PURCHASING GROUP ANNUAL TAX AND FEES REPORT
For Business Written In the State of Delaware
By Insurers Providing Coverage
Under The Liability Risk Retention Act (15 U.S.C. 3901 Et Seq.)
For the Calendar Year 2012, Due March 1, 2013

➢➢➢ ALL PURCHASING GROUPS MUST COMPLETE THIS FORM ⮜⮜⮜

In accordance with 18 Del. C., §701(8), all Purchasing Groups registered with the Department to do business in Delaware are subject to an annual renewal fee of $50.00, due on or before March 1 each year. In addition, this Form requires Purchasing Groups to report the amounts of insurance premium the PG generates in the state of Delaware, and to indicate the source of premium tax payment. The information from this annual tax and fees form is helpful in monitoring payment of premium taxes due to the state of Delaware from insurance business written on risks located within the state.

INSTRUCTIONS

(References are to Title 18, Delaware Insurance Code)

PURCHASING GROUP (PG) INFORMATION AND TAX MAILING ADDRESS (page 2)

List the complete PG Name and the Address to which tax and fees related correspondence should be mailed. Include the Name, phone number, and email address of the Contact Person most familiar with the premiums paid for insurance purchased for the PG. List any and all other Names by which the PG is doing business in any state. Enter the state in which the PG is domiciled. Enter the date that the PG was first registered in Delaware.

IMPORTANT: Due to the volume of companies doing business in Delaware, and the frequent similarity in company names, all companies are referenced by their nine-digit Federal Employer Identification Number (EIN) for premium tax purposes. Some Purchasing Groups have not provided the Department with EIN information. In addition, a *PG Identification Number (PG ID#) has been assigned to all purchasing groups by the Department.* If the PG does not have a Federal EIN, and you do not know the PG ID#, contact Ann Fletcher at Ann.Fletcher@state.de.us to get this number. Enter both numbers as indicated (if applicable). The PG should always use either the EIN or the PG ID# whenever corresponding with the Department.

AGENT/SL BROKER INFORMATION (page 2)

List the Agent or Broker responsible for procuring insurance coverage on behalf of the PG. This information is especially important in cases when the PG obtains coverage through a non-admitted insurer. According to Delaware law, if the insurance carrier does not make filings and pay taxes to the State (as in the case of a non-admitted insurer) the responsibility falls to the Agent/SL Broker who obtained the coverage. Please note that all surplus lines business must be transacted by a resident or non-resident individual licensed in Delaware as a Surplus Lines (SL) Broker. If the PG uses a surplus lines company as a carrier, the SL broker responsible for procuring the business must be listed.

PART 1 PREMIUM TAX AND FEES SUMMARY REPORT (page 2)

(1)	Insurance Source Information	List each Insurance Company Full Name, NAIC#, and the Total Premium Amount paid to that company per §702(a). Use additional pages if needed. If PG intends to do business with a company, but did not generate any premium with that company during 2010, list that company and enter "0.00" in the Total Premium Amount column. Please list companies with premium first.
(2)	Tax Amount Due from PG	Enter the Premium Tax Amount for each Insurance Source as calculated in Part 2. If tax is paid by the PG or by the Agent/SL Broker, enter tax amount. If tax is paid by the admitted Insurer, enter "0.00".
(3)	Total Tax Due	Sum Tax Amount Column. This column should only contain amounts from Part 2 in which the Purchasing Group and/or Agent/SL Broker has been marked as responsible for paying the tax.
(4)	Annual Renewal Fee	Add Annual Renewal Fee (§701(8)). All Purchasing Groups must pay this fee annually.
(5)	Amount Prepaid	Deduct any prepayments made during 2012.
(6)	Total Amount Due	Total Amount Due. Attach a check made payable to ***Delaware Insurance Department*** for this amount. If tax is paid by a SL broker acting on behalf of the PG, indicate the amount the SL broker will pay on page 3. Attach a check from the Purchasing Group for the annual renewal fee. If the Purchasing Group is paying both the premium tax and the annual renewal fee, the purchasing group may attach one check for the total amount due.

