Karen Weldin Stewart, CIR-ML
Commissioner

Delaware Department of Insurance

DELAWARE DEPARTMENT OF INSURANCE
PREMIUM TAX AND FEES REPORT FOR CALENDAR YEAR 2013, DUE MARCH 1, 2014
Please follow all instructions carefully to avoid penalties

GENERAL INFORMATION

All statutory references are to Title 18, Delaware Insurance Code

QUESTIONS: Any questions or correspondence regarding premium taxes, fees, or required reports should be directed to: Ann Fletcher, Tax and Fees Coordinator, via e-mail: Ann.Fletcher@state.de.us

DO NOT RETURN INSTRUCTION PAGES

DELAWARE INSURANCE FRAUD PREVENTION BUREAU INFORMATION

The Delaware Insurance Code (18 Del. C., Chapter 24) establishes within the Insurance Department the Delaware Insurance Fraud Prevention Bureau to "confront aggressively the problem of insurance fraud in the State of Delaware by facilitating the detection of insurance fraud, reducing the occurrence of such fraud through administrative enforcement and deterrence, requiring the restitution of fraudulently obtained insurance benefits, and reducing the amount of premium dollars used to pay fraudulent claims". (§2402)

In accordance with 18 Del. C., §2404 (d), a special revolving fund designated as the Delaware Insurance Fraud Auxiliary Fund has been created within the Bureau to be used by the Bureau in the performance of the various functions and duties required of the Bureau by law. 18 Del. C., §2415, further provides that the cost of administration and operation of the Bureau shall be borne by all of the insurance companies admitted or authorized to transact the business of insurance in this State. The Commissioner is required to assess $750.00 annually against each insurance company to provide the funds necessary for the operation of the Bureau.

PLEASE NOTE THAT THIS AMOUNT WAS INCREASED FROM $550.00 TO $750.00 BY LEGISLATIVE ACTION IN 2012.

These funds are collected by the Insurance Department on behalf of the Bureau and are deposited into the Delaware Insurance Fraud Auxiliary Fund. Due to the separate nature of this special fund, the Delaware Insurance Department considers the Fraud Prevention Bureau Fee to be a Special Purpose Assessment and therefore does not allow the fee amount paid to the State of Delaware to be included in retaliatory tax calculation.

FOREIGN INSURERS' RETALIATORY PROVISION

The Delaware Insurance Code (18 Del. C., §532) requires the Commissioner to impose upon all insurers domiciled in another state or foreign country those same taxes, licenses, and other fees of any kind that would be imposed on a Delaware domiciled insurer writing similar lines and volumes of business in said state or country. If that aggregate sum is in excess to the taxes, licenses, and fees, in the aggregate of Delaware, the difference must be paid to Delaware in the form of a retaliatory tax. Include finance and service charges.

Any tax, license, or other fee imposed by any city, county, or other political subdivision or agency of the home state shall be deemed to be imposed by that state. NOTE: Alien insurers shall use their port-of-entry state for determining retaliatory tax.

In accordance with Delaware Department of Insurance Bulletin No. 7, credits for Guaranty Fund payments are not factored into retaliatory tax calculations. Retaliatory tax is to be calculated on a gross written basis as described in 18 Del. C., §702.

DELAWARE DOMESTIC INSURERS' PRIVILEGE TAX

According to 18 Del. C., §703, all insurers domiciled in the state of Delaware shall be subject to this additional annual tax.

➢**ALL DELAWARE DOMESTIC INSURERS MUST COMPLETE WFT-2 EVEN IF THE COMPANY DOES NOT OWE PRIVILEGE TAX.**➢

Delaware domestic insurers who write 50% or more of their business on persons or property located within the state of Delaware shall be exempt from payment of the privilege tax pursuant to 18 Del. C., §703 (c). However, WF T-2 must still be completed.

NOTICE REGARDING GUARANTY FUND CREDITS

No Guaranty Fund credits available to any company for offset of calendar year 2013 annual premium tax. It is the position of the Delaware Insurance Department that only payments to the Delaware Insurance Guaranty Association or the Delaware Life and Health Insurance Guaranty Association for Class "C" assessments are permitted to be applied as premium tax offsets. **Payments for Class "A" and Class "B" assessments may not be applied as premium tax offsets.** No Class "C" assessment has been paid by any company since before calendar year 2001, therefore all available premium tax offsets for guaranty fund assessment payments have expired.

CONTENTS AND GENERAL INSTRUCTIONS
(Unless otherwise noted, references are to Title 18, Delaware Insurance Code)

PAGE 1 -- TAX DEPARTMENT MAILING ADDRESS AND COMPANY INFORMATION: Complete all lines. Indicate the address and contact person where TAX related correspondence should be sent. (e.g. may differ from Home Office, etc.).

Working Form T-1, PREMIUM TAX SUMMARY FOR CALENDAR YEAR: Complete as instructed. Data must equal amounts reported on State Page of Annual Statement. A copy of State Page must be attached. Report gross direct premium written, including finance charges and service fees, minus returned premiums on canceled policies (but not including the return of cash surrender values of life insurance policies), unabsorbed portion of any deposit premium, and dividends and similar amounts returned to policyholders, whether paid in cash or credited or applied in reduction of premiums; EXCEPT do not deduct dividends and similar returns from Worker's Compensation premiums.

