Form T-71A SURPLUS LINE 2010

State of Rhode Island and Providence Plantations SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS for Calendar Year Ending December 31, 2009

Due on or before April 1, 2010

NAME	UIU	Due on or before	нрии 1, 20									
INAIVIE												
ADDRES	SS											
CITY		STATE	Z	IP CODE								
FEDERA												
STATE O	STATE OR COUNTRY OF INCORPORATION OR ORGANIZATION BROKER LICENSE NUMBER											
insu blar cies	rance controls procure he gross	RIGL 27-3-38, every person, firm or corporation ommissioner, at the time of the insurance producted by the insurance commissioner, certifying ed by said licensee pursuant to such license, does premiums charged the insured by the insurer	ucer licen that the li uring the	se renewal, a co censee has paid next preceding	ertific d to t cale:	cate of the Tar ndar y	f the Tax A x Administ ear, a tax,	dmini rator, comp	strator, on a for all poli- uted at 3%			
Computa												
	1. Gross premium charged											
	2. Re	turned Premiums			. 2.							
	Net Taxable Premium (Line 1 minus Line 2)											
Tax and	4. SU	IRPLUS LINE BROKER TAX - line 3 times 3% (0.03)					. 4.					
Payments	5. Pa	yments made on 2009 Declaration of Surplus Line Broke	rs Estimated	d Tax	. 5.							
Balance Due	6. Ne	6.										
	7. Inte	7.										
	8. Tot	tal Due with Return - Add Lines 6 and 7						. 8.				
Refund	9. Ov	. 9.										
	10. Am	nount to be Applied to Estimated Tax for Tax Year 2010						10.				
	11. Am	nount to be Refunded - Line 9 minus Line 10						. 11.				
		GENERAL IN	ISTRUCTI	ONS								
	Gross Pre	HIS RETURN IS COMPLETED ON A COMPANY I emium Charged - From the Return Supplement on add the Premium Column Total to the Additional		EASE INCLUDE Net Tax Due - Su					PAGE 2.			
	Premium	Column Total.	Line 7:	Interest on Tax D	ue - 1	8% per	annum, 1.5	% per	month.			
Line 2:	Amount of Returned Premiums - From the Return Supplement Line 8: Total Due with Return - Add Line 6 and Line on page 3, enter the amount from Return Premium Column Total.											
Line 3:	Line 9: Overpayment - Subtract Line 4 from Line 5. Net Taxable Premium - Line 1 minus Line 2.											
Line 4:	Surplus L	ine Broker Tax - Multiply Line 3 times 3% (0.03).	Line 10:	Enter the amount Declaration of Es			that is to be	applied to 2010				
Line 5:	Line 5: Enter the Amount of Estimated Tax Paid for tax year 2009, plus Line 11: Enter the amount from Line 9 to be refund any amounts applied from tax year 2008.											
CER	TIFICATIO	ON: This certification must be executed or the return	must be sv	worn before some	pers	on aut	horized to a	dmini	ster oaths.			
		ury, I hereby certify that I have personal knowledge of the sta st of my knowledge and belief.	tements and	other information co	onstitu	iting this	s return, that t	he sam	ne are true, correct			
Dete		Cianak wa of authorizad officer		T24								
Date		Signature of authorized officer		Title								
Date		Signature of preparer		Address	of prep	arer						

NO

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES

Fed ID# SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT State of Rhode Island and Providence Plantations

Name

This page should be used by agencies/companies that have individual licensees which are covered under this return.

BROKER SSN#	BROKER NAME	BROKER ADDRESS	BROKER LICENSE#

SSN/FEI Number: Signature of Broker: Licensee:	Licensee: ——	Ire of Broker: ——	/FEI Number:	

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State of Rhode Island and Providence Plantations SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT Fed ID#

Name

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ADDITIONAL PREMIUM																		Revised 9/14/2009
RETURN PREMIUM																		ď
PREMIUM																		
POLICY EFFECTIVE DATE														tals>	•			
RISK LOCA- TION														Premium Totals>				
NAME OF INSURED																		
*CARRIER NAME (Company carrying the risk, not the Wholesale Broker.)																Signature of Broker: –	Licensee: -	
NAIC#																		