Coverage: From: _____ To: _____ Policy #: _____

Description of coverage:

Company/Insurer: _____ Agent/Administer: _____

Address: _____ Address: _____

Amount of Premium charged: \$ _____

Premium tax due amount (.009% of previous line): \$ _____

(DO NOT WRITE OF THIS LINE) Total ACCOUNT #54 \$ _____

(DO NOT WRITE OF THIS LINE) Total ACCOUNT #78 \$ _____

Print or type preparers name Preparer's Signature & Title Date

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

Check Number: _____

Amount Remitted: _____

Postmarked _____
Initials _____