IMPORTANT NOTICE TO HEALTH INSURERS: Companies filing the Health Blank annual statement must attach the Exhibit of Premiums, Enrollment and Utilization, and Schedule T. Premium reported on WF T-1 must match Line 12, Health Premiums Written and the amount reported on Schedule T.

MEDICARE TITLE XVIII PRESCRIPTION DRUG PLAN (MPDP) PREMIUMS ARE TAX EXEMPT, however, the premium amounts must still be reported to the Department. Indicate all Accident and Health premiums on Line 2 (including MPDP premiums). Indicate the amount of MPDP premiums written on Line 2a and subtract that amount to get the Net taxable Accident and Health Premiums. Enter that amount on Line 2b.

PAGE 2 -- Working Form T-2, DOMESTIC INSURERS ONLY – PRIVILEGE TAX: In accordance with 18 Del. C., §703, all insurers domiciled in the state of Delaware shall be subject to this additional annual tax. ALL DELAWARE DOMESTIC INSURERS MUST COMPLETE WFT-2 EVEN IF THE COMPANY DOES NOT OWE PRIVILEGE TAX. NOTE: Any company that is/was a Delaware domestic company for the whole or any part of the current tax year is considered subject to this tax. This is an annual tax based on the gross receipts of the prior year; Delaware law does not provide for prorating this tax.

PAGE 2 -- Working Form T-3, FOREIGN INSURERS ONLY – RETALIATORY TAX AND FEES: Complete as instructed. The Delaware Insurance Code (18 Del. C., §532) requires the Commissioner to impose upon all insurers domiciled in another state or foreign country those same taxes, licenses, and other fees of any kind that would be imposed on a Delaware domiciled insurer writing similar lines and volumes of business in said state or country. If that aggregate sum is in excess to the taxes, licenses, and fees, in the aggregate of Delaware, the difference must be paid to Delaware in the form of a retaliatory tax. Include finance and service charges.

Any tax, license, or other fee imposed by any city, county, or other political subdivision or agency of the home state shall be deemed to be imposed by that state. NOTE: Alien insurers shall use their port-of-entry state for determining retaliatory tax.

IMPORTANT: In accordance with Delaware Department of Insurance Bulletin No. 7, issued November 6, 2000, Guaranty Fund payments are not included when calculating retaliatory taxes for either the Delaware basis or Home State basis calculations. Retaliatory tax is to be calculated on a gross written basis as described in 18 Del. C., §702.

PAGE 3 -- STATE SUPPORT OF VOLUNTEER FIRE COMPANIES, AMBULANCE AND RESCUE ORGANIZATIONS: As with all forms in this tax report, the President and Secretary (or other signing officers) verify its accuracy and completeness.

Working Form T-5, PARTS 1 and 2: In accordance with 18 Del. C., §705(a) each company receiving premiums for risks or loss in Delaware under the lines of business listed on Working Form T-5 above, is to complete this section. The State of Delaware uses this information to determine the amount of financial support volunteer fire companies will receive from the State.

IMPORTANT: In Part 2 of the WFT-5 report, premium must be allocated based on the actual location of the risk. Please make the premium allocation to the geographic locations carefully, especially the distinction between the City of Wilmington and New Castle County outside the City of Wilmington.

Working Form T-6: In accordance with 18 Del. C., §713, each company receiving premiums for life, accident or health insurance coverage of all types in Delaware is to complete this section. The State of Delaware uses this information to determine the amount of financial support that nonprofit organizations that provide ambulance and rescue services will receive from the State.

Working Form T-7-A, TRAVELINK PROGRAM TAX CREDIT FORM: Must participate in the Delaware Department of Transportation Certified Travelink Program for at least 30 days of the tax year. Attach participation documentation.

Working Form T-7-B: VETERANS' OPPORTUNITY CREDIT FORM: per Title 30, Del. C., §2030 *et seq*. Enter information for each qualified veteran. This form allows entries for up to 5 qualified veterans. If more than 5 qualified veterans were hired or employed during the taxable year, the information may be entered into a spreadsheet and attached to the tax filing. NOTE: A qualified veteran must have been employed by the qualified employer for a minimum of 185 days during the taxable year for the employer to apply the credit for that veteran.

PAGE 4 -- Working Form T-8: EMPLOYER OWNED/TRUST OWNED LIFE INSURANCE: Only companies writing this type of business should complete and return this page. Attach additional pages as necessary. Form T-8 SUMMARY: Sum Lines 5 and 6 for all cases.

PAGE 5 -- AFFIDAVIT: ALL COMPANIES MUST COMPLETE THIS SECTION. If company President and/or Secretary is not available, report may be signed by another responsible officer, duly administered by a person authorized to administer oaths. Indicate reason as instructed.

