



MARINE INSURANCE TAX REPORT
DOMESTIC AND FOREIGN MARINE INSURANCE
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.
- First Report Amended Report (See instructions.) Last Report (See instructions.)

ANNUAL PAYMENTS TAX PERIOD ENDING **12/31/09** DUE DATE **06/01/10**

Check applicable tax type and fill in corresponding self-assessed tax, remittance amount 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				
	DOMESTIC MARINE	70	125161				
	FOREIGN MARINE	70	125164				
	GRAND TOTALS						

PLEASE CHECK THIS BLOCK 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

**SCHEDULE A
MARINE PREMIUMS WRITTEN WITHIN THE U.S.**

(Excluding premiums on business falling within the provisions of Paragraph (c) of Section 1, of act 72 P.S. § 2281 imposing a state tax on marine insurance underwriting profits.)

ITEMS	1 LAST THREE CALENDAR YEARS	2 GROSS PREMIUMS	3 RETURN PREMIUMS	4 NET PREMIUMS	5 NET REINSURANCE	6 NET PREMIUMS LESS NET REINSURANCE PREMIUMS
a	Year 2007					
b	Year 2008					
c	Year 2009					
d	Totals					

**SCHEDULE B
MARINE PREMIUMS WRITTEN WITHIN THE COMMONWEALTH OF PENNSYLVANIA**

ITEMS	1 LAST THREE CALENDAR YEARS	2 GROSS PREMIUMS	3 RETURN PREMIUMS	4 NET PREMIUMS	5 NET REINSURANCE	6 NET PREMIUMS LESS NET REINSURANCE PREMIUMS
a	Year 2007					
b	Year 2008					
c	Year 2009					
d	Totals					

**SCHEDULE C
PREMIUMS WRITTEN – ALL CLASSES OF BUSINESS – FOR THE LAST THREE CALENDAR YEARS
WITHIN THE U.S.**

ITEMS	1 LAST THREE CALENDAR YEARS	2 GROSS PREMIUMS	3 RETURN PREMIUMS	4 NET PREMIUMS	5 NET REINSURANCE	6 NET PREMIUMS LESS NET REINSURANCE PREMIUMS
a	Year 2007					
b	Year 2008					
c	Year 2009					
d	Totals					

**SCHEDULE D
UNEARNED PREMIUMS ON OUTSTANDING MARINE INSURANCE CONTRACTS (WRITTEN WITHIN THE U.S.)
AT CLOSE OF BUSINESS DEC. 31 FOR LAST FOUR CALENDAR YEARS.**

ITEMS	1 LAST FOUR CALENDAR YEARS	TRIP (Or Voyage) CONTRACTS		TERM CONTRACTS		ADVANCE PREMIUMS	7 TOTAL NET UNEARNED PREMIUMS
		2 PREMIUMS IN FORCE LESS REINSURANCE	3 NET UNEARNED PREMIUMS 100%	4 PREMIUMS IN FORCE LESS REINSURANCE	5 NET UNEARNED PREMIUMS 50%	6 NET UNEARNED PREMIUMS 100%	
a	Year 2006						
b	Year 2007						
c	Year 2008						
d	Year 2009						

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**SCHEDULE E
MARINE LOSSES INCURRED ON BUSINESS WRITTEN WITHIN THE U.S.
FOR LAST THREE CALENDAR YEARS**

ITEMS	1 LAST THREE CALENDAR YEARS	2 GROSS LOSSES	3 REINSURANCE	4 SALVAGE	5 TOTAL (Columns 3 and 4)	6 NET (Column 2 minus Column 5)
a	Year 2007					
b	Year 2008					
c	Year 2009					
d	Totals					

**SCHEDULE F
SPECIFIC MARINE EXPENSES INCURRED ON BUSINESS TRANACTED WITHIN THE U.S.**

ITEMS	1 LAST THREE CALENDAR YEARS	2 AGENCY COMMISSIONS INCLUDING BROKERAGE	3 AGENCY EXPENSES	4 FEDERAL TAXES	5 STATE & CITY TAXES & FEES	6 LOSS ADJUSTMENT EXPENSE	7 ALL OTHER EXPENSES	8 TOTAL COLUMNS 2-7
a	Year 2007							
b	Year 2008							
c	Year 2009							
d	Totals							

**SCHEDULE G
GENERAL EXPENSES NOT CHARGEABLE SPECIFICALLY TO ANY PARTICULAR CLASS OF BUSINESS**

ITEMS	1 LAST THREE CALENDAR YEARS	2 SALARIES OF OFFICERS & EMPLOYEES	3 ADVERTISING & SUBSCRIP- TIONS	4 FEDERAL TAXES	5 RENTS	6 PRINTING & STATIONERY	7 ALL OTHER EXPENSES	8 TOTAL COLUMNS 2-7
a	Year 2007							
b	Year 2008							
c	Year 2009							
d	Totals							

- e. Three-year ratio of U.S. marine premiums (Schedule A, Column 4, Item d) to total net premiums for all classes of business within the U.S. (Schedule C, Column 4, Item d) %
- f. Three-year ratio of net marine premiums written within Pennsylvania (Schedule B, Column 4, Item d) to total net marine premiums written within the U.S. (Schedule A, Column 4, Item d) %

Attach Copy of Pennsylvania Business Page of the Annual Report filed with the Pennsylvania Insurance Department.

NOTE: If the company is licensed to write ocean marine premiums in Pennsylvania, this report must be filed whether or not ocean marine premiums were written.

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TOTAL UNDERWRITING PROFIT ON MARINE BUSINESS TRANSACTED WITHIN THE U.S.

- 1. Net Premiums, less Net Reinsurance Premiums, written within the U.S.
(Schedule A, Column 6, Item d)\$ _____

- 2. Plus: Net Unearned Marine Premiums on U.S. business at beginning of
four-year period (Schedule D, Column 7, Item a)\$ _____

- 3. Total (Line 1 plus Line 2)\$ _____

- 4. Less: Net Unearned Marine Premiums on U.S. business at end of four-
year period (Schedule D, Column 7, Item d)\$ _____

- 5. Net Marine Premiums Earned (Line 3 minus Line 4)\$ _____

- 6. Net Marine Losses incurred on business written within the U.S.
(Schedule E, Column 6, Item d)\$ _____

- 7. Specific Marine Expenses incurred (Schedule F, Column 8, Item d)\$ _____

- 8. Proportion of general expenses chargeable to U.S. Marine Premiums
(Schedule G, Item e multiplied by Schedule G, Column 8, Item d)\$ _____

- 9. Total Deductions (Line 6 plus Line 7 plus Line 8)\$ _____

- 10. Net Marine Underwriting Profit on business written within the U.S.
(Line 5 minus Line 9)\$ _____

- 11. Net Marine Underwriting Profit on business written within Pennsylvania
for three years (Line 10 multiplied by Schedule G, Item f)\$ _____

- 12. Average Net Marine Underwriting Profit on business within Pennsylvania
for one year (0.33 x Line 11)\$ _____

- 13. Tax at 5 percent on Average Net Marine Underwriting Profit on business within Pennsylvania for one
year (0.05 x Line 12) Enter this amount on Page 1, Column A (whole dollars only)\$ _____



IF ALIEN, GIVE NAME OF STATE IN WHICH PRINCIPAL U.S. OFFICE IS LOCATED
DATE BUSINESS COMMENCED IN PENNSYLVANIA
INCORPORATED OR ORGANIZED UNDER THE LAWS OF:
THIS REPORT IS MADE BY A STOCK COMPANY, ASSOCIATION, EXCHANGE, ETC. (PLEASE SPECIFY)