

**ALASKA DIVISION OF INSURANCE
INSTRUCTIONS FOR FILING ANNUAL STATEMENT AND PREMIUM TAX REPORT
PROPERTY AND CASUALTY INSURANCE COMPANY**

First Class Mail (including Registered and Certified)

Alaska Division of Insurance
P.O. Box 110805
Juneau, AK 99811-0805

Express Delivery Only

Alaska Division of Insurance
333 Willoughby Avenue, 9th Floor
Juneau, AK 99801

- A. See Annual Checklist for Annual Statement Instructions
- B. The Premium Tax Report Form 08-200 INS, the Alaska state page and Schedule T must be mailed to the address above and be postmarked on or before March 1, 2016 or may be filed through OPTins.

Foreign admitted companies also need to file the following certificates: If the certificates are not available at time of mailing the tax report, they can be sent separately.

- 1) Certificate of Compliance, with original embossed or stamped state seal.
- 2) Certificate of Deposit, showing deposits of at least \$300,000, with original embossed or stamped state seal.

The Premium Tax and Fees payment must be received on or before March 1, 2016, and be paid by the Automated Clearing House (ACH) debit or credit payment method or through OPTins in order to avoid a penalty or the possible suspension of the Certificate of Authority per AS 21.09.210(g). This applies to:

- A. Tax Payment.
- B. Certificate of Authority continuation fee of \$2,250.
- C. Annual Statement filing fee of \$100.

Other Important Notes:

- 1 **NOTE: Report written premium for the insurance of property or risks resident or located in Alaska as required by Alaska statute 21.09.210. When a policy or contract covers property, subjects, or risks located or resident in more than one state, allocate premium and report that portion that covers Alaska property, subjects, or risks**
- 2 The penalty for paying the tax late is \$50 per month plus five percent of the tax due per month up to a maximum of \$250 plus 25 percent of the tax due, and interest of one percent per month until tax is paid.
- 3 If payment is not received by the Automated Clearing House (ACH) payment method, a penalty of 25 percent of the tax due will be assessed, with a minimum of \$100 and maximum of \$2,000.
- 4 Compliance with the required due dates for payments is determined by the date the ACH payment is received in the State of Alaska's bank account. Instructions are available at:
<https://www.commerce.alaska.gov/ins/INSACHDebit/ACHLoginScreen.aspx>. The payment will be rejected by the receiving bank if the submission contains inaccurate information and the payer will be subject to a penalty if the subsequent payment is received after the due date.
- 5 If the due date falls on a weekend or holiday, the report and payment are due the next business day.
- 6 **Retaliatory:** Fees and taxes which would be imposed upon Alaska insurers under the laws of another state or foreign country are subject to retaliation in the aggregate. Failure to pay retaliatory may result in suspension or revocation of the insurer's Certificate of Authority. Do not include producer licensing fees in the retaliatory calculation. Do not include personal income taxes, ad valorem taxes on real or personal property, or special purpose obligations or assessments imposed by another state in connection with particular kinds of insurance other than property insurance.
- 7 Premium tax refunds must be requested by letter and include supporting documentation.
- 8 If the 2015 premium tax is \$10,000 or more, the company is required to pay quarterly estimated premium tax during 2016. The amount to be paid is 25% of the 2015 premium tax on or before May 31, August 31, and November 30.
- 9 Effective 7/1/13, a film production tax credit certificated under AS 43.98 may be claimed against your tax liability. In order to claim the credit, you must have acquired a credit certificate issued by the Film Office, Alaska Department of Revenue. Any unused credit may be carried forward but must be claimed before the expiration date on the certificate (six years from the date of issuance). For more information about this credit, refer to AS 43.98.030 or contact the Film Office at 907-269-6620.
- 10 The official premium tax/fees contact name, address, phone, fax, & email will change to the information on the report.

