STATE OF ALASKA
Division of Insurance

Life, Accident and Health Insurance Companies
Hospital and Medical Services Corporations
Quarterly Payments of Estimated Premium Taxes

Company Name		For the Calendar Year	NAIC #
Mailing Address	City, State, ZIP Code	Domicile State	Alaska C of A #

Filing of Quarterly Taxes: 3 AAC 21.560(a) An authorized insurer who pays the director $10,000.00 or more in one tax year under the requirements of Alaska Statute (AS) 21.09.210 or AS 21.66.110 shall, in the following tax year, pay the premium tax in four payments. If required to pay premium tax in four payments, an authorized insurer shall, on or before **May 31**, **August 31**, and **November 30**, pay to the director one-fourth of the total annual premium tax it paid during the previous tax year, and shall, on or before **March 1** of the following year, calculate its total annual tax on forms provided by the director, file the forms, and pay any balance due or request a refund or tax credit for any overpayment.

Method of Payment: 3 AAC 21.570 requires that all authorized insurers and surplus lines brokers pay all premium taxes by using the automated clearinghouse (ACH) debit or credit payment system. See your ACH instruction booklet for tax type coding. Please note that May 31, August 31, and November 30 are the dates the funds must be received in our account for settlement.

CALCULATION OF MINIMUM PAYMENT DUE

1) Total Taxes paid Preceding Calendar Year $_____

Line (1) x 25% $_____

Payment Due: _____ May 31 _____ August 31 _____ November 30

THIS QUARTERLY TAX STATEMENT MUST BE MAILED TO:

First Class Mail (Including Registered and Certified)

State of Alaska
Department of Commerce and
Economic Development
Division of Insurance
P.O. Box 110805
Juneau, Alaska 99811-0805

OR

Express Mail ONLY

State of Alaska
Department of Commerce and
Economic Development
Division of Insurance
9th Floor
333 Willoughby Avenue
Juneau, Alaska 99801

Reminder: All payments must be made through the automated clearing house (ACH) debit or credit payment system. If you have not signed up to pay by ACH, please do so.

STATE OF ALASKA
Division of Insurance

Property and Casualty Insurers
Title Insurers
Quarterly Payments of Estimated Premium Taxes

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Mailing Address	City, State, ZIP Code	Domicile State	Alaska C of A #

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