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State Fire Marshal

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Deputy Commissioner of Insurance

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REPORTING FORM FOR FILING TAXES FOR ALL PURCHASING GROUPS AS REQUIRED UNDER SECTION:

§ 83-55-19. Premium taxes.

Premium taxes and taxes on premiums paid for coverage of risks resident or located in this state by a purchasing group or any member of the purchasing groups shall be:

(a) Imposed at the same rate and subject to the same interest, fines and penalties as that applicable to premium taxes and taxes on premiums paid for similar coverage from a similar insurance source by other insureds; and

(b) Paid first by such insurance source, and if not by such source by the agent or broker for the purchasing group, and if not by such agent or broker then by the purchasing group, and if not by such purchasing group then by each of its members.

I hereby certify that the following is a true and correct quarterly report of gross premiums collected during the period

_____, 20 _____ to _____, 20 _____, on all

business placed and/or renewed with Risk Purchasing Companies under the provisions of the Mississippi Code of 1972.

Sworn to and subscribed _____ _____

Signature Name of Purchasing Group

This _____ day of _____, 20 _____ _____

Address

Notary Public _____ _____

Purchasing Group Contact Person

_____

Telephone #

(NOTE: THIS REPORT WILL NOT BE ACCEPTED IF NOT SIGNED AND NOTARIZED)

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 (FROM PAGE 2) ……..$ _____

TOTAL TAX 3% Tax on Licensed Companies …… $ _____

Name of Licensed Company _____

4 % Tax on Surplus Lines and Unauthorized Companies; ……..$ _____

3 % Non admitted Fee on Surplus Lines é é é é .....é é é ..$ _____

Name of Surplus Lines/Unauthorized 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.)

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