



**GROSS PREMIUM TAX
FOR FOREIGN CASUALTY OR FOREIGN FIRE
INSURANCE COMPANIES, ASSOCIATIONS OR EXCHANGES
2009 REPORT**

(Department Use Only) DLN
ACCOUNT ID (CORPORATE BOX NUMBER)
(Department Use Only) Date Received
FEDERAL ID (EIN)
<input type="checkbox"/> Check to indicate a change of address

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Check to send all correspondence to preparer.

State of Domicile _____ NAIC No. _____

First Report Amended Report (See instructions.) EIP Credit Last Report (Out-of-Existence as of _____.)

ANNUAL PAYMENTS

TAX PERIOD ENDING **12/31/09**

DUE DATE **04/15/10**

Check tax type for which company is registered with the insurance department, and fill in corresponding self-assessed tax, prepayment, remittance amounts and grand totals.

✓	T/C 01-15 TAX TYPE	REVENUE USE ONLY		A. Tax Liability from Tax Report	B. Estimated Payments & Credits on Deposit	C. Restricted Credit	Remittance A minus B minus C
		TYPE CODE	BUDGET CODE				
	FOREIGN CASUALTY - 2%	60	710101				
	FOREIGN CASUALTY - RETALIATORY	60	125163				
	FOREIGN FIRE - 2%	60	115101				
	FOREIGN FIRE - RETALIATORY	60	125165				
	GRAND TOTALS						

- PLEASE CHECK THIS BOX ONLY IF YOU ARE CLAIMING A PIGA AND/OR A GUARANTEE CREDIT.
- PLEASE CHECK THIS BOX ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID BY ELECTRONIC FUNDS TRANSFER (EFT).

OVERPAYMENT INSTRUCTIONS (Choose only Option A or Option B and write the appropriate letter in the box provided.)

- A = Automatically transfer overpayments to other current-tax-period underpaid taxes, then to the next tax period.
- B = Refund overpayment(s) of the current-tax-period after paying any other current-tax-period underpaid taxes.

By checking the "Amended Report" box on this form, the taxpayer consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires. For purposes of this extension, an original report filed before the due date is deemed filed on the due date.

I affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) was examined by me, to the best of my knowledge and belief is a true, correct and complete report and I am authorized to execute this consent to the extension of the assessment period. This declaration is based on all information of which I have any knowledge.

Signature of Officer of Company	Title	Date	Telephone Number ()
PRINT Individual Preparer or Firm's Name	Signature of Preparer		Fax Number ()
PRINT Individual or Firm's Street Address	Title	Telephone Number ()	
City	State	ZIP Code	E-mail Address

RETALIATORY WORKSHEET

SCHEDULE OF TAXES, ASSESSMENTS, LICENSES AND FEES

	PENNSYLVANIA	STATE OF DOMICILE
Premium Taxes:		
Fire, Casualty and Title Premiums	\$	\$
Ocean Marine Gross Profit Tax		
Life Premiums		
Annuities		
Accident and Health Premiums		
Reinsurance Assumed from Unauthorized Companies		
Other Taxes (Fire Marshal, Franchise, Income, etc.)		
Worker's Compensation Assessments (Not a retaliatory item for PA)		
Other Assessments		
Licenses and Fees (Annual Basis)		
Totals	\$	\$
Retaliatory Payable to the PA Department of Revenue		\$

ANSWER THE FOLLOWING QUESTIONS

(a) How many agents are licensed to represent your company in Pennsylvania during the tax year? _____

(b) What are your state fees for licensing agents of similar Pennsylvania insurers? _____

(c) Are the fees per Item (b) imposed on the company _____ or the agent? _____

ATTACH COPY OF PENNSYLVANIA BUSINESS PAGE AND SCHEDULE T OF THE ANNUAL REPORT FILED WITH THE PENNSYLVANIA INSURANCE DEPARTMENT

Fire, Casualty and Title Insurers (Do not include Ocean Marine Premiums)