PART 2 GROSS PREMIUMS DETAIL REPORT AND TAX COMPUTATION (page 3)

It is not necessary to complete this section for coverage placed through admitted insurers that file annual reports and pay premium taxes to the State. Premiums paid to those companies are included in the company's overall report of business written in Delaware. Only complete Part 2 of this tax form for cases where either the PG or an SL broker representing the PG is responsible for making the annual report and paying the premium tax.

1. List Name and NAIC # of Insurance Source
2. List the information indicated for each policy placed through the Insurance Source. (§702(a))
3. Indicate the entity that is responsible for paying the premium tax on the premium paid to this Insurance Source. If Agent/SL Broker, indicate name (detailed Agent/SL Broker information should be listed on Page 2). (§8010)
4. Sum the Gross Premiums for each policy placed with the Insurance Source. Enter this amount in Part 1.
5. Multiply the Total Gross Premiums by .02 (2%) to calculate the premium tax amount. Enter this amount in Part 1. (§702(c) & §707)
6. Repeat steps 1 through 6 for each Insurance Source. Use additional pages as needed.

STATE OF DELAWARE DEPARTMENT OF INSURANCE
PURCHASING GROUP
ANNUAL TAX AND FEES REPORT
FOR THE CALENDAR YEAR 2012, DUE MARCH 1, 2013

Original Report ☐
Amended Report ☐

PG ANNUAL

PURCHASING GROUP (PG) INFORMATION AND TAX MAILING ADDRESS

Purchasing Group (PG) Name: _____

Tax Address: _____

Contact Person: _____

Contact E-mail: _____

Telephone #: _____ Ext.: _____ Fax #: _____

List any other name by which the PG is doing business in this or any other state: _____

State of Domicile: _____

Delaware PG ID# _____

Federal EIN #: _____

Date Registered in DE: _____

AGENT/SL BROKER INFORMATION

IMPORTANT: If the PG uses a surplus lines carrier, a licensed SL Broker must be listed.

Agent Name: _____

Agency Name: _____

Address: _____

DE Lic. #: _____

Do not write in this space

GENERAL INFORMATION

§§702 (a) (c) & 707(a): Premium Taxes and Fees

In accordance with 18 Del. C., §§ 702 (c) and 707(a), a premium tax of two percent (2%) is due for risks written and located in the State of Delaware.
Every authorized and formerly authorized insurer must show Gross Direct Premium Income*, including all policy membership and other fees and assessments and all other consideration received for insurance (other than as to Worker's Compensation and Employer's Liability, Wet Marine and Transportation insurance, and Annuity contracts) covering property, subjects, or risks located, resident, or to be performed in Delaware, and including proper proportionate allocation of premiums under policies covering persons, property, subjects, or risks located or resident, or to be performed in more than one state.
*Such income is to be determined by deducting from the total of all direct premium income (1) the amount of returned premiums on canceled policies (but not including the return of cash surrender values of life insurance policies), (2) the unabsorbed portion of any deposit premium, and (3) the amount returned to policyholders as dividends and similar returns, whether paid in cash or credited or applied in reduction of premiums.

§ 8010(b): Purchasing group taxation

Premium taxes and taxes on premiums paid for coverage of risks resident or located in this State by a purchasing group or any members of the purchasing groups shall be: (1) Imposed at the same rate and subject to the same interest, fines and penalties as that applicable to premium taxes and taxes on premiums paid for similar coverage from a similar insurance source by other insureds; and (2) Paid first by such insurance source, and if not by such source by the agent or broker for the purchasing group, and if not by such agent or broker then by the purchasing group, and if not by such purchasing group then by each of its members.

