



STATE OF TENNESSEE
 THE DEPARTMENT OF COMMERCE AND INSURANCE
 P.O. BOX 198983
 Nashville, TN 37219-8983
 (615) 741-1670

**STATEMENT OF FEES and PREMIUMS for TAXATION
 (To Be Filed On or Before March 1)**

CAPTIVE COMPANIES

FOR DEPARTMENT USE ONLY

SCANNED

Company Name(s)		Contact Person	Amended <input type="checkbox"/> Date amended _____	
Address (No. & Street)		E-Mail Address	Calendar Year	COMPANY CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City, State and Zip Code		Phone Number/ Fax Number	Date Admitted to TN	Type of Captive

COMPUTATION OF TAX DUE ON DIRECT PREMIUM

1. Gross direct premiums collected or contracted for (see TCA 56-13-114)	\$
2. Other taxable premium (please specify) (see TCA 56-13-114)	\$
3. TOTAL TAXABLE PREMIUM (sum of lines 1 and 2)(see TCA 56-13-114)	\$
4. Return premiums (see TCA 56-13-114)	\$
5. Other deductions (dividends on unabsorbed premium or premium deposits returned or credited to policyholders)	\$
6. TOTAL DEDUCTIONS (sum of lines 4 and 5)	\$
7. NET TAXABLE PREMIUMS (Subtract Line 6 from line 3)	\$
8. TAX on direct premium (see Direct Insurance Rates on Page 2)	\$

COMPUTATION OF TAX DUE ON REINSURANCE

9. Assumed reinsurance premiums collected or contracted for (see TCA 56-13-114 (b))	\$
10. Other reinsurance charges (please specify) (see TCA 56-13-114 (b))	\$
11. TOTAL ASSUMED REINSURANCE PREMIUMS (sum of lines 9 and 10)	\$
12. DEDUCTIONS (see TCA 56-13-114 (c) please specify)	\$
13. NET ASSUMED REINSURANCE PREMIUMS (subtract line 12 from line 11)	\$
14. TAX on REINSURANCE ASSUMED PREMIUM (see Tax Table on page 2 for reinsurance assumed rates)	\$

TOTAL TAX AND FEES DUE WITH THIS RETURN

15. TOTAL TAX (sum of lines 8 and 14)	\$
16. If the amount on line 15 is more than \$100,000, enter \$100,000 If the amount on line 15 is less than \$5,000, enter \$5,000 If the amount on line 15 is between \$5,000 and \$100,000 then enter the amount on line 15 here →	\$ _____
17. Annual Statement Filing Fee	\$ 515.00
18. TOTAL FEES AND TAXES DUE WITH THIS RETURN (add lines 16 plus 17) Make checks payable to: Tennessee Department of Commerce and Insurance	\$ _____

Captive Company Tax Rate Schedules (effective Sept. 1, 2011)

<u>Direct Rates</u>	<u>Reinsurance Assumed Rates</u>
<p>If Line 7 is \$20 million or less, multiply Line 8 by .0040 (0.4%).</p> <p>If Line 7 is greater than \$20 million, multiply the excess over \$20 million by .003 (0.3%) on each dollar thereafter.</p> <p>There is no tax on considerations received as annuity contracts.</p>	<p>If line 13 is \$20 million or less, multiply line 13 by .00225 (0.225%).</p> <p>If line 13 is over \$20 million, but not more than \$40 million, then multiply the excess over \$20 million by .00150 (0.150%).</p> <p>If line 13 is over \$40 million, but less than \$60 million, then multiply the excess over \$40 million by .0005 (0.050%).</p> <p>If line 13 is over \$60 million, then multiply the excess over \$60 million by .00025 (0.025%) on each dollar thereafter.</p> <p>No reinsurance premium tax applies to premiums for risks or portions of risks that are subject to taxation on a direct basis under TCA 56-13-114 (a).</p>

STATEMENT OF FEES AND PREMIUMS FOR TAXATION MUST BE NOTARIZED AND SIGNED BY OFFICER

STATE OF _____ COUNTY OF _____

I, _____, do hereby certify that I am _____

(Officer's Name) (Official Title)

of the _____

(Company Name)

and that the foregoing Statement of Premiums for Taxation is true to the best of my knowledge, information and belief.

Notary Public Signature _____

Subscribed and Sworn before me on _____

Date

My commission expires _____

Signature of Officer

Date signed

(Seal)

Specific information requested (attach additional information as needed):