MAILING INSTRUCTIONS

Send all paper tax and annual renewal forms and payments to:

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

Make checks payable to:
DELAWARE INSURANCE DEPARTMENT

IMPORTANT: Tax reports should never be sent with annual statement filings. Annual statements are received at a different section of the Insurance Department and tax returns that are included with the annual statement will not be forwarded to the tax section. Companies that include their premium tax returns with the annual statement will be subject to penalties for failure to file the premium tax return in a timely manner.

Attach the following annual statement schedules and exhibits to each tax return. Failure to attach these schedules will result in an incomplete filing and the company will be subject to administrative penalties.

IMPORTANT: If there is a difference between the premium amounts reported on Lines 1 through 4 and the amounts reported on Annual Statement State Page and Schedule T, the company must attach a schedule that explains and reconciles the difference.

ALL INSURERS (including Fraternal Benefit Societies):

- *State Page [Statutory Page 14]* (Health Insurers attach *Exhibit of Premiums, Enrollment and Utilization*)
- *Schedule T*
- *W-3 Forms or year-end payroll reports* (to receive Veterans' Opportunity Credit on WF T-7-B if qualified)

DELAWARE DOMESTIC INSURERS must also attach:

- *Exhibit of Net Investment Income*
- *Underwriting & Expense Exhibit, Part 1B, Premiums Written*
- *W-3 Forms or year-end payroll reports* (to receive credit on WF T-2 for employee services performed.)

DO NOT RETURN INSTRUCTION PAGES

WORKING FORM T-1 -- INSTRUCTIIONS
PREMIUM TAX SUMMARY

Lines 1, 2 & 3 (18 Del. C., §702 (a) (b))

List Gross Direct Premium Income*, including all policy membership and other fees and assessments and all other considerations for insurance received on account of insurance contracts (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.

* Determined by deducting from the total of direct premiums written (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. NOTE: These are the only deductions that may be applied to direct premiums.

Domestic Insurers are also to include Gross Direct Premium Income and other considerations for insurance (other than as to Worker's Compensation and Employer's Liability, Wet Marine and Transportation insurance, and Annuity contracts) received by it upon insurance business written pursuant to solicitation of business by mail directed to persons located in a state or province of Canada in which the insurer is not admitted to transact insurance and on which a premium tax is not paid or a surplus lines tax is not paid to such state or province.

NOTE: DO NOT INCLUDE PREMIUMS GENERATED BY EMPLOYER / TRUST OWNED LIFE INSURANCE POLICIES (also known as "COLI"; "BOLI"; etc.) IN THE AMOUNT LISTED ON PAGE 1, LINE 1 FOR LIFE PREMIUMS. TAX ON EMPLOYER / TRUST OWNED LIFE INSURANCE PREMIUMS IS CALCULATED ON WORKING FORM T-8 AND THE TOTAL TAX AMOUNT IS LISTED ON PAGE 1, LINE 13. (See Line 13 instructions below)

Line 4 List gross direct premium income for all Worker's Compensation and Employer's Liability premiums received, whether in cash or notes in this State, or on account of business done in this State, or on account of premiums for compensation payable to this State after deducting from this total (1) all canceled or returned premiums actually refunded during the year on such insurance and (2) premiums on reinsurance received from other insurance carriers, except that mutual insurance companies shall be taxed upon the gross premium charged and collected and shall not be credited with unabsorbed premiums or dividends.

NOTE: Return premiums on canceled policies actually refunded during the year and reinsurance premiums received from other insurance carriers are the only deductions that may be taken from Worker's Compensation and Employer's Liability premiums.
Do not deduct the amount returned to policyholders as dividends and similar returns, whether paid in cash or credited or applied in reduction of premiums as stated in directions for Lines 1, 2, and 3 above. (18 Del. C., §704; see also Title 19, §2391).

IMPORTANT: If there is a difference between the premium amounts reported on Lines 1 through 4 and the amounts reported on Annual Statement State Page and Schedule T, the company must attach a schedule that explains and reconciles the difference.

Line 5 "TOTAL All Gross Direct Premium Income" – Sum Lines 1, 2, 3 & 4. If "0", or less than "0", enter "0".

Line 6 Tax Rate – 2% (1 ¾ % per §702 plus ¼ % per §707).

Line 7 "TOTAL Premium Tax Due" – Total gross direct premium income -X- tax rate. If "0", or less than "0", enter "0".
Fraternal Benefit Societies enter "0" (see 18 Del. C., §6224 regarding exemption).

Lines 8 & 9 "Guaranty Fund Assessment Credit" – Credits for assessments paid to Life and Health (§4413 (a)) and/or Property and Casualty (§4219 (b)) Insurance Guaranty Funds. Credits may only be taken for Class "C" type assessments. Credits taken may not exceed total premium tax due (per Line 7) *nor be carried over to another year*. Take figure from Notice of Guaranty Fund Assessment Premium Tax Offset Allowance. Eligible companies will receive the Notice by mail. Only those Active companies with Guaranty Fund Assessment credits available receive the Notice. *IMPORTANT: Class A and Class B assessments may not be applied as tax credits.*

Line 10 "Net Premium Tax Due" – If "0", or less than "0", enter "0". TAX LIABILITY MAY NOT BE REDUCED TO LESS THAN ZERO.