If you have any questions contact Rebecca Nesheim at (907) 465-2584 or rebecca.nesheim@alaska.gov
08-200 INS (Rev. 10/15)

ALASKA DIVISION OF INSURANCE
2015 PREMIUM TAX REPORT AND CONTINUATION OF CERTIFICATE OF AUTHORITY
PROPERTY AND CASUALTY INSURANCE COMPANY

Must be Postmarked on or before March 1, 2016

Company Name	Domicile State	NAIC #
Mailing Address	City, State, Zip Code	Alaska C of A #
Contact Name and Address, if different than above *	Phone:	Fax:
	Email:	

* Changing official record - see instructions

TAXES AND FEES	ACH TAX TYPE	ACH AMT TYPE		
1. Premium Tax (Schedule A) Net Premium	07132	"T"	_____	x 2.7% = _____
2. Ocean Marine Tax (Schedule B) Gross Underwriting Profit	07134	"T"	_____	x .75% = _____
3. Premium Tax Credit (Schedule C) (Education, Alaska Fire Standards Council, Film Production, and CHIA)				_____
4. Retaliatory Fee (page 4, line 8) (only if greater than zero)	07138	"F"		_____
5. Net Tax (lines 1 + 2 - 3 + 4)				_____
6. Less amounts already paid in Alaska (quarterly tax payments, credits, etc.)				_____
7. Net Tax Payable (if overpayment, please send written request for refund or credit for tax year 2016 and do not include in line 10).				_____
8. Certificate of Authority Continuation Fee	07132	"F"		_____ \$2,250
9. Annual Statement Filing Fee	07132	"A"		_____ \$100
10. Total Tax and Fees payable with report. Minimum payable is \$2,350.00 (lines 7 + 8 + 9)				_____

	Yes	No
Certificate of Compliance Attached?	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Deposit Attached?	<input type="checkbox"/>	<input type="checkbox"/>

I, _____, certify that I am the _____
 (Company Official) (Title)
 of the above-named insurance company and that the premium tax report is a complete, true and correct statement of all premiums and fees on business written by said company during the year ending December 31, 2015, on insurance of property or risks resident or located in Alaska.

Signature

SCHEDULE A. ADMITTED PROPERTY AND CASUALTY COMPANIES (AS 21.09.210)

NOTE: Report written premium for the insurance of property or risks resident or located in Alaska as required by Alaska statute 21.09.210. When a policy or contract covers property, subjects, or risks located or resident in more than one state, allocate premium and report that portion that covers Alaska property, subjects, or risks

GROSS PREMIUM INCOME:

- 1. Total direct premium income written including policy memberships and other fees _____
- 2. Finance and service charges _____
- 3. Gross premiums written on undertaking of bail, include Bailbond agent service fees _____

TOTAL DIRECT PREMIUMS FOR RISKS RESIDENT OR LOCATED IN ALASKA _____

DEDUCTIONS ALLOWED:

- 4. Unabsorbed premiums or dividends refunded or credited to policyholders _____
- 5. Ocean marine premiums _____
- 6. Medicare Premiums not subject to state tax _____
- 7. Federal employees health benefits program premium _____
- 8. Premiums that are exempt from premium tax per 21.09.210(i):

a. Name of Governmental Agency:

Health Premiums: _____

b. Name of Governmental Agency:

Health Premiums: _____

Total premiums paid by Governmental Agencies: _____

TOTAL DEDUCTIONS _____

NET PREMIUM _____

Enter on page 1, line 1

SCHEDULE B. WET MARINE & TRANSPORTATION TAX (OCEAN MARINE) (AS 21.09.210(d))

Details on reinsurance must be documented on supplement on page 3

- Direct Premiums Written, _____
- Reinsurance Assumed _____
- Reinsurance Ceded (Deduct) _____

TOTAL PREMIUMS _____

Deductions Allowed:

- Direct Losses Paid (Deducting Salvage) _____
- Losses Paid on Reinsurance _____
- Recoveries on Reinsurance (Deduct) _____

TOTAL DEDUCTIONS _____

GROSS UNDERWRITING PROFIT _____

If Gross Underwriting Profit < \$0 due to deductions allowed, then put \$0 on page 1 line 2

