

**ALASKA DIVISION OF INSURANCE
INSTRUCTIONS FOR FILING ANNUAL STATEMENT AND PREMIUM TAX REPORT
HEALTH 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. The Annual Statement must be filed electronically with the NAIC by March 1, 2016, or per Alaska Statute (AS) 21.09.200(e) the insurer shall pay to the Division of Insurance \$100 for each day the insurer fails to file and may be suspended from entering into new obligations or issuing new policies of insurance in Alaska.
- B. All supplements, exhibits, and schedules required by the NAIC must also be filed.
- C. The Premium Tax Report Form 08-201H, the Alaska state page and Schedule T, and the following must be mailed to the above address and postmarked on or before March 1, 2016 or may be filed through OPTins. If the certificates are not available at time of mailing, they can be sent separately from tax report.
 - 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.
 - 3) Certificate of Valuation, if any outstanding life policies or annuity contracts, 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.state.ak.us/ins/apps/ach/AchStart.cfm>
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

SCHEDULE A. HEALTH INSURERS (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

a. GROSS WRITTEN PREMIUM:

- 1. Total Direct Life Premiums (exclude premium amount exceeding \$100,000 for an individual life policy) _____
- 2. Total Accident & Health Premiums _____
- 3. Total Property & Casualty Premiums _____
- 4. Premiums paid by application of dividends _____
- 5. Other Considerations (excluding annuities which are not taxable) (explain on separate sheet) _____

TOTAL DIRECT PREMIUMS FOR RISKS RESIDENT OR LOCATED IN ALASKA _____

DEDUCTIONS:

- 6. Policy Dividends _____
- 7. Medicare Premiums not subject to state tax _____
- 8. Federal Employees Health Benefits Program Premium _____
- 9. Premiums that are exempt from premium tax per 21.09.210(i):

a. Name of Governmental Agency:

Life Premiums: _____
Health Premiums: _____

b. Name of Governmental Agency:

Life Premiums: _____
Health Premiums: _____

Total premiums paid by Governmental Agencies: _____

TOTAL DEDUCTIONS _____

a. NET PREMIUMS _____

- b. * Individual Life Premiums over \$100,000 (for policies of individual life insurance where the policy year premium for each life policy exceeds \$100,000) (First \$100,000 of policy premium must be included in line a.1.)**

b. NET PREMIUMS _____

*** To receive lower rate, report must include a list of each individual life policy with a policy year premium exceeding \$100,000. Include the policy number, policyholder name, insured name, effective date, premium amount, and date premium payments received.**

SCHEDULE B. HEALTH 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. Education Premium Tax Credit up to \$5,000,000 (lines 2 + 3 + 4)		_____
6. Tax Liability (lines 1a & 1b, 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. Comprehensive Health Insurance Association (CHIA) Assessment (AS 21.55.220)

8. 2014 Assessment Amount	_____	
9. 50 Percent of the Assessment		_____
10. Tax Liability (lines 1a & 1b, on page 1)		_____
11.		CHIA Premium Tax Credit _____
		(lesser of line 9 or 10)

c. Film Production Tax Credit (AS 43.98)

12. Amount of Film Production Tax Credit		_____
13. Tax Liability (lines 1a & 1b, on page 1)		_____
14.		Film Production Tax Credit _____
		(lesser of lines 12 or 13)
NOTE: Provide original film production tax credit certificate		TOTAL PREMIUM TAX CREDITS ALLOWED _____
		(lines 7 + 11 + 14, limited to the tax liability)

RETALIATORY SCHEDULE

NET PREMIUMS SUBJECT TO TAX:	Alaska	State of Domicile
1. Life & Accident and Health & Property Net Premiums *	_____	_____
a. Premium Tax Rate	2.70%	_____
b. Premium Tax (line 1 x line 1a)	_____	_____
2. Annuity Net Premiums	NOT TAXED	_____
a. Premium Tax Rate	N/A	_____
b. Premium Tax (line 3 x line 3a)	N/A	_____
3. Premium Tax Credit (Schedule B, lines a.7 + c.14 only)	_____	_____
4. Annual Statement Filing Fee	\$100	_____
5. Certificate 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 1b + 2b -3 + 4 + 5 + 6)	_____	_____
8. Retaliatory Fee (line 7 State of Domicile minus Alaska) (Do not include on page 1 if negative amount)	_____	_____

* Exclude premium amount exceeding \$100,000 for an individual life policy