



**DELAWARE DEPARTMENT OF INSURANCE**  
**SPECIAL PURPOSE CAPTIVE**  
**2010 Annual Insurance Premium Tax and Fees Report**  
**For use by Special Purpose Captive Core Company (Core)**  
**and Series Business Units (SBU)**  
**GENERAL INFORMATION AND INSTRUCTIONS**  
(References are to Title 18, *Delaware Insurance Code*)

**Attach a copy of Page 3 Income Statement, Page 5 Premium Schedule, and Page 6 Reinsurance Schedule to this tax report.**

**IMPORTANT:** For calculation purposes, when entering amounts in tax forms, enter any credits, negative premium, or subtracted amounts, etc. as a **NEGATIVE NUMBER**. Remember: Tax amounts may not be less than zero. If "0", or less than "0", enter "0".

**COMPANY INFORMATION AND MAILING ADDRESS**

Complete all Core Company Information. List the address and contact person to whom annual tax and/or fees information or questions should be directed.  
**IMPORTANT:** The Core Company Name, EIN and Captive Certificate # must also be entered in the appropriate fields in Part 2.

**PART 1      WF C-1      COMBINED PREMIUM TAX SUMMARY FOR CALENDAR YEAR 2010      INSTRUCTIONS**

All premium and tax information reported on Working Form C-1 is taken from the Part 2 Report of SBU Premium Activity spreadsheet. Sum the amounts listed in each column of WFC-2 for all SBU entities affiliated with the reporting Core Company. Enter the summed totals from Columns G, H, I, J & K on Lines 1 through 5.

**IMPORTANT:** Enter the total number of SBU entities associated with the reporting Core Company as indicated.

- Line 1 Enter the total amount of gross direct premiums written as calculated by summing the amounts listed in Column G of WF C-2.
- Line 2 Enter the total amount of assumed reinsurance premiums as calculated by summing the amounts listed in Column K of WF C-2.
- Line 3 Enter the total amount of premium tax on gross direct premiums written as calculated by summing the amounts listed in Column H of WF C-2.
- Line 4 Enter the total amount of premium tax on assumed reinsurance premiums as calculated by summing the amounts listed in Column L of WF C-2.
- Line 5 **TOTAL PREMIUM TAX AMOUNT:** Sum Line 3 plus Line 4. Should equal the sum of the amounts listed in Column M of WF C-2.
- Line 6 If applicable pursuant to §6914(h), enter the amount that would reduce tax amount on Line 7 to \$50,000.00. **Enter as a negative number.**
- Line 7 **NET PREMIUM TAX AMOUNT:** Sum Lines 5 plus Line 6. Minimum tax amount = \$5,000.00. If less than \$5,000.00, enter \$5,000.00 per §6914(c)
- Line 8 Add Certificate of Authority Renewal Fee for Core Company: \$300.00 per § 6903 (d)
- Line 9 **TOTAL TAX AND FEES:** Sum Line 7 and Line 8.
- Line 9 Enter total amount of quarterly prepayments made during the year (if applicable). Subtract from Line 7. **Enter as a negative number.**
- Line 11 **AMOUNT DUE:** Pay this amount.
- Line 12 **REFUND** – amount of overpayment. The Insurance Department will issue a refund check to the Core company. **DO NOT** apply refund amount to any future premium tax liabilities.

**PART 2      WF C-2      REPORT OF SBU PREMIUM ACTIVITY      INSTRUCTIONS**

**GENERAL INSTRUCTIONS:** Complete one row in the spreadsheet for each SBU that is associated with the reporting Core Company. After entering information for all SBU entities, sum each column. Enter the total column amounts from Columns G, H, K, L and M on Lines 1, 3, 2, 4 & 5 respectively (as instructed) on WFC-1, Part 1, COMBINED PREMIUM TAX SUMMARY.

