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State Fire Marshal

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Deputy Commissioner of Insurance

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QUARTERLY REPORTING FORM FOR ALL PREMIUM TAXES

I certify that the information below is a true and correct quarterly report of gross premiums collected on all business placed and/or renewed with companies under the provisions of the Mississippi Code of 1972 as evidenced by my dated signature.

Collection period:

_____, 20_____ to _____, 20_____

_____ _____

Name of Risk Retention Group ***Name of Risk Purchasing Group***

_____ _____

Contact name ***Contact number***

_____

Signature ***Date***

INSURED	POLICY NO.	POLICY DATES FROM	TO	TOTAL PREMIUM AND POLICY FEES

SUB-TOTAL PREMIUMS AND POLICY FEES – THIS PAGE ..... $ _____

TOTAL PREMIUMS AND POLICY FEES (including PAGE 2)..... $ _____

For Licensed/Admitted Companies:
Total amount of licensed/admitted fees **$_____**

3% Tax on Licensed Companies.....$ _____

Name of Licensed Company _____

For Surplus Lines/Licensed/Nonadmitted Companies:
Total amount of surplus lines fees **$_____**

4% Tax for Surplus Lines (total premiums x 4% + 3% Nonadmitted Policy Fee) .....$ _____

Name of Surplus Lines Company _____

The side (Page 2) may be used for listing additional taxable business and premiums when Page 1 is not sufficient, and total premium shown on this page must be carried to Page 1 where indicated.

INSURED	POLICY NO.	POLICY DATES FROM	TO	TOTAL PREMIUM AND POLICY FEES

TOTAL TAXABLE PREMIUMS AND POLICY FEES..... $ _____

(This above total shall be carried to the appropriate line on Page 1.)

Revised 03/2026

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