

Form T-71 INSURANCE 2011

State of Rhode Island and Providence Plantations INSURANCE COMPANIES TAX RETURN OF GROSS PREMIUMS for Calendar Year Ending December 31, 2010 Due on or before March 1, 2011

| | |
|---|--|
| NAME | |
| ADDRESS | |
| CITY | STATE ZIP CODE |
| FEDERAL IDENTIFICATION NUMBER | E-MAIL ADDRESS |
| STATE OR COUNTRY OF INCORPORATION OR ORGANIZATION | COMPANY TYPE: STOCK, MUTUAL OR PARTICIPATING |

NOTE ATTACH LEGIBLE COPY OF SCHEDULE T AND SCHEDULE OF DIRECT BUSINESS IN THIS STATE FROM THE ANNUAL STATEMENT SUBMITTED TO THE INSURANCE COMMISSIONER

Schedule A - Computation of Tax

| | | | | |
|-----------------------------|---|------|--|--|
| 1. | a. Direct Premiums (Gross less return premiums from Schedule T, Part 1 of Annual Statement to Insurance Commissioner) | 1a. | | |
| | b. Reinsurance assumed from companies not authorized to do business in Rhode Island (covering property and risks in RI) | 1b. | | |
| 2. | TOTAL PREMIUMS - Add lines 1a and 1b | 2. | | |
| Deductions | 3. a. Dividends paid or credited to policyholders - Direct (Mutual & Mutual Plan Companies Only) | 3a. | | |
| | b. Direct Ocean Marine Premiums (Gross less return premiums) | 3b. | | |
| | c. Capital Investments Deduction | 3c. | | |
| 4. | TOTAL DEDUCTIONS - Add lines 3a, 3b and 3c | 4. | | |
| Tax and Fee Amount | 5. Net taxable premium (Line 2 minus line 4) | 5. | | |
| | 6. a. Rhode Island Tax - 2% - Multiply Line 5 times 2% (0.02) | 6a. | | |
| | b. Retaliatory Tax from page 2, Schedule B, Line 3 | 6b. | | |
| | 7. FEES under Retaliatory Provisions from Page 2, Schedule C, Line 3 | 7. | | |
| 8. | TOTAL TAX AND FEES DUE - ADD LINES 6a, 6b AND 7 | 8. | | |
| Credits and Payments | 9. RI Credits: Form # _____ \$ _____ Form # _____ \$ _____ Form # _____ \$ _____ | 9. | | |
| | 10. TAX AFTER CREDITS - LINE 8 LESS LINE 9 | 10. | | |
| 11. | a. Payments made on 2010 Declaration of Estimated Tax | 11a. | | |
| | b. Other Payments | 11b. | | |
| 12. | TOTAL PAYMENTS - Add lines 11a and 11b | 12. | | |
| Balance Due | 13. Net Tax Due - Line 10 minus Line 12 | 13. | | |
| | 14. Interest Due | 14. | | |
| | 15. Total due with return - Add lines 13 and 14 | 15. | | |
| Refund | 16. Overpayment - Line 12 minus Line 10 | 16. | | |
| | 17. Amount of overpayment to be applied to Estimated Tax for 2011 Calendar Year | 17. | | |
| | 18. Amount to be refunded - Line 16 minus Line 17 | 18. | | |

CERTIFICATION: This certification must be executed or the return must be sworn before some person authorized to administer oaths.

Under penalties of perjury, I hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

Date _____ Signature of authorized officer _____ Title _____

Date _____ Signature of preparer _____ Address of preparer _____

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES NO Phone number _____

**MAILING ADDRESS: OVERPAYMENTS/REFUNDS - RI DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5811 key #13
PAYMENTS - RI DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5814**

Form T-71 INSURANCE 2011

Name _____ Fed ID# _____

RIGL 27-2-17 provides that insurance companies organized or incorporated under laws of a state or country whose laws do not impose retaliatory or other charges or grant on a reciprocal basis, exemptions therefrom for companies organized or incorporated in this state, will not be subject to retaliatory taxes or fees.

Schedule B - Computation of Tax Upon Retaliatory Basis (RIGL 44-17-1)

| | | | |
|---|----|--|--|
| 1. Tax that would be imposed by taxpayer's state or country..... | 1. | | |
| 2. Rhode Island Tax - Amount from Schedule A, Line 6a | 2. | | |
| 3. Tax Due - Line 1 less line 2. (If zero or less, enter zero.) - Enter here and on Page 1, Schedule A, Line 6b | 3. | | |

Schedule C - Computation of Reciprocal Fees and Assessments (RIGL 27-2-17)

| | | | |
|---|----|--|--|
| 1. Fees and assessments that would be imposed by taxpayer's state or country..... | 1. | | |
| 2. Fees billed by the RI Insurance Division related to annual filings and fees (see instructions) | 2. | | |
| 3. Reciprocal fees and assessments due - Line 1 less Line 2 (If zero or less, enter zero.) - Enter here and on Page 1, Schedule A, Line 7 | 3. | | |

GENERAL INSTRUCTIONS

Schedule A - Computation of Tax

Line 1a: Enter the amount of gross premiums less return premiums from schedule T, Part 1 of your Annual Statement to Insurance Commissioner.

