DELAWARE DEPARTMENT OF INSURANCE

CAPTIVE INSURANCE COMPANY 2010 ANNUAL PREMIUM TAX AND FEES REPORT

GENERAL INFORMATION AND INSTRUCTIONS

(References are to Title 18, *Delaware Insurance Code*)

Attach a copy of State Page and Schedule T *or* Page 3 Income Statement and Page 5 Premium Schedule to the tax report.

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

Lines 1, 2 and 3 — Enter all Direct premiums collected or contracted for during the calendar year on policies or contracts of insurance written. Deduct amounts paid to policyholders as return premiums with respect to such preceding year only. Include only dividends or distributions of unabsorbed premiums or premium deposits returned or credited to policyholders. Do not include annuities. Amounts listed must match annual statement State Page Exhibit of Premiums Written.

Line 4 — Enter Excess workers' compensation and employers' liability premiums written.

Line 5 — **TOTAL DIRECT WRITTEN PREMIUM**: Sum Lines 1 through 4

Line 6 — Multiply Line 5 by .002. (per § 6914, Each captive insurance company, other than a sponsored captive insurance company, and each protected cell of a sponsored captive insurance company shall pay a tax at the rate of 2/10 of 1% on each dollar of direct premium written.)

Line 7 — **TOTAL Direct Premium Tax** up to a maximum tax for such year of $125,000 per § 6914. If greater than $125,000.00, enter $125,000.00.

Line 8 — Enter Total Assumed Reinsurance premiums collected or contracted for during the calendar year on policies or contracts of insurance written. Do not include direct premiums or assets received in exchange for the assumption of loss reserves and other liabilities of another insurer under common ownership and control if such transaction is part of a plan to discontinue the operations of such other insurer and if the intent of the parties to such transaction is to renew or maintain such business.

Line 9 — Multiply Line 8 by .001. (per § 6914, Each captive insurance company, other than a sponsored captive insurance company, and each protected cell of a sponsored captive insurance company shall pay a tax at the rate of 1/10 of 1% on each dollar of reinsurance assumed)

Line 10 — **TOTAL Assumed Reinsurance Premium Tax** up to a maximum tax for such year of $75,000 per § 6914. If greater than $75,000.00, enter $75,000.00

Line 11 — **TOTAL PREMIUM TAX AMOUNT**: Sum Line 7 plus Line 10. Per § 6914 (c), if sum amount is less than $5,000.00, enter minimum tax amount of $5,000.00

Line 12 — If Line 11 is greater than $50,000.00 and the company meets eligibility requirements, enter Qualified Employee Adjustment amount to reduce Line 11 Premium Tax Amount to $50,000.00. Subtract from Line 11.
This adjustment is available to companies that meet the following criteria according to §6914 (h):

1. Would otherwise have a current tax liability of $50,000.00 or more, and
2. Employ in this State 25 or more separate qualified individuals throughout the tax year on a regular basis of 35 or more hours per week either by the captive insurance company, or by a wholly owned subsidiary of the captive insurance company that provides captive insurance company management, operating, investment or related services exclusively to such captive insurance company.

Companies that meet these criteria shall pay to the Commissioner annual aggregate tax of $50,000.00.

Line 13 — Enter total amount of quarterly prepayments made during the year (if applicable). Subtract from Line 11.

Line 14 — Add Certificate of Authority Renewal Fee: $300.00 per § 6903 (d)

Line 15 — **PREMIUM TAX AND FEES DUE**: Pay this amount.

Line 16 — **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

Enter information pertinent to the filing of the tax report. 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.

MAILING INSTRUCTIONS

Mail completed tax form, payment and required attachments (see above) to the following address:

DELAWARE DEPARTMENT OF INSURANCE
ATTN: PREMIUM TAX SECTION
841 SILVER LAKE BLVD.
DOVER, DE 19904-2465

Direct any questions to Ann Fletcher, Tax and Fees Coordinator via email at ann.fletcher@state.de.us.

DELAWARE DEPARTMENT OF INSURANCE
PREMIUM TAX AND FEES REPORT
FOR THE CALENDAR YEAR 2010, DUE MARCH 1, 2011

Original Report ☐
Amended Report ☐

CAPTIVE

TAX DEPARTMENT MAILING ADDRESS AND COMPANY INFORMATION

Company Name:				Federal EIN :	
Premium Tax Contact Person:				NAIC #:	
Contact E-mail:				DE Captive Certificate #:	
Tax Dept. Phone and Ext.:			Fax:	State of Domicile (abbr.):	
Tax Department Address:					
City – State – Country – Zip + 4:		U.S.A.			

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 # _____
NAME _____ EIN _____ NAIC # _____

PREMIUM TAX SUMMARY FOR CALENDAR YEAR 2010

GROSS DIRECT PREMIUM TAX

Must equal data reported on State Business Page of Annual Statement

		Premiums		Dividends (Enter as a negative number)		Taxable Premiums	
1.	Life Premiums	0.00	-	0.00	=	0.00	1
2.	Accident and Health Premiums	0.00	-	0.00	=	0.00	2
3.	Property, Casualty, Surety and Title Premiums	0.00	-	0.00	=	0.00	3
4.	Excess Worker's Compensation & Employer's Liability Premiums					0.00	4
5.	TOTAL – All Gross Direct Taxable Premiums (sum Lines 1-4)					0.00	5
6.	Direct Premium Tax Rate (2/10 of 1% per § 6914)					x .002	6
7.	TOTAL – Direct Premium Tax					0.00	7

ASSUMED REINSURANCE PREMIUM TAX, FEES AND/OR CREDITS

8.	TOTAL – Assumed Reinsurance Premiums		0.00	8
9.	Reinsurance Premium Tax Rate (1/10 of 1% per § 6914)		x .001	9
10.	TOTAL – Assumed Reinsurance Premium Tax		0.00	10
11.	TOTAL PREMIUM TAX AMOUNT (Sum Line 7 plus Line 10)	**Minimum Tax = $5,000.00**	0.00	11
12.	LESS: Qualified Employees Adjustment (If applicable, enter amount that would reduce Line 11 to $50,000.00)	Enter as a negative number	0.00	12
13.	Annual Certificate of Authority Renewal Fee		0.00	13
14.	LESS: Total premium tax prepayments made during 2010	Enter as a negative number	0.00	14
15.	TOTAL Tax and Fees Due (Lines 11 thru 14)	**Attach payment for this amount.** ➔	0.00	15
16.	REFUND	**IMPORTANT:** A Refund Check will be sent to the Company. **DO NOT** apply this amount to future tax liability. ➔ 0.00		16

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.

In the State of _____ County of _____ on this date _____ (Enter date (MMDDYYYY)), before me, the subscriber, personally appeared _____ President, and _____ Secretary (or other responsible officers) of the Insurer named above, 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 DATE AFORESAID.

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

SAVE PRINT

Direct any questions to: AnnFletcher@state.de.us