
**DELAWARE DEPARTMENT OF INSURANCE
ANNUAL FEES ASSESSMENT FORM
FOR CALENDAR YEAR 2003, DUE MARCH 1, 2004
NON-ADMITTED
ACCREDITED REINSURERS AND SURPLUS LINES COMPANIES
GENERAL INFORMATION AND FILING INSTRUCTIONS**

The calendar year 2003 Annual Fees Assessment Form is specifically developed for Non-admitted Accredited Reinsurer and/or Surplus Lines companies that do not have a State of Delaware Certificate of Authority and are not licensed in Delaware, but have been *approved* to transact insurance business in the State.

This form reflects that although these companies are exempt from paying premium taxes to the State of Delaware, the companies are subject to an Annual Renewal Fee of \$50.00 and an Annual Statement Filing Fee of \$100.00 as listed below, for a total annual fees assessment of \$150.00.

IMPORTANT: Companies that are approved as both an Accredited Reinsurer and a Surplus Lines Insurer must pay the total fee of \$150.00 for EACH company type. These companies may submit one payment of \$300.00 to pay the total annual fees assessment. It is not necessary to send separate checks.

The completed form and remittance must be received on or before March 1, 2004, at one of the Bank lockbox addresses listed on the Form. **Note: Delaware uses a received by date, not a postmark date.**

IMPORTANT: DO NOT SEND THE ANNUAL FEES ASSESSMENT FORM OR REMITTANCE WITH THE ANNUAL STATEMENT: Annual statements are received at a different section of the Insurance Department. If you send the form and check in the annual statement, the filing may not reach the tax collections department in a timely manner, and the company will be assessed a \$100.00 per business day administrative penalty for late filing. The date the form is received in the tax department will be used for the delivery date on which the penalty will be assessed.

INSTRUCTIONS

(References are to Title 18, Delaware Insurance Code)

COMPANY INFORMATION AND MAILING ADDRESS

Complete all Company Information. List the address and contact person to whom annual tax and/or fees information or questions should be directed.

PAYMENT INFORMATION

The State of Delaware Insurance Department accepts tax and/or fees payments electronically using an ACH CCD+ format. Although using electronic payment is optional, the State encourages all companies to participate. Any company wishing to participate must be authorized to do so before electronic funds transfers may begin. Please refer to the Electronic Funds Payment Guide for information.

If paying by check, make check payable to: **Delaware Insurance Department**
Attach check to Form as indicated. Mail to National City Bank lockbox address as listed

ANNUAL TAX AND/OR FEES

Line 1	ANNUAL RENEWAL FEE	\$50.00	(\$701; amended 7/1/2001)
Line 2	ANNUAL STATEMENT FILING FEE	\$100.00	(\$701)

IMPORTANT: Insurers that are approved as both an Accredited Reinsurer and a Surplus Lines Company must pay BOTH fees for EACH non-admitted company type.

Line 3	TOTAL AMOUNT DUE	Sum Lines 1 through 3. Remit this amount.	
--------	------------------	-------------------------------------------	--

AFFIDAVIT

Complete all sections and obtain signatures as indicated.

QUESTIONS should be directed to: Mrs. Ann Fletcher, Premium Tax Coordinator via email at:

Ann.Fletcher@state.de.us
