

**STATE OF ALABAMA  
DEPARTMENT OF INSURANCE**

**RR-W**

QUARTERLY PREMIUM TAX STATEMENT – RISK RETENTION BUSINESS

**Quarterly Period September 30, \_\_\_\_\_**  
(Due no Later than November 15, \_\_\_\_\_ )

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**INSTRUCTIONS**

**PENALTIES** – Any Company failing to file its Premium Tax Return (**EVEN WHEN NO TAX IS DUE**) or failing to pay such estimated taxes on a timely basis shall be subject for a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

**RETURNS MUST BE RECEIVED BY THE DUE DATE TO BE ACCEPTED AS TIMELY FILED.**

**Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.**

- ( ) Each quarter's payment may be paid on Estimated or Actual premiums.
- ( ) The Alabama Facilities Credit Worksheet must accompany this form if paying at a rate less than the 3.6% maximum.
- ( ) Make checks payable to the: Alabama Department of Insurance.
- ( ) Mail this RETURN and a CHECK to the address below:

**POSTAL SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
P.O. Box 830691  
Birmingham, AL 35283-0691

**COURIER OR EXPRESS SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
701 South 32<sup>nd</sup> Street  
Birmingham, AL 35233

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NAIC No.  \_\_\_\_\_  
(Name of Company)

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Preparer's Signature \_\_\_\_\_ Name and Title (Print) \_\_\_\_\_

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Telephone Number & E-Mail Address of Preparer \_\_\_\_\_

**PLEASE FILL-IN**

1. **PREMIUM TAX PAID:** (reverse side, line 14) **RR:** \$

2. **Check No.:** ----- \_\_\_\_\_

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**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_

**Personally appeared before the undersigned attesting officer(Name)** \_\_\_\_\_

**Who says he/she is (Title)** \_\_\_\_\_ **of the above company and the above statement is true and correct to the best of his/her knowledge.**

**SWORN TO AND SUBSCRIBED before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

ALABAMA INSURANCE DEPARTMENT

RR-W

RISK RETENTION BUSINESS

Quarterly Period Ending September 30, \_\_\_\_\_

NAIC NO: \_\_\_\_\_

(Due no later than November 15, \_\_\_\_\_)

NAME OF COMPANY \_\_\_\_\_

TAXABLE PREMIUMS

ACTUAL:

THIS QUARTER TAX RATE TAX

- 3. Property & multi-peril insurance written in fire protection classes 9 & 10
4. Mobile home & low value dwelling policies with a face value of \$40,000 or less
5. All other property (maximum rate: 3.6%, see instructions)

6. GROSS PREMIUM TAX DUE - ACTUAL BASIS \$

TAXABLE PREMIUMS

ESTIMATED:

PREVIOUS YEAR TAX RATE TAX

- 7. Property & multi-peril insurance written in fire protection classes 9 & 10
8. Mobile home & low value dwelling policies with a face value of \$40,000 or less
9. All other property (maximum rate: 3.6%, see instructions)

10. GROSS TAX DUE - ESTIMATED BASIS \$

11. 25% of deductible expenses paid or estimated to be paid \$

12. 25% of annual CAPCO credit\* \$

13. Prior Year Overpayment \$

14. NET PREMIUM TAX DUE (line 6 or line 10 minus lines 11, 12 and 13) \$

\* Only certified investors who have been allocated a premium tax credit pursuant to AL Code Section 40-14B are eligible for this credit.