



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
Surplus Lines Division  
500 James Robertson Parkway, 7th Floor  
Nashville, TN 37243  
(615) 741-1756**

Office Use Only  
Reviewed By (Initial/Date)  
\_\_\_\_\_

**PURCHASING GROUP STATEMENT OF PREMIUMS AND TAX PAYMENT**

Total amount of gross taxable premiums includes all premiums, membership fees, assessments, dues, or any other consideration for insurance, as provided in the policy or contracts received by \_\_\_\_\_ agent or representative of the \_\_\_\_\_ Purchasing Group (Legal Name) \_\_\_\_\_ (FEIN #) located at \_\_\_\_\_ (Address) \_\_\_\_\_ (City, State, Zip Code) \_\_\_\_\_ (Phone Number), paid by or for policyholders residing in the State, or on property or risks located in this State.

	Premiums	Tax	Office Use Only
2.5% State Tax on Liability Premiums if obtained from an authorized insurer	\$	\$	<b>CI 759 121/127</b>
5.0% State Tax on Liability Premiums if obtained from an eligible surplus lines insurer	\$	\$	<b>CI 759 121/127</b>
Tax Period:	From (Month/Day/Year)	To (Month/Day/Year)	

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, do hereby make oath that the foregoing Purchasing Group Statement of Premiums and Tax Payment is in accordance with Tenn. Code Ann. § 56-45-110, and is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Agent or Representative

SUBSCRIBED AND SWORN TO BEFORE ME, THIS \_\_\_\_\_ day of \_\_\_\_\_  
MONTH YEAR

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_  
MONTH YEAR

NOTE: Taxes are due by MARCH 1 for the tax period of January 1 through December 31 immediately preceding.

Make check payable to: Tennessee Department of Commerce & Insurance

Mail check to: State of Tennessee  
The Department of Commerce & Insurance  
P.O. Box 198983  
Nashville, TN 37219-8983

If you have any questions or need assistance in filling out the form, please contact the Surplus Lines Division at (615) 741-1756.