CALENDAR YEAR 2019

MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

TAX REMITTANCE STATEMENT

Company NAIC #:

State of Domestication

Company Name:

Address:

	SOURCE	FUND	DESCRIPTION	AMOUNT DUE AND REMITTED
1.	3396	1000	Total Tax Due	

Form Filing If Not Using Optins

Preferred delivery of completed form is in pdf format attachment via email to:(premiumtaxfiling.mia@maryland.gov.)

If by mail or courier please address it to:

2019 Premium Tax
Maryland Insurance Administration
Attn: Fiscal-Stop #100
200 Saint Paul Place, Suite 2700
Baltimore, Maryland 21202

Payment

☐ Check mailed to Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202-2272 Attention: Fiscal – Stop # 100. To ensure proper credit, please complete the Payment Voucher contained in this form and include your NAIC number on the check. If paying for multiple companies in one check, please list separately NAIC number and amount for each company.

☐ Payment sent by ACH credit or wire (for instructions email: fiscalserv.mia@maryland.gov) and attach Premium Tax Annual Payment Voucher to your Annual Premium Tax Statement. Effective Dec. 2, 2019 Maryland began transitioning its banking services. All electronic payments should now be made using the new instructions contained on the MIA website here.

☐ No payment or refund due.

☐ Refund owed. $ (If Line 10 of the Payment Calculation Form is negative.)

☐ Maryland Health Care Assessment $

The officers - and

- Name of this reporting entity –

-

I _____ (officer #1) do solemnly affirm under the penalties of perjury that this Tax Remittance Statement has been examined by me and is to the best of my knowledge, information and belief, a true and complete return made in good faith for the taxable year stated, pursuant to the existing laws of the State of Maryland._____(signature)

I _____ (officer #2) do solemnly affirm under the penalties of perjury that this Tax Remittance Statement has been examined by me and is to the best of my knowledge, information and belief, a true and complete return made in good faith for the taxable year stated, pursuant to the existing laws of the State of Maryland._____(signature)

CALENDAR YEAR 2019

MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

Name, Title, Phone Number, Email Address and Fax Number of the person/s responsible for the completion of this statement:

Name	Title	Phone Number	Email Address

List of required documents to be submitted to the Maryland Insurance Administration to support tax filing:

For Foreign and Domestic Companies

- ☐ Check with **copy of Tax Remittance Statement** (if box for Check Mailed on Tax Remittance Statement is selected).
- ☐ Job Creation Tax Credit - (Schedule A, Line A1) (if claiming credit).
- ☐ Credit for Wages, Child Care, and Transportation for Employee with Disabilities - (Schedule A, Line A2) (if claiming credit).
- ☐ Credit for New or Expanded Business Premises - (Schedule A, Line A3) (if claiming credit).
- ☐ Credit for Long-Term Care Insurance - (Schedule A, Line A4) (if claiming credit).
- ☐ Credits for One Maryland Start-up Costs - (Schedule A, Line A5) (if claiming credit).
- ☐ Credits for Costs of Commuter Benefits - (Schedule A, Line A6) (if claiming credit).
- ☐ Tax Credit for Investment of Designated Capital - (Schedule A, Line A7) (if claiming credit).
- ☐ Sustainable Communities Credit (Previously called Heritage Structure Rehabilitation) - (Schedule A, Line A8) (if claiming credit).
- ☐ Maryland Health Care Assessment Form (Bulletin 18-16)

For Maryland Domestic Companies Only

- ☐ Maryland Home Office Retaliatory Tax Credit Section 6-104(c) of the Insurance Article, Annotated Code of Maryland (Schedule A, Line A9) (if claiming credit)

CALENDAR YEAR 2019

MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

PAYMENT CALCULATION FORM

Employer's I.D. Number:

If correction was made to EIN, check the box. ☐

The purpose of this form is to reconcile the estimated prepayment tax (due April 15, June 15, September 15 and December 15) with the total tax and retaliatory amount owed the Maryland Insurance Administration. (DO NOT ENTER NEGATIVE AMOUNT ON LINES 1, 3 OR 12).