Line 11 "Domestic Insurer's Privilege Tax" – take figure from Page 2, PART II, Line 7. (§703). *If applicable*

Line 12 "Retaliatory Taxes And Fees" – take figure from Page 2, Line 18. (§532 (a)). *If applicable* Please see General Information on Page 1.

Line 13 "Employer/Trust Owned Life Insurance Premium Tax" -- take figure from Line 4 on Page 4, Form T-8 Summary. (§702 (c) (2)).

Line 14 "Continuation Fees" – (§701 (21b) & (21c)) and (§701 (1c) & (3) as amended by House Bill No. 225, passed/effective July 1, 2001).

(a) Certificate of Authority Renewal	$100.00	All Authorized Insurers.	NOTE: Annual Renewal Fee	$50.00	Risk Retention Groups (RRGs) ONLY
(b) Annual Statement Filing fee	$100.00	ALL Insurers – including RRGs			

Line 15 "Fraud Prevention Bureau Annual Assessment" – (§2404 (a) & (d)) and (§2415)). RRGs enter "0". All other companies enter $750.00 (Effective May 2012)

Line 16 "Travelink Traffic Mitigation Act Credit" – take from Working Form T-7-A. Companies claiming a credit MUST attach documentation from the Delaware Department of Transportation verifying participation in a Department certified program as set forth in Title 30, Del. C., §2030 ET SEQ.

Line 17 "Veterans' Opportunity Credit" – enter the Total credit available amount from Working Form T-7-B. Credits may not be carried over from year to year. If the total credit amount exceeds the total tax amount due on WF T-1, a refund will be issued to the company per WF T-1 Line 21. Companies claiming a credit MUST attach a copy of Form W-3 or year-end payroll reports.

Line 18 "Total Tax And Fees Owed" – Sum Lines 10 through 16.

Line 19 "Quarterly Premium Tax Prepayments" – List amount paid for each of the four quarterly prepayments; subtract the total on Line 19 (e) from Line 18. (§702 (d)).

Line 20 "Balance Due" – Payment for this amount MUST be attached. (§710 (a)). Make checks payable to *Delaware Insurance Department*.

Line 21 "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 (*for example:* April 15 first quarter payment). (§711).

WORKING FORMS T-5 AND T-6 – REPORT OF GROSS PREMIUMS FOR STATE SUPPORT OF FIRE COMPANIES, AMBULANCE AND RESCUE ORGANIZATIONS

➢➢➢ THIS IS NOT A TAX ⮜⮜⮜

As with all forms in this tax report, by signing the Affidavit, company officers verify this form's accuracy and completeness.

- Every company receiving premiums for insurance coverage on Delaware risks under the property/ casualty lines listed, must complete Part 1 and Part 2 of this report. (18 Del. C., §705(a))
- Every company receiving premiums for life, accident or health insurance coverage of all types on Delaware risks must complete Form T-6 of this report. (18 Del. C., §713)
- The State uses this information to determine the amount of financial support that volunteer fire companies and nonprofit ambulance and rescue services providers receive from the State.

INSTRUCTIONS

Working Form T-5 NOTE: Part 1 Total must match Part 2 Total

PART 1: Copy corresponding line number figures from State Page, [Exhibit Of Premiums And Losses (Statutory Page 14 Data)], Column 2 Direct Written Premium

PART 2: Each insurer MUST show what portion of the total gross direct premium listed in PART 1 is allocable to each of the four geographical sub-divisions within the state of Delaware. Allocations are to be determined by location of risk.

Working Form T-6
Line 1: Enter corresponding Delaware figure from Schedule T, Column 2.
Line 2: Enter amount listed on Page 4, Form T-8 Summary Form Line 3.
Line 3: Enter corresponding Delaware figure from Schedule T, Column 4.

DO NOT RETURN INSTRUCTION PAGES

WORKING FORM T-7-A – TRAVELINK PROGRAM TAX CREDIT FORM
See Title 30, Del. C., §2030 ET SEQ for details.

As used in this section, TC is the amount of Tax Credit; CTG is the number of commuter trips generated, defined herein as the annualized number of employees reporting and departing from the place of employment during the peak travel periods; CTR is the number of commuter trip reductions, defined herein as the number of employees participating in a Delaware Department of Transportation Certified Travelink Program for at least 30 days of the applicable tax year; and DC is the employer's allowable direct costs. The credit granted under this law shall be the product of either equation described below; whichever is less. Enter the amount from either Line 1 OR Line 2 on Page 1, WF T-1, Line 16.

NEW FORM ADDED IN 2012

WORKING FORM T-7-B – VETERANS' OPPORTUNITY CREDIT
See Title 30, Del. C., §20A-100 ET SEQ for details.

NOTE: See 30, Del. C. §20A-101 (2) for definition of "qualified employer" to determine if this credit is applicable to the company.