**IMPORTANT: ATTACH WF C-2 REPORT OF SBU PREMIUM ACTIVITY SPREADSHEET TO THIS REPORT**

- Column D, Lines 8-10 Enter the Name, EIN and Captive Certificate # for the Core Company with which the member SBU is associated.
- Columns C, D and E Enter all Direct Premiums collected or contracted for during the calendar year on policies or contracts of insurance written. **Do not include annuities.**
- Column F Enter all Excess Workers' Compensation and Employers' Liability Premiums written.
- Column G **TOTAL DIRECT WRITTEN PREMIUM:** Sum Columns C through F.
- Column H **TOTAL DIRECT WRITTEN PREMIUM TAX:** Multiply Column G by .002 (2/10 of 1% per §6914)
- Column I **Reinsurance Assumed:** Enter all 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.
- Column J **Reinsurance Assumed from Member SBU:** Enter amount of premium reported in Column I that was assumed from any member SBU affiliated with this Core Company on which premium tax was paid on a direct basis by that SBU.
- Column K **NET TAXABLE REINSURANCE ASSUMED:** Column I less Column J
- Column J **TOTAL ASSUMED REINSURANCE PREMIUM TAX:** Multiply Column K by .001 (1/10 of 1% per §6914)
- Column K **TOTAL PREMIUM TAX AMOUNT:** Sum Column H plus Column L.



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

Original Report   
Amended Report

**Special Purpose  
Captive - 2010**

This Annual Premium Tax and Fees Report is specifically designed for a Special Purpose U.S. or Foreign (Core Company) and the Series Business Units (SBU) entities associated with the Core Company. **This form consists of 2 Parts.** Part 1 is this Summary Page. Part 2 is an Excel spreadsheet that provides detail information in support of the premium tax calculations on this Summary Form and must be attached to this form. All data fields in the spreadsheet must be completed for each SBU associated with the Core Company. All statutory references are to Title 18, Chapter 69 the Delaware Revised Captive Insurance Company Act, enacted July 12, 2005. The revised statute may be viewed at <http://delcode.delaware.gov/index.shtml>.

**MAILING INSTRUCTIONS**

Annual Premium Tax and Fees reports and payments must be received on or before March 1, 2011, to avoid administrative penalties. Send Parts 1 & 2 of this form and any required attachments, along with a check payable to *Delaware Insurance Department*, to this address: \_\_\_\_\_ →

**Delaware Insurance Department  
Attn: PREMIUM TAX SECTION  
841 Silver Lake Blvd.  
Dover, DE 19904-2465**

**TAX DEPARTMENT MAILING ADDRESS AND COMPANY INFORMATION**

Special Purpose Core Captive Name:			
Premium Tax Contact Person:			
Contact E-mail:			
Tax Dept. Phone and Ext.:		Fax:	
Tax Department Address:			
City - State - Country - Zip + 4:			

Federal EIN :	
Captive Cert. #:	

*Questions should be directed to:*  
**Ann Fletcher**  
Tax and Fees Coordinator  
E-mail: [Ann.Fletcher@state.de.us](mailto:Ann.Fletcher@state.de.us)

**PART 1 WF C-1 COMBINED PREMIUM TAX SUMMARY FOR CALENDAR YEAR 2010**

**IMPORTANT:** Enter the number of SBUs associated with this Core Company

**REPORTED PREMIUM (Combined from all SBUs as listed in Part 2) Taxable Premiums**

1.	TOTAL - All Gross Direct Taxable Premiums (Sum of Column G, Part 2)	
2.	TOTAL - Assumed Reinsurance Premiums (Sum of Column K, Part 2)	

**PREMIUM TAX, FEES AND/OR CREDITS (Combined from all SBUs as listed in Part 2) Premium Tax and Fees**

3.	TOTAL - Direct Premium Tax (Sum of Column H, Part 2)	Maximum Tax = \$125,000.00	
4.	TOTAL - Assumed Reinsurance Premium Tax (Sum of Column L, Part 2)	Maximum Tax = \$75,000.00	
5.	TOTAL - PREMIUM TAX AMOUNT (Line 3 plus Line 4 - should equal total of Column M, Part 2)		
6.	LESS - Qualified Employees Adjustment per §6914(h) (If applicable, enter amount that would reduce Line 7 to \$50,000.00)	(Enter as a negative number)	
7.	NET PREMIUM TAX AMOUNT	Minimum Tax = \$5,000.00	
8.	Annual Certificate of Authority Renewal Fee per § 6903(d)		300.00
9.	<b>TOTAL Tax and Fees</b>		
10.	LESS - Total premium tax prepayments made during 2010	(Enter as a negative number)	
11.	<b>AMOUNT DUE</b>	<b>Attach payment for this amount. →</b>	
12.	REFUND	<b>IMPORTANT: A Refund Check will be sent to the Core Company. DO NOT APPLY THIS AMOUNT TO FUTURE TAX LIABILITY →</b>	

**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 \_\_\_\_\_, 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)**