



**STATE OF DELAWARE DEPARTMENT OF INSURANCE
2003 ANNUAL PREMIUM TAX AND FEES REPORT
FOR THE CALENDAR YEAR 2003, DUE MARCH 1, 2004**

Original Report
Amended Report

FRATERNAL

MAILING INSTRUCTIONS

Attach Check Here

The Delaware Insurance Department has established a lockbox operation for the collection of taxes and fees. This completed 2003 Annual Fees Assessment Form and accompanying check must be **received** at one of the bank addresses listed below on or before March 1, 2004. Filings received after that date will be considered late and the company may be subject to an administrative penalty of \$100.00 per business day until the filing is received. *Please note: The Delaware Insurance Department uses a "received by" date, not a postmark date.*

<p>If using U.S. Postal Service:</p> <p>Delaware Insurance Department c/o National City Bank 6705 Reliable Parkway Chicago, IL 60686</p>	<p>If using Courier or Express Service:</p> <p>Delaware Insurance Department c/o National City Bank Attention: Lockbox # 6705 5635 S. Archer Ave. Chicago, IL 60638-1656</p>
---	---

COMPANY INFORMATION AND MAILING ADDRESS

If this address or any other Company information changed during the calendar year, Check this Box →

Company Name: _____
 Contact Person: _____
 Contact E-mail: _____
 Contact Phone and Ext.: _____ Fax: _____
 Contact Address: _____

 City – State – Country – Zip + 4: _____

Federal E.I.N. #: _____
 N.A.I.C. #: _____
 N.A.I.C. Group #: _____
 State of Domicile (abbr.): _____

Questions should be directed to:
Mrs. Ann Fletcher
Premium Tax Coordinator
 E-mail: Ann.Fletcher@state.de.us

PAYMENT INFORMATION (Select One)

NOTE: Authorization Agreement approval required for ACH Credit Option

REFUND
 ACH CREDIT Enter Transmittal Date: _____
 CHECK Enter Check Number: _____

Make check payable to "Delaware Insurance Department"

ANNUAL TAX AND FEES

1. Certificate of Authority Renewal Fee:	\$	_____	25.00
2. Annual Statement Filing Fee:	\$	_____	25.00
3. Retaliatory Tax Due (From Page 2, Line 14):	\$	_____	
4. LESS: Total Prepaid in 2003:	\$	(_____)	
5. TOTAL AMOUNT DUE:	\$	_____	

AFFIDAVIT

In accordance with 18 Del. C., §702 (a), the Premium Tax and Fees Report shall be verified by the oath or affirmation of the President and Secretary or other responsible officer of the insurer, duly administered by a person authorized to administer oaths.

STATE of _____, COUNTY of _____, on this _____ day of _____ 2004, before me, the subscriber, personally appeared _____ (PRESIDENT), and _____ (SECRETARY) of the above named Insurer who being duly sworn (or affirmed) deposes and says that this report and all schedules are true, correct, and complete.

Company Officer Signature **Title**

Company Officer Signature **Title** (Company Seal)

If signed by Company Officer other than President or Secretary, state reason: _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THE DAY AND YEAR AFORESAID.

Signature (Notary Public) **Date Commission Expires** (Notary Seal)

**RETALIATORY TAX AND FEES
WORKING FORM**

The Delaware Insurance Code (18 Del. C., §532) requires the Commissioner to impose upon all insurers domiciled in another state or foreign country those same taxes, licenses, and other fees of any kind that would be imposed on a Delaware domiciled insurer writing similar lines and volumes of business in said state or country. According to 18 Del. C., §6223, Fraternal Benefit Societies are included in companies subject to the retaliatory provision in §532. If the foreign state's (Home State) aggregate sum is in excess to the taxes, licenses, and fees, in the aggregate of Delaware, the difference must be paid to Delaware in the form of a retaliatory tax. Include finance and service charges. Any tax, license, or other fee imposed by any city, county, or other political subdivision or agency of the home state shall be deemed to be imposed by that state.

STATE OF DOMICILE (Home State) abbr.	PREMIUMS Must Equal State Page (DE)	HS TAX RATE	HOME STATE BASIS TAX & FEES	DELAWARE BASIS (FEES ONLY)
1. Life (do not include Annuities)	\$	@ %	\$	
2. Accident and Health	\$	@ %	\$	
3. Total Premiums			\$	EXEMPT
4. Certificate of Authority Renewal			\$	\$ 25.00
5. Annual Statement Filing Fee			\$	\$ 25.00
6. Annual Statement Abstract Fee			\$	XXXXXXXXXX
7. Annual Statement Publication Fee			\$	XXXXXXXXXX
8. New Agent's Initial Appointments in Delaware during c/y 2003:				
(a). TOTAL # Agents appointed @ Home State Fee of \$			\$	XXXXXXXXXX
(b). @ Delaware Fee of \$		25.00	XXXXXXXXXX	\$
9.			\$	XXXXXXXXXX
10.			\$	XXXXXXXXXX
11.			\$	XXXXXXXXXX
12. TOTAL (Sum of Lines 4 through 12)			\$	\$
13. Delaware Total Taxes and Fees			\$ ()	(Carry to Line 13)
14. TOTAL Retaliatory Tax Amount (Line 13 minus Line 12)			\$	Enter this amount on Page 1, Line 3

INSTRUCTIONS

- LINES 1 & 2** List volume of taxable premiums of insurance written in Delaware at the applicable tax rate that your Home State would charge a Delaware domiciled insurer doing similar business in that state. **Include all finance and service charges.**
- LINE 3** Total premium written in Delaware (Sum Lines 1 & 2).
- LINES 4 - 7** List home state fees as applicable. Delaware Basis according to 18 Del. C. §701
- LINE 8** (a) List number of new agents appointed in DE during 2001. Multiply by home state's appointment fee (**list fee amount**).
(b) Use same number of new agents as listed in Line 8(a). Multiply by \$25.00 for Delaware Basis calculation. (§701)
- LINES 9 - 11** List any miscellaneous annual fees that a Delaware domiciled company, writing similar lines and volumes of business would be assessed on an annual basis in your home state. **Please list each fee type.**
- LINE 12** TOTAL – Sum Lines 3 through 11.
- LINE 13** LESS Delaware TOTAL taken from Line 12.
- LINE 14** NET Retaliatory Tax due to Delaware. Enter this amount on Page 1, Line 3. If "0", or less than "0", enter "0".

**REPORT OF PREMIUMS WRITTEN
FOR STATE SUPPORT OF AMBULANCE AND RESCUE ORGANIZATIONS
Based on Life, Accident and Health Premiums Written
THIS IS NOT A TAX**

The Delaware Insurance Code (Title 18, Chapter 7) requires the Insurance Department to gather and maintain information pertaining to all insurance premiums written within the state. This information is used to determine the amount of financial support nonprofit organizations that provide ambulance and rescue services will receive from the State. (18 Del. C., §713). Although Fraternal Benefit Societies are exempt from Delaware premium taxes according to 18 Del. C., §6224, it is required that all direct life, health and accident premiums written during the calendar year be reported. **The amounts entered herein must equal the amounts reported on Annual Statement, "Direct Business State Page."**

GROSS PREMIUMS	Copy of State Page (DE) MUST be attached
1. Life (Do Not include Annuities)	\$ _____ 1
2. Accident and Health	\$ _____ 2
3. TOTAL Premiums	\$ _____ 3