☒ Check if prepopulated prepayments are modified.

1. Gross Premium Tax Due (From Line 5 of Page 4).....$

2. Credit(s) for 2018 (From Line A10 of Page 7)

3. Net Premium Tax Due (Line 1 less Line 2, but not less than $0).

4. Prepayments during last calendar year:

5. Prior Year Carry Forward Credit / Overpayment .....

6. April 15, 2019.....Payment.....$

7. June 17, 2019 .....Payment.....$

8. September 16, 2019..... Payment.....$

9. December 16, 2019 .....Payment.....$

10. (If an amended statement) Prior 2018 annual Payment:……$

11. **Total Prepaid**.....$

12. Balance Due or Overpayment (Line 3 minus Line 11) [+ or (-)].....$

13. Retaliatory Amount due (From Line 28 of Retaliatory Summary Sheet).....$

14. **TOTAL OF LINES 12 and 13.....$**

The amount shown in the Line 14 above carries to Line 1 of Annual Premium Tax Statement's Page Number 1 if positive or zero. If negative, this amount carries as positive number to the space following "Refund Owed" checkbox.

If the total on Line 14 is a positive amount, payment should be remitted by the taxpayer using the payment form elected on page i of the Annual Premium Tax Remittance Statement. If a paper check is remitted, it must be made payable to "Maryland Insurance Administration Premium Tax" and must be accompanied by a copy of the Annual Premium Tax Statement. If the total on Line 14 is a negative amount, the MIA will issue a refund. All forms will be audited. If adjustments are made, you will be immediately notified.

CALENDAR YEAR 2019

MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

The following is a full and complete statement of all premiums and other consideration received by

of , on risks allocated or located in the State of Maryland, during the calendar year ending December 31, 2019.

1. Total premiums (From Premiums Exhibit, Line PE10) .....$

2. Total deductions (From Deductions Exhibit, Line DE13) .....$

3. Total taxable premiums (Line 1 less Line 2, but not less than $0) .....$

4. Tax rate (authorized insurers use 2.00%. Unauthorized insurers use 3.00%.) ..... 2.00% ☐ 3.00% ☐

5. Tax (Line 3 multiplied by Line 4) (Note that the amount entered here should also be the amount entered on Line 3, Column 2 of the Retaliatory Summary Sheet for non-domestic companies) .....$

CALENDAR YEAR 2019

MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

PREMIUMS EXHIBIT

LIFE AND HEALTH INSURERS / HEALTH MAINTENANCE ORGANIZATIONS

PE1. Life insurance premiums of life insurance companies as shown on Line 1, Column 5 of the Direct Business Page for Maryland .....$

PE2. Deposit-type contract funds of life insurance companies as shown on Line 3, Column 5 of the Direct Business Page for Maryland .....$

PE2a. Annuity considerations of life insurance companies as shown on Line 2, Column 5 of the Direct Business Page for Maryland .....$

PE3. Other considerations of life insurance companies as shown on Line 4, Column 5 of the Direct Business Page for Maryland.....$

PE4. Accident and health insurance premiums of life insurance companies as shown on Line 26, Column 1 of the Direct Business Page for Maryland; and nonprofit health service plan corporations; and health maintenance organizations as shown on Line 12, Column 1 of the Direct Business Page for Maryland .....$

PE5. All other premiums, assessments and charges not previously shown above on Lines PE1 through PE5.....$

PE6. **Total (Lines PE1 through PE5).....**$

PROPERTY AND CASUALTY INSURERS / RISK RETENTION GROUPS / TITLE COMPANIES

PE7. Direct premiums on all risks written (Column 1 in the NAIC's Annual Statement Exhibit of Premiums and Losses) (Statutory Page 14 Data) .....$