- 1. Gross Direct Premiums Received Less Cancellations and Premiums Returned \$ _____
- 2. Less: Extraordinary Medical Benefit Premiums _____
- 3. Less: Dividends to Policyholders _____
- 4. Less: Other Deductions (Attach schedule.) _____
- 5. Premiums Taxable (Line 1 minus Lines 2, 3 and 4) _____

Life Insurers

- 6. Gross Life Premiums (Direct Writing Basis) \$ _____
- 7. Less: Dividends to Policyholders _____
- 8. Less: Other Deductions (Attach schedule.) _____
- 9. Life Premiums Taxable (Line 6 minus Lines 7 and 8) _____

Accident and Health Insurers

- 10. Gross Direct Accident and Health Premiums \$ _____
- 11. Less: Dividends to Policyholders _____
- 12. Less: Other Deductions (Attach schedule.) _____
- 13. Accident and Health Premiums Taxable (Line 10 minus Lines 11 and 12) _____
- 14. Total Taxable Premiums (Add Lines 5, 9 and 13) _____
- 15. Tax (Line 14 times 0.02) Foreign Casualty or Fire - 2 percent; Enter this amount on Page 1, Column A (whole dollars only) _____
- 16. Retaliatory (From Page 2 of Report) Foreign Casualty or Fire - Retaliatory; Enter this amount on Page 1, Column A (whole dollars only) _____
- 17. Total (Line 15 plus Line 16) Foreign Casualty or Fire; Enter this amount on Page 1, Column A (whole dollars only) _____
- 18. Less: Tax Credits (See instructions if more than one credit and provide detailed schedule.) _____
- 19. Less: Tentative Payments (Foreign Casualty or Fire) _____
- 20. Amount due. \$ _____

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PIGA CALCULATION WORKSHEET

INSURANCE COMPANY NAME: _____ CORP TAX ACCOUNT ID: _____

FOR THE YEAR ENDING 12/31/2009

- Basis for credit is the 2008 P&C Guaranty assessments paid less 1 percent of the 2005 assessment base.
- The assessment base is the portion of net direct written premiums used in calculation of the assessment.

SECTION A CALCULATION OF THE BASE

According to information from the Pennsylvania Property & Casualty Insurance Guaranty Association, there were no assessment billings in 2008.

	Amount
1. Total Premiums Less Dividends	
2. Less Auto Premiums (Less Dividends)	
3. Other Premiums (Less Dividends)	
4. Exempt Premiums (Less Dividends)	
a. Multiple Peril Crop (2.2)	
b. Federal Flood (2.3)	
c. Mortgage Guaranty (6.0)	
d. Ocean Marine (Line 8)	
e. Financial Guaranty (Line 10)	
f. Accident & Health (Lines 13-15.7)	
g. Workers Compensation (Line 16)	
h. Fidelity (Line 23)	
i. Surety (Line 24)	
j. Credit (Line 28)	
k. Warranty	
5. Total Exempt Premiums Other Less Dividends	
6. Total Premiums Less Dividends Other	
7. 1% of Assessment Base	

SECTION B ASSESSMENTS PAID

According to information from the Pennsylvania Property & Casualty Insurance Guaranty Association, there were no assessment billings in 2008.

	Date	Amount
1. Assessments Other		
2. Assessments Other		
3.		
4. Total Paid Assessments Other		
5. Less: 1% of Assessment Base (Section A, Line 7)		
6. Total Credit		
7. 20% per year (Line 6 X 0.2)		

SECTION C GUARANTY ASSOCIATION REFUNDS

	Amount
1. 2006 Carry-Forward from 2008 report	
2. 2008 refund issued 12/22/2008	
3. Total	

SECTION D

Please fill in prior year credits being carried forward.

Assessments Paid	2008	2009	2010	2011	2012	2013
2003	_____					
2004	_____					
2005	0	0	0			
2006	0	0	0	0		
2007	0	0	0	0	0	
2008		0	0	0	0	0
Totals	_____	_____	_____	_____	_____	_____

PIGA Credit _____ Max credit allowed is limited to 2 percent of tax.

LESS REFUND TOTAL FROM SECTION C _____ REDUCTION CAN NOT EXCEED PIGA CREDIT.

NET PIGA CREDIT _____ CANNOT BE LESS THAN ZERO.

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