PART 1 PREMIUM TAX AND FEES SUMMARY REPORT

Refer to Instructions on Page 2

(1) INSURANCE SOURCE (Company Name)	NAIC #	PREMIUM AMOUNT	(2) TAX AMOUNT
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

All questions should be directed to:
Ann Fletcher
Tax Coordinator
E-mail: Ann.Fletcher@state.de.us

(3)	Tax Amount Due From PG (§§702 & 707; §8010)	0.00
(4)	Annual Renewal Fee (§701(8))	50.00
(5)	LESS Total Prepaid during 2012 Enter as negative #	0.00
(6)	TOTAL AMOUNT DUE	50.00

Attach a check for this amount made payable to "*Delaware Insurance Department*"

Purchasing Group Name: _____ ID #: _____

PART 2 GROSS PREMIUMS DETAIL REPORT AND TAX COMPUTATION

This form may be reproduced. *Attach additional pages for other insurers as needed.* Refer to Instructions on Page 1

INSURANCE SOURCE # 1

SL Company Name: _____ NAIC # _____

Name of Insured (Enter PG name if master policy)	Policy Number	Location (city in DE)	Effective Date	Gross Premiums (less returned premium)
				0.00
				0.00
				0.00
				0.00
				0.00

Entity responsible for paying premium tax for policies listed above
See 18 Del. C., §8010 below. *(Check one)*

☐ Agent/SL Broker ☐ Purchasing Group

Total Gross Premiums (Enter this amount on Part 1 Summary Report) 0.00

Premium Tax Rate (18 Del. C., §§702(c) & 707(a)) **.02**

Contact Name: _____

Total Premium Tax Due (Enter this amount on Part 1 Summary Report) 0.00

INSURANCE SOURCE # 2

SL Company Name: _____ NAIC # _____

Name of Insured (Enter PG name if master policy)	Policy Number	Location (city in DE)	Effective Date	Gross Premiums (less returned premium)
				0.00
				0.00
				0.00
				0.00
				0.00

Entity responsible for paying premium tax for policies listed above
See 18 Del. C., §8010 below. *(Check one)*

☐ Agent/SL Broker ☐ Purchasing Group

Total Gross Premiums (Enter this amount on Part 1 Summary Report) 0.00

Premium Tax Rate (18 Del. C., §§702(c) & 707(a)) **.02**

Contact Name: _____

Total Premium Tax Due (Enter this amount on Part 1 Summary Report) 0.00

INSURANCE SOURCE # 3

SL Company Name: _____ NAIC # _____

Name of Insured (Enter PG name if master policy)	Policy Number	Location (city in DE)	Effective Date	Gross Premiums (less returned premium)
				0.00
				0.00
				0.00
				0.00
				0.00

Entity responsible for paying premium tax for policies listed above
See 18 Del. C., §8010 below. *(Check one)*

☐ Agent/SL Broker ☐ Purchasing Group

Total Gross Premiums (Enter this amount on Part 1 Summary Report) 0.00

Premium Tax Rate (18 Del. C., §§702(c) & 707(a)) **.02**

Contact Name: _____

Total Premium Tax Due (Enter this amount on Part 1 Summary Report) 0.00

Purchasing Group Name: _____ ID #: _____

AFFIDAVIT In accordance with 18 Del. C., §702 (a), the Premium Tax and Fees Report shall be verified by the oath or affirmation of the president or secretary or other responsible officer, 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)**

Tax and fee checks should be made payable to *"Delaware Insurance Department"*. If the Purchasing Group is responsible for paying both the annual renewal fee and the premium tax, one check for the total amount may be submitted. Tax forms and checks must be **received** on or before March 1, 2013. Please note: The Insurance Department does not accept a postmark date.

Tax forms and checks should be sent to:

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

PREPARER CHECKLIST

Please use this checklist to assure that all required items are included in this calendar year 2012 Premium Tax and Fees Report.

[ ] Signature of President and Secretary (or other responsible PG officer) affixed above.
Note: If signed by other officer, please state reason: _____

[ ] Signature of Notary Public and notary seal affixed above.

[ ] Pages 2 through 4 of this report completely filled out. (Attach additional pages for additional carriers if necessary)

[ ] Attach check payable to *"Delaware Insurance Department"* for annual renewal fee plus any tax due as instructed.

SAVE PRINT