Supplement To Schedule B:

Company Name or Pool - Reinsurance Assumed	Premiums	Losses Paid
_____	_____	_____
_____	_____	_____

Company Name or Pool - Reinsurance Ceded	Premiums	Recoveries on Reinsurance
_____	_____	_____
_____	_____	_____

SCHEDULE C. PROPERTY & CASUALTY INSURERS PREMIUM TAX CREDIT CALCULATION

The total credits claimed cannot be more than the tax liability

a. Cash Contribution to Educational Institutions (AS 21.96.070)

1. Total Amount of Contribution	_____	
2. 50 Percent of first \$100,000 of Contributions	_____	
3. 100 Percent of next \$200,000 of Contributions	_____	
4. 50 Percent of the contributions exceeding \$300,000	_____	
5. Educational Premium Tax Credit up to \$5,000,000 (lines 2 + 3 + 4)		_____
6. Tax Liability (lines 1 & 2, on page 1)		_____
7.		Educational Premium Tax Credit _____

(Limited to the lower of \$5,000,000 or tax liability)

NOTE: Include copy of check or other verification of contribution.

b. Prequalified cash contributions to the Alaska Fire Standards Council (AS 21.96.075)

8. Total Amount of Contribution	_____	
9. 50 Percent of first \$100,000 of Contributions	_____	
10. 100 Percent of next \$100,000 of Contributions	_____	
11. Premium Tax Credit before limitation (lines 9 + 10)		_____
12. Tax Liability (lines 1 & 2, on page 1)		_____
13. 50 Percent of line 12		_____
14. Total Amount of Fire Premiums (All Insurance that includes coverage for losses due to fire)	_____	
15. 2.7% of Fire Premiums (line 14)		_____
16.		Fire Standards Council Premium Tax Credit _____

NOTE: Include copy of check or other verification of contribution and copy of written notice from the Division of Insurance that the contribution prequalifies for tax credit. (Lesser of lines 11, 13, or 15) (Limited to \$5,000,000)

17.		Total Credits limited to \$5,000,000 or tax liability: _____
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(lines 7 + 16)

SCHEDULE C. CONTINUED

c. Comprehensive Health Insurance Association Assessment (AS 21.55.220)

18. 2014 Assessment Amount	_____
19. 50 Percent of the Assessment	_____
20. Tax Liability (lines 1 & 2, on page 1)	_____
21.	CHIA Premium Tax Credit _____ (lesser of line 19 or 20)

d. Film Production Tax Credit (AS 43.98)

22. Amount of Film Production Tax Credit	_____
23. Tax Liability (lines 1 & 2, on page 1)	_____
24.	Film Production Tax Credit _____ (lesser of lines 22 or 23)

NOTE: Provide original film production tax credit certificate

TOTAL PREMIUM TAX CREDITS ALLOWED _____
(lines 17 + 21 + 24, limited to the tax liability)

RETALIATORY SCHEDULE

NET PREMIUMS SUBJECT TO TAX:	Alaska	State of Domicile
1. Property & Casualty Premiums (Schedule A)		
a. Property & Casualty Tax Rate	2.7%	
b. Property & Casualty Premium Tax (line 1 x line 1a)	_____	_____
2. Ocean Marine Gross Underwriting Profit (Schedule B)		
a. Ocean Marine Tax Rate	¾ of 1%	
b. Ocean Marine Premium Tax (line 2 x line 2a)	_____	_____
3. Premium Tax Credit (Schedule C, lines a.7 + d.24 only)	_____	_____
4. Annual Statement Filing Fee	\$100	_____
5. Certificates of Authority Continuation Fee	\$2,250	_____
6. Other Taxes and Fees. Explanation: _____ Attach explanation, if additional space needed	N/A	_____
7. Total Taxes and Fees (lines 1.b + 2.b - 3 + 4 + 5 + 6)	_____	_____
8. Retaliatory Fee (line 7 State of Domicile minus Alaska) (Do not include on page 1 line 4 if negative amount)	_____	_____