MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

DAVID BROWNING
Deputy Commissioner of Insurance

MAILING ADDRESS:
P.O. Box 79
Jackson, MS. 39205-0079
Phone: 601-359-3569
Fax: 601-359-2474

MISSISSIPPI INSURANCE DEPARTMENT
501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov

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

§ 83-55-7.
(C) Taxation
(1) Each risk retention group shall be liable for the payment of premium taxes and taxes on premiums of direct business for risks resident or located within this state, and shall report to the Commissioner the net premiums written for risks resident or located within this state. Such risk retention group shall be subjected to taxation, and any applicable fines and penalties related thereto, on the same basis as a foreign admitted insurer.

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 Retention Companies under the provisions of the Mississippi Code of 1972.

Sworn to and subscribed _____ _____

Signature Name of the Risk Retention Group

This _____ day of _____, 20 _____ _____

Address

Notary Public _____ _____

Risk Retention 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 _____

The side (Page 2) may be used for listing additional taxable business and premiums when Page 1 is not sufficient, and the 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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