PE8. All other taxable premiums received, finance, service or other carrying charges not included (in Lines 1 to 32 as reported in the NAIC's Annual Statement Exhibit of Premiums and Losses (Statutory Page 14 Data)).....$

PE9. **Total (Lines PE7 through PE8).....**$

PE10. **Total premiums (Line PE6 or Line PE9 depending on company type) .....** $
Carry this amount to Annual Premium Tax Statement, Line 1

CALENDAR YEAR 2019

MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

DEDUCTIONS EXHIBIT

LIFE AND HEALTH INSURERS / HEALTH MAINTENANCE ORGANIZATIONS

DE1. Premiums received for group medical, surgical, hospital or any other remedial care from a certified small employer health benefit plan.....$

DE2. Premiums received for any federal or state programs (Federal Employee Health Benefits, Medicare, Medicaid, etc.) exempt from taxation. Do not include any amounts for which deductions are shown on Line DE1 .....$

DE3. Premiums received for Medicare Part D prescription drug plans that are exempt from taxation should be included here, separate from DE2. .....$

DE4. Premiums received in connection with the funding of a pension, deferred compensation, annuity or profit-sharing plan qualified or exempt under Sections 401, 403, 404, 408, 457 or 501 of the U.S. Internal Revenue Code. Do not include any amounts for which deductions are shown above on Lines DE1 through DE3 .....$

DE5. Premiums received for reinsurance from any other company authorized to do business in Maryland.....$

DE6. Premiums returned on account of cancellations. Do not include surrender values **.....$

DE7. Dividends returned. Do not include any amounts for which deductions are shown above on Lines DE1 through DE6 * .....$

DE8. All other deductions not shown above on Lines DE1 through DE7 (**attach** documentation to support).....$

DE9. **Total (Lines DE1 through DE8) .....$**

PROPERTY AND CASUALTY INSURERS / RISK RETENTION GROUPS / TITLE COMPANIES

DE10. Dividends paid (Col 3 of Exhibit of Premiums and Losses) (Statutory Page 14 Data) .....$

DE11. Other deductions (**attach** documentation to support).....$

DE12. **Total (Lines DE10 through DE11) .....$**

DE13. **Total deductions (Line DE9 or Line DE12 depending on company type) .....$**
Carry this amount to Annual Premium Tax Statement, Line 2

*** Do not deduct dividends that are used to purchase additional insurance for policyholders.**

**** Do not deduct uncollectable premium or bad debts.**

CALENDAR YEAR 2019

MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

SCHEDULE A - CREDIT SUMMARY

00000 – Company Name

All forms and documentation for any credit taken must be attached.

Foreign and Domestic Companies

A1. **Job Creation Tax Credit**..... $

Refer to Section 6-114 of the Insurance Article, Annotated Code of Maryland. An insurer may claim credit against the premium tax for wages paid to qualified employees under Title 6, Subtitle 3 of the Economic Development Article.

A2. **Credits for Wages, Child Care, and Transpiration for Employee with Disabilities**..... $

Refer to Section 6-115 of the Insurance Article, Annotated Code of Maryland. Section 21-309 of the Education Article.

A3. **Credit for New or Expanded Business Premises**..... $

Refer to Section 6-116 of the Insurance Article, Annotated Code of Maryland. Provided under Section 9-230 of the Tax-Property Article.

A4. **Credit for Long-Term Care Insurance**..... $

Refer to Section 6-117 of the Insurance Article, Annotated Code of Maryland. Provided under Section 10-710 of the Tax-General Article.

A5. **Credits for One Maryland Start-up Costs** ……..... $

Refer to Section 6-119 of the Insurance Article, Annotated Code of Maryland. Provided under Title 6, Subtitle 4 of the Economic Development Article.

A6. **Credits for Costs of Commuter Benefits** ……..... $

Refer to Section 6-120 of the Insurance Article, Annotated Code of Maryland. Provided under Section 2-901 of the Environmental Article.