Line 1b: Enter the amount of reinsurance assumed from companies not authorized to do business in Rhode Island. (Covering property and risks in Rhode Island.)

Line 2: Total Premiums - Add lines 1a and 1b.

Line 3a: **Mutual and Mutual Plan Companies Only** - Enter the amount of dividends paid or credited to policyholders.

Line 3b: Enter the amount of direct Ocean Marine Premiums. (Gross amount less return premiums.)

Line 3c: Enter your capital investment deduction amount.

Line 4: Total Deductions - Add lines 3a, 3b and 3c.

Line 5: Net taxable premiums - Subtract Line 4 from Line 2.

Line 6a: Rhode Island Tax - Multiply Line 5 times 2% (0.02).

Line 6b: Retaliatory Tax - Enter the amount from Page 2, Schedule B, Line 3.

Line 7: Fees Under Retaliatory Provisions - Enter the amount from Page 2, Schedule C, line 3.

Line 8: Gross Premiums Tax and Fees Due - Add lines 6a, 6b and 7.

Line 9: Rhode Island Credits - Enter the credit form number from the following chart along with the amount of the credit being applied on this return. If more than three credits are being used, attach a separate listing of all credits being utilized. Put the total of all credits on line 9.

- RI-3468 Investment Tax Credit
- RI-7695P Research & Development Property
- RI-7695E Research & Development Expense
- RI-2441 Daycare Assistance and Development Credit
- ZN-02 Enterprise Zone Wage Credit
- HIST Historic Preservation Investment Tax Credit
- FILM Motion Picture Production Company Tax Credit
- RI-2949 Job Training Expenses Credit
- RI-6324 Employers' Worksite Adult Education Credit
- RI-2776 Credit for Contributions to Qualified Scholarship Org.
- RI-3675 Employment Tax Credit 44-39.1
- L & H Life and Health Guaranty Fee**

All supporting documentation for any credit being used must be attached to Form T-71 in order for credit to be given. If complete documentation is not submitted, the credit will be disallowed until the documentation is provided. **For the Historic Preservation Investment Tax Credit, the Motion Picture Production Company Tax Credit, and the Tax Credit for Contributions to**

Scholarship Organizations, the original certificate - **not a copy** - must be attached to the return.

Line 10: Tax After Credits - Subtract line 9 from line 8.

Line 11a: Enter the amount of any estimated payments made on 2010 Declarations of Estimated Tax or amounts applied from the prior year.

Line 11b: Enter the amount of any other payments made.

Line 12: Total Payments - Add line 11a and 11b.

Line 13: Net Tax Due - If line 10 is greater than Line 12, subtract Line 12 from line 10. This is the amount of tax due.

Line 14: Interest on Tax Due - 18% per annum, 1.5% per month.

Line 15: Total Due with Return - Add line 13 and 14.

Line 16: Overpayment - If line 10 is less than line 12, subtract Line 10 from line 12. This is the amount of your overpayment.

Line 17: Enter the amount of your overpayment to be applied to your 2011 Calendar Year Estimated Tax.

Line 18: Amount of Refund - Subtract Line 17 from Line 16. This will be the amount refunded to you.

Schedule B - Computation of Tax Upon Retaliatory Basis

Attach a copy of your home state or country return.

Compute the tax that the taxpayer's state or country of incorporation would impose on like companies incorporated in Rhode Island, or their agents, doing business in such state or country of incorporation.

In the case of foreign or alien companies, the Rhode Island tax shall not be less in amount than that computed in accordance with the retaliatory provision.

Schedule C - Computation of Reciprocal Fees & Assessments

Include fees and assessments that are levied upon insurance companies doing business in your state that are not billed directly by the Rhode Island Insurance Division.

Refer to your March 2010 invoice billed by the Rhode Island Insurance Division to identify the proper fees to include on Line 2.

Mailing Address

A return with a payment should be mailed to:
Rhode Island Division of Taxation
One Capitol Hill
Providence, RI 02908-5814

A return with an overpayment should be mailed to:
Rhode Island Division of Taxation
One Capitol Hill
Providence, RI 02908-5811