



**STATE OF DELAWARE DEPARTMENT OF INSURANCE
PREMIUM TAX AND FEES REPORT
FOR THE CALENDAR YEAR 2005, DUE MARCH 1, 2006**

Original Report

Amended Report

CAPTIVE
"Old Law"

TAX DEPARTMENT MAILING ADDRESS AND COMPANY INFORMATION

Company Name:				Federal EIN :		
Premium Tax Contact Person:				NAIC #:		
Contact E-mail:				NAIC Group #:		
Tax Dept. Phone and Ext.:			Fax:	State of Domicile (abbr.):		
Tax Department Address:				<i>Has this Company written any Wet Marine & Transportation insurance in the United States in any of the past 3 years?</i> (Check one) Yes <input type="checkbox"/> No <input type="checkbox"/>		
City - State - Country - Zip + 4:						

Two or more captive insurance companies under common ownership and control shall be taxed as though they were a single captive insurance company. List Name, EIN and NAIC # of other companies included in this report:

NAME _____	EIN _____	NAIC # _____
NAME _____	EIN _____	NAIC # _____

PREMIUM TAX SUMMARY FOR CALENDAR YEAR 2005

GROSS DIRECT PREMIUM TAX Must equal data reported on State Business Page of Annual Statement

	Premiums	Dividends		Taxable Premiums	
1. Property, Casualty, and Surety Premiums	-		=	\$	1
2. Premium Tax Rate		(see Tax Calculation Instructions below)	x		2
3. TOTAL - Direct Premium Tax			\$		3
4. Annual Certificate of Authority Renewal Fee per § 6902 (d)			\$	300.00	4
5. LESS - Total premium tax prepayments made during 2005			\$ ()	5
6. TOTAL Tax and Fees Due (Lines 10 thru 16)			\$		6
Attach payment for this amount. →					
7. REFUND			\$ ()	7

IMPORTANT: A Refund Check will be sent to the Company. **DO NOT** apply this amount to future tax liability. →

TAX CALCULATION INSTRUCTIONS (18 Del. C., § 6914)

Deduct from the gross premiums the amount of dividends, return premiums and similar returns to policyholders, whether paid in cash, credited or applied in reduction of premiums, which shall include dividends on unabsorbed premiums or premium deposits returned or credited to policyholders. Do not include the amount of premiums received as reinsurance premiums.

If Line 1: is \$20 million or less, multiply Line 1 by .007; Enter on Line 3
 is over \$20 million but not more than \$40 million, Line 3 is \$140,000 plus .005 times excess of \$20 million
 is over \$40 million but not more than \$60 million, Line 3 is \$240,000 plus .003 times excess of \$40 million
 is over 60 million, Line 3 is \$300,000 plus .001 times the excess of \$60 million

AFFIDAVIT

All Premium Tax and Fees Reports 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 _____ 20____, 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

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

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

QUESTIONS

Should be directed to Ann Fletcher, Premium Tax Coordinator, via email at: Ann.Fletcher@state.de.us



DELAWARE DEPARTMENT OF INSURANCE
CAPTIVE INSURANCE COMPANY 2005 ANNUAL PREMIUM TAX AND FEES REPORT
GENERAL INFORMATION AND FILING INSTRUCTIONS
(References are to Title 18, *Delaware Insurance Code*)

This calendar year 2005 Annual Premium Tax and Fees Report is specifically developed for Captive Insurers authorized to transact insurance business in the state of Delaware before July 11, 2005, that have chosen to be continue to be regulated and taxed according to the provisions of Chapter 69 in force before enactment of the Delaware Revised Captive Insurance Company Act, on July 12, 2005.

IMPORTANT: DO NOT SEND THE ANNUAL PREMIUM TAX AND FEES 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.

ELECTRONIC 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 checks payable to "Delaware Insurance Department".

MAILING INSTRUCTIONS

The Delaware Insurance Department has established a lockbox operation for the collection of taxes and fees. This completed 2005 Annual Fees Assessment Form and accompanying check must be **received** at one of the bank addresses listed below on or before March 1, 2006. 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*

If using U.S. Postal Service (regular mail): Delaware Insurance Department c/o National City Bank 6705 Reliable Parkway Chicago, IL 60686	If using Courier or Express Service (overnight delivery): Delaware Insurance Department c/o National City Bank Attention: Lockbox # 6705 5635 S. Archer Ave. Chicago, IL 60638-1656
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GENERAL INSTRUCTIONS

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.

Note: Two or more captive insurers under common ownership or control shall be taxed as though they were a single company. List any other companies included in this tax report as indicated on form.

ANNUAL TAX AND/OR FEES CALCULATION

- Line 1 Enter direct premiums collected or contracted for on policies or contracts of insurance covering property and risks in Delaware, and on property and risks situated elsewhere upon which no premium tax is otherwise paid, with respect to the calendar year. Deduct amounts received as reinsurance premiums and the amount of dividends, return premiums and similar returns to policyholders, whether paid in cash, credited or applied in reduction of premiums, which shall include dividends on unabsorbed premiums or premium deposits returned or credited to policyholders. Amounts listed must match annual statement State Page Exhibit of Premiums Written
- Line 2 Tax Rate per § 6914 (a):
- Seven tenths of 1 percent on the 1st \$20,000,000 of premium;
 - Five tenths of 1 percent on the next \$20,000,000 of premium;
 - Three tenths of 1 percent of the next \$20,000,000 of premium; and
 - One tenth of 1 percent on each dollar of premium thereafter
- Line 3 **TOTAL Direct Premium Tax:** Multiply amount on Line 1 by appropriate tax rate from Line 2 as directed
- Line 4 Add: Certificate of Authority Renewal Fee, \$300.00 per § 6902 (d)
- Line 5 Subtract: Total amount of quarterly prepayments made during the year (if applicable).
- Line 6 **PREMIUM TAX AND FEES DUE:** Payment for this amount MUST be attached or electronically transmitted via ACH Credit.
- Line 7 **Refund** – amount of overpayment. The Insurance Department will issue a refund check to the company.
DO NOT apply refund amount to any future premium tax liabilities

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