Qualified employers located in Delaware hiring 1 or more qualified veterans on or after January 1, 2012, and prior to January 1, 2016, shall receive a credit equal to 10% of a qualified veteran's wages, up to a maximum of $1,500, of the gross wages paid by the qualified employer to the qualified veteran in the course of that veteran's sustained employment (128 days or more) during the taxable year. Employers may take the credit in the year the qualified veteran is hired and the two subsequent tax years. Credits may not be carried over from year to year. If the total credit amount exceeds the total tax amount due on WF T-1, a refund will be issued to the company. Enter the following information for each qualified veteran. If necessary, reproduce the page or use a similar format and attach additional pages as needed. NOTE: When taking this credit, a copy of Form W-3 or year-end payroll reports MUST be attached for verification.

Enter the following information for each Qualified Veteran who was employed by the company during calendar year 2013.

Column 1: Enter an Identifier for the qualified veteran. The Employer may use a unique identifier of its choice, e.g.: name, employee number, etc., however, this identifier must serve as a reference for the Department to use if there are questions regarding eligibility for the credit. Enter a brief explanation describing the type of identifier used. See 30, Del. C., §20A-101 (4) for definition of "qualified veteran".

Column 2: Enter the number of days the qualified veteran was employed by the company during calendar year 2013.

Column 3: Enter the amount of Gross Wages the company paid to the qualified veteran during the qualified veteran's employment in calendar year 2013.

Column 4: Enter the amount equal to 10% of the qualified veteran's wages listed in Column 3, up to a maximum of $1,500.

WORKING FORM T-8 INSTRUCTIONS
EMPLOYER OWNED/TRUST OWNED LIFE INSURANCE
(Also Known As "COLI" and/or "BOLI", etc. Premiums)

According to 18 Del. C., §702 (a), all companies writing Employer (Corporate) Owned or Trust Owned Life Insurance (also known variously as "COLI" and/or "BOLI", etc.) as defined in 18 Del. C., §2704, are required to report these life premiums separately on this Form. In addition, the summary totals from ALL cases must be reported on the Summary Report.

Line 1: List the Case Name and Case Number. It is important that the same Case Name and Case Number be used for any specific case that continues from one filing year to the next due to the special provision in 18 Del. C., §702 (c)(2). (See NOTE below)

Line 2: List nationwide Total Premium for the individual Case.

Line 3: List Net Premium for risks located within Delaware.

Line 4: List Net Premium for risks resident or located outside Delaware for which premium tax is not paid to the state of residence or location.

Line 5: List Total Delaware Net Premium Amount generated for each Employer/Trust Owned Life Insurance Case as defined in 18 Del. C., §2407.

Line 6: The Total Tax Due This Case amount is the SUM of the amounts listed in the Tax Calculation Section.

In the Tax Calculation section, break down the Total Delaware Premium Amount from Line 5 for each Case at the graduated basis and multiply each Premium Amount by the appropriate Tax Rate to determine the Tax Amount.

For example:

If Total Delaware Taxable Premium Amount (Line 4) is $10,000,000 or less:
Multiply amount by 2%

If Total Delaware Taxable Premium Amount (Line 4) is $10,000,001 to $24,999,999:
2% x first $10,000,000 plus
1.5% x $10,000,001 to $24,999,999

If Total Delaware Taxable Premium Amount (Line 4) is $25,000,000 to $99,999,999:
2% x first $10,000,000 plus
1.5% x $10,000,001 to $24,999,999 plus
1.25% x $25,000,000 to $99,999,999

If Total Delaware Taxable Premium Amount (Line 4) is $100,000,000 or higher:
2% x first $10,000,000 plus
1.5% x $10,000,001 to $24,999,999 plus
1.25% x $25,000,000 to $99,999,999 plus
1.0% x $100,000,000 and higher

NOTE: THE PREMIUM TAX RATE SHALL BE CALCULATED ON THE BASIS OF NET PREMIUMS (UPON WHICH TAXES ARE PAYABLE TO DELAWARE) RECEIVED PER CASE FOR THE CALENDAR YEAR, EXCEPT THAT IN SUBSEQUENT CALENDAR YEARS THE PREMIUM TAX RATE SHALL NOT BE HIGHER THAN THE RATE ESTABLISHED FOR THE NEXT PRECEDING YEAR. (See example in 18 Del. C., §702 (c)(2))

STATE OF DELAWARE DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX AND FEES REPORT
FOR THE CALENDAR YEAR 2013, DUE MARCH 1, 2014

Original Report ☐
Amended Report ☐

FOREIGN

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:					
City – State – Country – Zip + 4:		U.S.A.			

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

Working Form T-1

PREMIUM TAX SUMMARY FOR CALENDAR YEAR 2013

NOTE: All fields are required. If not applicable, enter zero.

