

This Report and taxes due hereon must be filed with the Insurance Commissioner semi-annually,
on or before March 15 and on or before September 15.
Taxes that are not paid when due are subject to the penalty and interest provisions of Title 6, Subtitle 1 of the Insurance Article.

**REPORT TO
THE INSURANCE COMMISSIONER OF MARYLAND**

200 ST. PAUL PLACE, SUITE 2700 BALTIMORE, MARYLAND 21202

<p>FOR THE REPORTING PERIOD (Check applicable filing period) July-December Due March 15 _____ January-June Due September 15 _____ Calendar Tax Year _____</p>

Surplus Line Broker No.: _____

Surplus Broker Name: _____

Mailing Address: _____

Email Address: _____

- | | | |
|--|-------|----------------------------|
| 1. Gross Premiums subject to tax | \$ | |
| (includes all fees paid in consideration for an Insurance Contract) | | |
| 2. Less exempt premiums (*) | \$ | |
| * (Exempt premiums on risks of the State or Political Subdivision of MD.) | | |
| 3. Less return premiums | \$ | |
| 4. Total Subject to Tax | \$ | |
| | | (Line 1 - Line 2 - Line 3) |
| 5. Rate of Tax | 3.00% | |
| 6. Taxes for the Reporting Period | \$ | |
| (This should be the amount the SLB charged insured for insurance coverage) | | |
| | | (Line 4 x Line 5) |
| 7. Add or Subtract Other Adjustments (provide explanation) | \$ | |
| 8. Balance due | \$ | |
| 9. Amount Paid with this Report (Check number _____) | \$ | |
- (If emailing report, please indicate "Surplus Lines Tax, period ending xx-xx-xxxx" on check stub.)**

The undersigned, surplus lines broker

(Name of broker - Print or Type)

being duly sworn, for himself deposes and says that this return has been examined by him, and is to the best of his knowledge, information and belief, a true and complete return made in good faith for the taxable period stated, pursuant to the existing surplus lines tax laws of the State of Maryland and the regulations thereunder.

Signature of Broker

Daytime Phone Number

Date Signed

Prepared By