

**ALASKA DIVISION OF INSURANCE
INSTRUCTIONS FOR FILING ANNUAL STATEMENT AND PREMIUM TAX REPORT
HOSPITAL AND MEDICAL SERVICE CORPORATION**

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 08-201HM, 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.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

ALASKA DIVISION OF INSURANCE
2015 PREMIUM TAX REPORT AND CONTINUATION OF CERTIFICATE OF AUTHORITY
HOSPITAL AND MEDICAL SERVICE CORPORATION
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 | x 6.0% = |
|--|-----------------|-----------------|-------------------------|
| 1. Premium Tax (Schedule A) Net Premium | 07136 | "T" | _____ |
| 2. Premium Tax Credit Carryover from 2014 | | | _____ |
| 3. Premium Tax Credit (Schedule B) (Education, Film Production, and CHIA) | | | _____ |
| 4. Retaliatory Fee (page 3, line 7) (only if greater than zero) | 07138 | "F" | _____ |
| 5. Net Tax (line 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 | 07136 | "F" | _____ \$2,250 |
| 9. Annual Statement Filing Fee | 07136 | "A" | _____ \$100 |
| 10. Total Tax and Fees payable with report. Minimum payable is \$2,350.00 (lines 7 + 8 + 9) | | | _____ \$2,350.00 |

| | | | |
|--|--------------------------|--------------------------|--|
| | 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

For official use only:
COC___ COD___

SCHEDULE A. HOSPITAL AND MEDICAL SERVICE CORPORATIONS (AS 21.87.260 and 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. Premiums Written:

1. Health Premiums Written _____
Total Direct Premiums for Risks Resident or Located in Alaska _____

b. Premium Deductions:

1. Medicare Premiums not subject to state tax _____
2. Federal Employees Health Benefit Plan _____
3. 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 Deductions _____

Net Premiums _____

c. Claims Paid:

1. Amount Paid for Provision of Health Care Services _____
Total Claims Paid _____

d. Claims Paid Reductions:

1. Medicare Premiums not subject to state tax Claims Paid _____
2. Federal Employees Health Benefit Claims Paid _____
3. Claims paid for policies written per Statute 21.09.210(i):

a. Name of Governmental Agency:

Health Premiums: _____

b. Name of Governmental Agency:

Health Premiums: _____

Total Claims Paid Reductions _____

Net Claims Paid _____

NET PREMIUMS SUBJECT TO TAX _____

If Net Premiums Subject to Tax < \$0 due to net claims paid allowed, then put \$0 on line 1, page 1.

SCHEDULE B. HOSPITAL MEDICAL SERVICE CORPORATION 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 (line 1, on page 1) | | _____ |
| 7. | | Educational Premium Tax Credit _____ |
| NOTE: Include copy of check or other verification of contribution. | | Limited to the lower of \$5,000,000 or tax liability |

b. Comprehensive Health Insurance Association (CHIA) Assessment (AS 21.55.220)

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

c. Film Production Tax Credit (AS 43.98)

| | | |
|--|--|---|
| 12. Amount of Film Production Tax Credit | | _____ |
| 13. Tax Liability (line 1, on page 1) | | _____ |
| 14. | | Film Production Tax Credit _____ |
| NOTE: Provide original film production tax credit certificate | | (lesser of lines 12 or 13) |

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. Hospital and Medical Service Corporation Net premiums | _____ | _____ |
| a. Premium Tax Rate | 6% | _____ |
| b. Premium Tax (line 1 x line 1a) | _____ | _____ |
| 2. Premium Tax Credit (Schedule B lines a.7 + c.14 only) | _____ | _____ |
| 3. Annual Statement Filing Fee | \$100 | _____ |
| 4. Certificate of Authority Continuation Fee | \$2,250 | _____ |
| 5. Other Taxes and Fees: Explanation: _____ Attach explanation, if additional space needed | N/A | _____ |
| 6. Total Taxes and Fees (line 1b - 2 + 3 + 4 + 5) | _____ | _____ |
| 7. Retaliatory Fee (line 6 State of Domicile minus Alaska) (Do not include on page 1 if negative amount) | _____ | _____ |