A7. **Tax Credit for Investment of Designated Capital**..... $

Refer to Section 6-122 of the Insurance Article, Annotated Code of Maryland.

A8. **Sustainable Communities Credit (Previously called Heritage Structure Rehabilitation)**..... $

Refer to Section 6-105.2 of the Insurance Article, Annotated Code of Maryland. Provide under Section 5A-303 of the State Finance & Procurement Article.

Domestic Companies Only

A9. **Maryland Home Office Retaliatory Tax Credit**……..
Refer to Section6-104(c) of the Insurance Article, Annotated Code of MD of the Ins. Article. (Attach credit voucher)

A10. **Total Credits (Lines A1 through A 9)**..... $
Carry this amount to Annual Premium Tax Statement, Page 1 Line6

CALENDAR YEAR 2019

MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

SCHEDULE B – RETALIATORY PREMIUM TAX WORKSHEET

B1. Maryland total taxable premiums (from Annual Premium Tax Statement Line 3) $

B2. Instructions: Enter a description, a premium dollar amount written by a similar Maryland-domiciled company doing business in your company's home state and the tax rate for each different tax rate charged in the Company's home/domiciliary state. The Total Premium on Line k must be equal to the value in B1.

	Type of Premium	Amount	Rate	Tax
a)		$		$
b)		$		$
c)		$		$
d)		$		$
e)		$		$
f)		$		$
g)		$		$
h)		$		$
i)		$		$
j)		$		$

k) Total Premium: $

B3. Company's Home State Basis Tax Total (Sum of the Tax Column) $
Carry this amount to Retaliatory Summary Sheet Line 3 Column 3

CALENDAR YEAR 2019

MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

INSTRUCTIONS FOR COMPLETING THE RETALIATORY SUMMARY SHEET

1. The items listed in Column (1), lines 2, 3, 4, 10 , and 11 are the charges and payments imposed by the laws of Maryland. Each company is required to enter the amounts of all charges due or payments made to Maryland in Column (2).

2. Amounts to be entered in Column (3) for lines 1 through 10 must be based on charges and payments which would have been payable by a similar Maryland-domiciled company doing business in your company's home state. Lines 11 through 24 are provided for your company to enter charges and payments required of a Maryland company doing business in your company's home state that are not included in items on lines 1 through 10.

3. Line 4, only include Maryland Regulatory Fund Fee (col. 2). Do not include similar home state fee (Col. 3).

4. Lines 5, 6, 7, 8a, 8b, 9a and 9b of Column (2) will all be zero. Maryland does not charge companies for these fees. Column (3) for each of these lines must include the total amount that a company would pay based upon the same number of certifications and renewals issued in Maryland but using the fees assessed by your company's state of domicile. You must include amounts in these four fields for fees paid in your company's state of domicile.

It is the company's responsibility to make certain that all items required of a Maryland insurance company doing business in your home state are listed in Column (1) and the corresponding charges or payments are entered in Column (3) of this Retaliatory Summary Sheet. A proper and complete retaliatory computation is required under Title 6, Subtitle 3 of the Insurance Article, Annotated Code of Maryland, and by COMAR 31.06.02. Additional information may be requested from the company and/or from its home state to verify the computation.

