

DIVISION OF INSURANCE

124 S. Euclid Ave., 2nd Floor, Pierre, South Dakota 57501
Tel: 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/insurance

**RISK RETENTION GROUP BUSINESS WRITTEN
& PREMIUM TAX REPORT**

REPORT OF PREMIUMS COLLECTED AS OF: (Please check which report is being filed and enter year in space provided, if applicable)

- Annual Report as of DECEMBER 31, _____. DUE: APRIL 1
- Quarterly Report as of:
 - 1st QTR Due: April 30
 - 2nd QTR Due: July 31
 - 3rd QTR Due: Oct 31
 - 4th QTR Due: Jan 31, _____

NAME: _____ **NAIC NO.:** _____

ADDRESS: _____

CONTACT PERSON: _____ **PHONE:** _____
(PLEASE PRINT)

EMAIL ADDRESS: _____
(REQUIRED)

PART I. DIRECT WRITTEN PREMIUM FOR THE QUARTER. (Only Insurers reporting quarterly)

TOTAL QUARTERLY PREMIUMS WRITTEN \$ _____

PART II. ANNUAL DIRECT PREMIUM WRITTEN REPORT. (All insurers complete this section.)

1. Direct Premium Written 1/1/_____ to 12/31/_____:

TOTAL DIRECT PREMIUMS WRITTEN \$ _____

PART III. PREMIUM TAX CALCULATION

1. SD Direct Written multiplied by Premium Tax Rate of 2.5%

Total Premium Tax = (1) \$ _____

2. Deduct: Credits Due (Attach Itemized List or Explanation): (2) \$ _____

3. Quarterly payments* (If any):

<u>Quarter</u>	<u>Date Due</u>	<u>Direct Premium Written</u>	<u>Date Paid</u>	<u>Check Number</u>	<u>Amount Paid</u>
First	4/30	_____	_____	_____	\$ _____
Second	7/31	_____	_____	_____	\$ _____
Third	10/31	_____	_____	_____	\$ _____
Fourth	1/31	_____	_____	_____	\$ _____

Sub-Total of Quarterly Payments: (3) \$ _____

4. Adjusted Premium Tax Total :(Line 1 minus Line 2 minus Line 3) (4) \$ _____

5. Add: Interest, Fines, Penalties** Due (If Any.): (5) \$ _____

6. Total Amount Due: (Line 4 plus Line 5) (6) \$ _____

* An insurer or its representative remitting in excess of five thousand dollars (\$5,000.00) premium tax in the previous year must pay premium taxes on a quarterly basis the following year. [SDCL 58-32-44].

** All taxes and installments paid after the Date Due must include a penalty fee of one and one-half percent (1.5%) per month, or fraction thereof, on the unpaid balance. [SDCL 10-44-16].

* * * * *

State of _____)

County of _____)

I, _____, being first duly sworn, say and depose on oath, that I am the
(Name)
_____ of _____, that I am familiar
(Official Title) (Company Name)

with the subject matter reported in the foregoing document, and that the amounts set forth therein are correct to the best of my information, knowledge and belief.

(Signature)

(Date)