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**DELAWARE DEPARTMENT OF INSURANCE  
ANNUAL FEES ASSESSMENT FORM  
FOR CALENDAR YEAR 2007, DUE MARCH 1, 2008  
NON-ADMITTED  
ACCREDITED REINSURERS AND SURPLUS LINES COMPANIES  
GENERAL INFORMATION AND FILING INSTRUCTIONS**

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The calendar year 2007 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 \$100.00 and an Annual Statement Filing Fee of \$100.00 as listed below, for a total annual fees assessment of \$200.00.

**IMPORTANT: Companies that are approved as both Accredited Reinsurer and Surplus Lines Insurer must pay the total fee of \$200.00 for EACH company type. These companies may submit one payment of \$400.00 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, 2008, 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	\$100.00	(\$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.	
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#### AFFIDAVIT

Complete all sections and obtain signatures as indicated.

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**QUESTIONS** should be directed to: Ann Fletcher, Tax Coordinator via email at:

[Ann.Fletcher@state.de.us](mailto:Ann.Fletcher@state.de.us)

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**STATE OF DELAWARE DEPARTMENT OF INSURANCE  
2007 ANNUAL FEES ASSESSMENT FORM  
FOR THE CALENDAR YEAR 2007, DUE MARCH 1, 2008**

Original Report

Amended Report

**NON-ADMITTED**

**MAILING INSTRUCTIONS**

The Delaware Insurance Department has established a lockbox operation for the collection of taxes and fees. This completed 2007 Annual Fees Assessment Form and accompanying check must be received at one of the bank addresses listed below on or before March 1, 2008. 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.*

Attach Check Here

<p align="center"><b>If using U.S. Postal Service:</b></p> <p align="center">Delaware Insurance Department c/o National City Bank 6705 Reliable Parkway Chicago, IL 60686</p> <p>NOTE: this is a PO Box – no personnel are present to receive deliveries</p>	<p align="center"><b>If using Courier or Express Service:</b></p> <p align="center">Delaware Insurance Department c/o National City Bank Attention: Lockbox # 6705 5635 S. Archer Ave. Chicago, IL 60638-1656</p>
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**COMPANY INFORMATION AND MAILING ADDRESS**

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

Indicate Non-Admitted Company Type:  Surplus Lines Insurer  
*(See Note Below Line 3)*  Accredited Reinsurer

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](mailto:Ann.Fletcher@state.de.us)

**PAYMENT INFORMATION (Select One)**

NOTE: Authorization Agreement approval required for ACH Credit Option

**ACH CREDIT** Enter Transmittal Date: \_\_\_\_\_  
 **CHECK** Enter Check Number: \_\_\_\_\_

Make check payable to "Delaware Insurance Department"

**ANNUAL TAX AND/OR FEES**

1. Annual Renewal Fee (\$100.00 per \$701): \* \$ \_\_\_\_\_  
 2. Annual Statement Filing Fee: (\$100.00 per \$701) \$ \_\_\_\_\_  
 3. TOTAL AMOUNT DUE: \$ \_\_\_\_\_

\* Companies approved as both SL and AR must pay both fees for EACH non-admitted type.

**AFFIDAVIT**

In accordance with 18 Del. C., §702 (a), 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**

(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)