GROSS DIRECT PREMIUM WRITTEN	Must equal data reported on State Business Page (Statutory Page 14) of Annual Statement			
1.	Life Premiums		0.00	1
2.	All Accident and Health Premiums	0.00		2
2a.	LESS: Medicare Prescription Drug Plan Premiums	0.00		2a
2b.	Net Accident and Health Premiums		0.00	2b
3.	Property, Casualty, Surety and Title Premiums		0.00	3
4.	Worker's Compensation / Employer's Liability Premiums		0.00	4
5.	TOTAL – All Gross Direct Premium Income		0.00	5
6.	Premium Tax Rate (2%)		X .02	6
7.	TOTAL Premium Tax eligible for Guaranty Fund Assessment Credit (Line 5 x 2%)		0.00	7
8.	LESS: Life & Health Insurance Guaranty Fund Assessment Credit (Class C assessments only)		0.00	8
9.	LESS: Property & Casualty Insurance Guaranty Fund Assessment Credit (Class C assessments only)		0.00	9
	IMPORTANT: Guaranty Fund Credits may not reduce premium tax liability to less than zero.			
10.	NET Premium Tax Due (Line 7 less Line 8 and/or Line 9) Tax liability may not be < $0.00. If less than "0", enter "0".		0.00	10
OTHER TAXES, FEES AND/OR CREDITS				
11.	Domestic Insurer's Privilege Tax (from WF T-2, Part 2 Line 8)		NOT APPLICABLE	11
12.	Foreign Insurer's Retaliatory Tax and Fees (from WF T-3, Line 19)		0.00	12
13.	Employer/Trust Owned Life Insurance Premium Tax (from WF T-8 Summary Line 3)		0.00	13
14.	Annual Continuation Fees (a) Certificate of Authority / Renewal Fee $100.00 (RRGs enter $50.00)		0.00	14
	(b) Annual Statement Filing $100.00		0.00	14
15.	Delaware Insurance Fraud Prevention Bureau Annual Fee Enter $750.00 (RRGs enter $0.00)		0.00	15
16.	Credit Due from Travelink Program (from WF T-7-A)	Enter as a negative amount	0.00	16
17.	* NEW * Veterans' Opportunity Credit (Total Credit amount from WF T-7-B)	Enter as a negative amount	0.00	17
18.	TOTAL Taxes, Fees and/or Credits Due (Lines 10 thru 17)		0.00	18
19.	LESS: Quarterly Tax Prepayments			
a)	April 15, 2013	0.00		
b)	June 15, 2013	0.00		
c)	September 15, 2013	0.00		
d)	December 15, 2013	0.00		
e)	TOTAL Prepaid during 2013 (Sum Lines 19a thru 19d)	Enter as a negative amount	0.00	19
20.	NET AMOUNT DUE	Submit payment for this amount. ➔	0.00	20
21.	REFUND	IMPORTANT: A Refund Check will be sent to the Company. DO NOT apply this amount to future tax liability. ➔ 0.00		21

WORKING FORM T-3 – RETALIATORY TAX AND FEES
INSTRUCTIONS

Statutory references are to Title 18, Delaware Insurance Code.
Note: The Department uses the NAIC Retaliation Guide to substantiate amounts entered on this Retaliatory Tax Form.

Lines 1-3	List types and volumes of taxable premiums for insurance written in Delaware (as reported on Annual Statement State Page) at the applicable tax rate that your State of Domicile (Home State) would charge a Delaware domiciled insurer doing similar business in that state. Different types of insurance with the same tax rate may be combined and listed on one line. Include all finance and service charges. Should match amounts reported on WFT-1. DO NOT INCLUDE EMPLOYER/TRUST OWNED LIFE INSURANCE PREMIUM IN AMOUNTS LISTED ON LINES 1-3. Employer/Trust Owned Life Insurance written in accordance with 18 Del. C., §2704(e) qualifies for exemption to retaliatory action as permitted in 18 Del. C., §532(b).
Line 4	Workmen's Compensation/Employer's Liability premiums. Should match amounts reported on WFT-1. Note: Workmen's Compensation premiums MUST be recorded separately on Line 4 (not combined and listed with other insurance).
Line 5	Sum amounts listed on Lines 1 through 4.
Lines 6-9	List Home State annual fees as applicable.
Line 10	List number of new agents appointed in DE during calendar year. Multiply by Home State's appointment fee (list fee amount).
Lines 11-12	List any and all miscellaneous annual fees that a Delaware domiciled company, writing similar lines and volumes of business would be assessed on an annual basis in your Home State. Please describe and list each fee type separately.
Line 13	Home State Total – Sum Lines 1 through 11.
Line 14	Delaware Net Premium Tax taken from WFT-1, Page 1, Premium Tax Summary, Line 7.
Lines 15-16	Delaware Annual Continuation Fees taken from Page 1, Premium Tax Summary, Lines 14(a) and (b). DO NOT INCLUDE $750.00 FRAUD FEE

IMPORTANT: *The Delaware Insurance Department considers the Fraud Prevention Bureau Fee to be a Special Purpose Assessment and does not allow the fee amount paid to the State to be included in retaliatory tax calculation.* ***(See*** www.delawareinsurance.gov ***for more information)***

Line 17	Use the same number of new agents as listed in Line 10. Multiply by $25.00 for Delaware basis calculation.
Line 18	Delaware Total – Sum Lines 14 through 16. Subtract this amount from the Home State Total amount on Line 13.
Line 19	NET Retaliatory Tax due to Delaware. Enter this amount on WFT-1, Page 1, Premium Tax Summary, Line 12. If "0", or less than "0", enter "0".