CALENDAR YEAR 2019

MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

RETALIATORY SUMMARY SHEET

	(1)	(2) Maryland Basis (**What you paid to Maryland**)	(3) Company's Home State Basis For Maryland Companies
1.	Annual Statement Filing Fee		
2.	Certificate of Authority		
3.	Premium Tax (From Annual Premium Tax Statement, Line 5)		
4.	Insurance Regulation Fund (Fee Fund Assessment)		
5.	Renewal Fee		
6.	Firefighters Relief Fund Tax		
7.	Fire Marshal Tax		
8a.	Resident Agent Certification Fees * (paid by company)		
8b.	Nonresident Agent Certification Fees * (paid by company)		
9a.	Resident Agency Certification Fees * (paid by company)		
9b.	Nonresident Agency Certification Fees * (paid by company)		
10.	Fraud Prevention Fee		
11.	Health Care Regulatory Fund Assessment		
12.	Ocean (Wet) Marine Profit Tax		
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20			
21.			
22.			
23.			
24.	NOTE **		
25.	TOTALS		
	COMPUTATION OF RETALIATORY AMOUNTS OWED TO MARYLAND		
26.	Amount shown on line 25, Column (3)		
27.	Amount shown on line 25, Column (2)		
28.	**TOTAL Retaliatory amount due (Line 26 less Line 27, but not less than $0). Note: that the amount entered here should also be the amount entered on Line 9 of the Payment Calculation Form.**		

* If you pay Agent or Agency Certification Fees in your home state, you must include your Home State Basis fees here. Refer to Instruction Number 3 above.

** Any charges or fees based on premium amounts, policy count, member count or other variable should be documented as to the calculation and attached.

CALENDAR YEAR 2019
MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

SUPPLEMENTAL FILING FORM

Health Care Regulatory Fund Assessment and
Insurance Regulation Fund Assessment

Company NAIC No: **Company Tax ID**:

Company Name: _____

Instructions: **The information on this form is used to determine both the Insurance Regulation Fund Assessment and the Health Care Regulatory Fund Assessment. Entering incorrect or no information could result in a company being incorrectly assessed. Therefore, it is important for a carrier to accurately complete this form.**

=> All carriers licensed in Maryland must complete Section A.

=> All carriers issuing health insurance in Maryland must complete Section B.

****

Section A: Gross Direct Written Premiums

1)	Health Insurance Premiums …….	$
2)	Annuity and Life Insurance Premiums ……	$
3)	Property and Casualty Insurance Premiums ……	$
	A: Total Premiums Written in Maryland	$

Section B: Exclusions for Health Care Regulatory Assessment [see Insurance Article 2-112.2(a)(3)(ii)]

1)	Long-term Care Insurance……	$
2)	Disability Insurance……..	$
3)	Accidental Travel; Accidental Death and Dismemberment Insurance…….	$
4)	Credit Health Insurance……	$
5)	Any insurance for which payment of benefits is conditioned on a determination of medical necessity made solely by the treating health care provider not acting on behalf of the carrier. (You must specify the type of insurance for which you are claiming the exclusion.)…….	
	a) .	$
	b) .	$
	c) .	$
	SUBTOTAL	$
6)	Any other insurance for which payment of benefits is not conditioned on a determination of medical necessity (You must specify the type of insurance for which you are claiming the exclusion, e.g., Medicare supplemental) …….....	
	a) . _	$
	b) . _	$
	c) . _	$
	SUBTOTAL	$

CALENDAR YEAR 2019
MARYLAND INSURANCE ADMINISTRATION

ANNUAL PREMIUM TAX STATEMENT

SUPPLEMENTAL FILING FORM

Health Care Regulatory Fund Assessment and
Insurance Regulation Fund Assessment

7)	A health benefit plan issued by a Managed Care Organization.. (You must specify the type of health benefit plan for which you are claiming the exclusion)……....	$
8)	Other (Please specify the type of insurance for which you are claiming the exclusion.)	
	a)	$
	b)	$
	c)	$
	d)	$
	e)	$
	SUBTOTAL	$
9)	Medicare…….	$
10)	Medicare Part D……..	$
11)	Non-Risk Business……..	$
12)	Federal Employees Health Benefit Plans……	.....$
13)	Medicaid Title XIX.....	.....$
	Total Exclusions (Add items B1 through B13).……..	$
	Total Health Insurance Premiums Subject to the Health Regulatory Assessment (Section A less Section B Total Exclusions).....	$

****

Contact Name: _____ **Contact Telephone No:** _____

Contact Title: _____

Certification: By submitting this form you certify that the above-referenced information is accurate and complete.