

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT - FOREIGN LIFE INSURANCE COMPANY
for the Year Ending December 31, _____

PD-B

INSTRUCTIONS

PENALTIES – Any Company failing to file its **Premium Tax Return** (even when no tax is due) or failing to pay such 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 refer to the NAIC Checklist at <http://www.aldoi.gov/PDF/Companies/Life.pdf> for further instructions (Notes D, Q, R).

- () Make checks payable to: Alabama Department of Insurance.
- () Submit **ONE CHECK** for Premium Taxes, **ONE CHECK** for License Renewal/Filing Fees, and **ONE CHECK** for Retaliatory Tax.
- () Please mail the Annual Premium Tax Return, Retaliatory Tax Statement and checks to:

POSTAL SERVICE

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

COURIER OR EXPRESS SERVICE

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

NAIC# _____

COMPANY NAME _____

COMPANY MAILING ADDRESS _____

CONTACT PERSON _____ TELEPHONE _____

CONTACT PERSON'S E-MAIL ADDRESS _____

LICENSE RENEWAL FEES	
FEES: Renewal of Certificate of Authority	PI \$ 505.00
Annual Statement Filing Fee: Check No. _____	PJ \$ 25.00

STATE OF _____, COUNTY OF _____

_____, President and _____ Secretary

of the _____ Insurance Company
being duly sworn, each for himself, deposes and says, that they are the above described officers of said Company and that the foregoing statement of business transacted during such year and showing the true status of same on December 31, of such year, is full and correct according to the best of their information, knowledge and belief, respectively.

Subscribed & sworn before me this _____

_____ President

Day of _____, 20 _____.

_____ Secretary

My commission expires _____

_____ Notary Public

--OVER--

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT - FOREIGN LIFE INSURANCE COMPANY
for the Year Ending December 31, _____

PD-B NAIC# _____

NAME OF COMPANY _____

PREMIUMS less DIVIDENDS & RETURNS

1. **LIFE:**
- a) ****Face amount equal to or less than \$5,000** FAL5-- \$ _____ X .5% = \$ _____
 - b) **Face amount greater than \$5,000 up to and including \$25,000** FAM5-- \$ _____ X 1.0% = \$ _____
 - c) **Face amount greater than \$25,000** FAM25-- \$ _____ X 2.3% = \$ _____
 - d) **Group LIFE** GL---- \$ _____ X 2.3% = \$ _____

2. **HEALTH:**
- a) **Groups with less than 50 participants** GL50-- \$ _____ X .5% = \$ _____
 - b) **Other Health** OH-- \$ _____
 - LESS: Medicare & Medicaid Supplement policies** MMP-- \$ _____
 - LESS: Employer sponsored plans for govt. employees** EGP-- \$ _____
 - Total Taxable Other Health** TOP-- \$ _____ X 1.6% = \$ _____

3. **GROSS PREMIUM TAX DUE:** \$ _____

4. **DEDUCTIONS** (must provide invoice and verification of payment):
- a) **Ad valorem taxes paid on insurer's principal office in AL** \$ _____
 - b) **Ad valorem taxes paid on property 50% occupied in AL** \$ _____
 - c) **Ad valorem taxes paid directly or in the form of rent to a 3rd party landlord on offices in AL, by square foot area** \$ _____
 - d) **All assessments paid during the year to the Alabama Health Insurance Plan (AHIP)**
 - e) **All examination expenses paid to the Alabama Commissioner of Insurance**
 - f) **60% of Alabama franchise and privilege taxes paid**
 - g) **20% of Guaranty Fund Assessments for each of 5 years following the year of payment**

	\$ _____		
	Total 4a - 4c		
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
Totaled--	\$ _____		

5. **TOTAL DEDUCTIONS** (total of lines 4a - 4g) **Totaled--** \$ _____

6. **NET PREMIUM TAX DUE BEFORE CAPCO CREDIT** (line 3 less line 5; if 5 is greater, enter 0) \$ _____

7. **LESS: CAPCO CREDIT AND/OR NEW MARKETS TAX CREDIT** \$ _____
* Only investors who have been allocated a premium tax credit pursuant to AL code section 40-14B and/or Act 2012-483 are eligible for these credits.

8. **NET PREMIUM TAX DUE AFTER CAPCO CREDIT & NEW MARKETS CREDIT** (line 6 less line 7) \$ _____

9. **LESS: Quarterly Premium Tax Payments** \$ _____

10. **LESS: Prior Year Overpayment** \$ _____

11. **PREMIUM TAX PAID** (line 8 less lines 9 and 10) PD---- \$ _____

**** Line items 1a, 1b, 2a, and 2b-(tax-exempt premium only) should be supported by a policy run, which can be obtained from the Company's underwriting unit.**
***** Lines 4a - 4g require two forms of documentation. If documentation is not included, the deduction will not be allowed. All documentation must include a bill, an assessment, or a privilege tax return along with a canceled check or verification of EFT payment.**