Working Form T-3

RETALIATORY TAXES AND FEES
TAX CALCULATION

HOME STATE TAXES AND FEES — List State of Domicile (Home State): _____

	TYPE OF INSURANCE	PREMIUMS	TAX RATE	AMOUNT		
1.		0.00	@ %	0.00		1
2.		0.00	@ %	0.00		2
3.		0.00	@ %	0.00		3
4.	Worker's Compensation	0.00	@ %	0.00		
5.	TOTAL Premiums and Tax	0.00		0.00		4
6.	Certificate of Authority Renewal			0.00		5
7.	Annual Statement Filing Fee			0.00		6
8.	Annual Statement Abstract Fee			0.00		7
9.	Annual Statement Publication Fee			0.00		8
10.	New Agent's Initial Appointments in Delaware during calendar year: TOTAL # Agents _____ @ Home State Fee of $0.00			0.00		9
11.				0.00		10
12.				0.00		11
13.	HOME STATE TOTAL (Sum of Lines 1 through 12)				0.00	12

LESS DELAWARE TAXES AND FEES

14.	Premium Tax	0.00	0.00		13
15.	Certificate of Authority Renewal		0.00		14
16.	Annual Statement Filing Fee		0.00		15
17.	New Agent's Initial Appointments in Delaware during calendar year: TOTAL # Agents _____ @ Delaware Fee of $25.00		0.00		16
18.	DELAWARE TOTAL (Sum of Lines 14 through 17)		(–)	0.00	17
19.	TOTAL Retaliatory Tax Amount Due (Line 13 minus Line 18)		Enter this amount on Page 1, Premium Tax Summary, Line 12	0.00	18

Company Name _____ EIN _____ NAIC # _____

WORKING FORMS T-5 AND T-6 – REPORT OF GROSS PREMIUMS FOR STATE SUPPORT OF FIRE COMPANIES, AMBULANCE AND RESCUE ORGANIZATIONS

➢➢➢ THIS IS NOT A TAX ⮜⮜⮜

Working Form T-5 — **STATE SUPPORT OF FIRE COMPANIES**
Based on Property and Casualty Premiums Written as Reported on State Page

PART 1 GROSS DIRECT PREMIUMS, LESS RETURN PREMIUMS BY LINE OF AUTHORITY

1.	Fire	0.00	1
2.1.	Allied Lines	0.00	2.1
2.2.	Multiple Peril Crop	0.00	2.2
2.3.	Federal Flood	0.00	2.3
3.	Farmowners Multiple Peril	0.00	3
4.	Homeowners Multiple Peril	0.00	4
5.1.	Commercial Multiple Peril (non-liability portion)	0.00	5.1
8.	Ocean Marine	0.00	8
9.	Inland Marine	0.00	9
12.	Earthquake	0.00	12
21.1.	Private Passenger Auto Physical Damage	0.00	21.1
21.2.	Commercial Auto Physical Damage	0.00	21.2
22.	Aircraft (all perils)	0.00	22
	TOTAL	0.00	T

PART 2 PREMIUM DISTRIBUTION BY LOCATION OF RISK

City of Wilmington		0.00	W
New Castle County (outside City of Wilmington)		0.00	NC
Kent County		0.00	K
Sussex County		0.00	S
PART 1 TOTAL MUST EQUAL PART 2 TOTAL	TOTAL	0.00	T

Working Form T-6 — **STATE SUPPORT OF AMBULANCE AND RESCUE ORGANIZATIONS**
Based on Life, Accident and Health Premiums Written as Reported on Schedule T

ALL GROSS DIRECT PREMIUMS

1.	Life (Do Not include Annuities)	0.00	1
2.	Employer/Trust Owned Life Insurance (Sum Total Delaware Premiums for all Cases)	0.00	2
3.	Accident and Health (Do Not include Medicare Part D Premiums)	0.00	3
	TOTAL	0.00	T

Working Form T-7-A — **TRAVELINK PROGRAM TAX CREDIT FORM**
See Title 30, Del. C., §2030 ET SEQ for details.

As used in this section, TC is the amount of Tax Credit; CTG is the number of commuter trips generated, defined herein as the annualized number of employees reporting and departing from the place of employment during the peak travel periods; CTR is the number of commuter trip reductions, defined herein as the number of employees participating in a Delaware Department of Transportation Certified Travelink Program for at least 30 days of the applicable tax year; and DC is the employer's allowable direct costs. The credit granted under this law shall be the product of either equation described below; whichever is less. Enter the amount from either Line 1 OR Line 2 on Page 1, WF T-1, Line 16.

1.	TC + (CTR/CTG) x DC **OR**	0.00
2.	TC + CTR x $250	0.00

Working Form T-7-B *** NEW FORM *** — **VETERANS' OPPORTUNITY CREDIT**
See Title 30, Del. C., §20A-100 ET SEQ for details.

Qualified employers located in Delaware hiring 1 or more qualified veterans on or after January 1, 2012, and prior to January 1, 2016, can receive a credit equal to 10% of a qualified veteran's wages, up to a maximum of $1,500, of the gross wages paid by the employer to the veteran during that veteran's sustained employment during the taxable year. Employers may take the credit in the year the veteran is hired and the two subsequent tax years. Credits may not be carried over from year to year. If the total credit amount exceeds the total tax amount due on WF T-1, a refund will be issued to the company. Enter the following information for each qualified veteran. If necessary, reproduce this page or use a similar format and attach additional pages as needed. NOTE: When taking this credit, a copy of Form W-3 or year-end payroll reports MUST be attached for verification.

Qualified Veteran Identifier	Number of Days Veteran Was Employed in **2013**	Gross Wages	Tax Credit Gross Wages x 10% not to exceed $1,500
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00

TOTAL Veterans' Opportunity Credit available — Enter this amount on Page 1, WF T-1, Line 17 ➔ 0.00

Please enter a brief explanation describing the format of the Employee Identifier used above, e.g.: payroll number, etc. _____

Working Form T-8

PART 1 – EMPLOYER OWNED / TRUST OWNED LIFE INSURANCE
(Also Known As "COLI" and/or "BOLI", etc. Premiums)

ANY COMPANY WRITING THIS TYPE OF BUSINESS AS DEFINED IN 18 Del. C., §2704 MUST COMPLETE THIS FORM

➢➢➢ ALL OTHER COMPANIES — DO NOT RETURN THIS PAGE ⮜⮜⮜

Complete this Form for each Employer/Trust Owned Life Insurance Case. After completion, sum the amounts from Line 5 and Line 6 for all cases and transfer the total amounts from each Line to the Form T-8 Summary Form below. If company has more cases, reproduce this page or use a similar format and attach additional pages as needed.
Each case must be reported. This Form may be reproduced. Attach additional pages as needed.

1.	Case Name:					Case #:	
2.	Total Premium for this Case						0.00
3.	Net Premium for risks located in Delaware						0.00
4.	Net Premium for risks resident or located outside Delaware for which premium tax is not paid to the State of residency or location.						0.00
5.	Total DELAWARE Premium Amount for Calendar Year						0.00
		PREMIUM AMOUNT		TAX RATE		TAX AMOUNT	
	TAX CALCULATION:	0.00	x	2%	=	0.00	
		0.00	x	1.5%	=	0.00	
		0.00	x	1.25%	=	0.00	
		0.00	x	1%	=	0.00	
6.	TOTAL Tax Due This Case						0.00

1.	Case Name:					Case #:	
2.	Total Premium for this Case						0.00
3.	Net Premium for risks located in Delaware						0.00
4.	Net Premium for risks resident or located outside Delaware for which premium tax is not paid to the State of residency or location.						0.00
5.	Total DELAWARE Premium Amount for Calendar Year						0.00
		PREMIUM AMOUNT		TAX RATE		TAX AMOUNT	
	TAX CALCULATION:	0.00	x	2%	=	0.00	
		0.00	x	1.5%	=	0.00	
		0.00	x	1.25%	=	0.00	
		0.00	x	1%	=	0.00	
6.	TOTAL Tax Due This Case						0.00

1.	Case Name:					Case #:	
2.	Total Premium for this Case						0.00
3.	Net Premium for risks located in Delaware						0.00
4.	Net Premium for risks resident or located outside Delaware for which premium tax is not paid to the State of residency or location.						0.00
5.	Total DELAWARE Premium Amount for Calendar Year						0.00
		PREMIUM AMOUNT		TAX RATE		TAX AMOUNT	
	TAX CALCULATION:	0.00	x	2%	=	0.00	
		0.00	x	1.5%	=	0.00	
		0.00	x	1.25%	=	0.00	
		0.00	x	1%	=	0.00	
6.	TOTAL Tax Due This Case						0.00

PART 2 – SUMMARY FORM

Complete Form T-8 for each case. Sum the amounts from all cases for Lines 5 and 6 on Form T-8 and transfer the total amounts from each Line to this Summary Form.

1.	TOTAL NUMBER OF CASES		
2.	TOTAL DELAWARE PREMIUM AMOUNT (Sum Line 5 for all cases)	Enter this amount on WF T-6, Line 2 ➔	0.00
3.	TOTAL PREMIUM TAX DUE (Sum Line 6 from all cases)	Enter this amount on Page 1, Premium Tax Summary, Line 13 ➔	0.00

➢➢➢ ALL COMPANIES MUST COMPLETE THIS SECTION ⮜⮜⮜

Company Name: _____ **Federal EIN #:** _____
Tax Preparer Name: _____ **NAIC #:** _____
Tax Preparer Email: _____ **NAIC Group #:** _____

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 Name _____ **Title** _____

\S\ Company Officer Signature _____

Company Officer Name _____ **Title** _____

\S\ Company Officer Signature _____

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

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