STATE OR RHODE ISLAND
DEPARTMENT OF ADMINISTRATION/DIVISION OF TAXATION
ONE CAPITOL HILL, STE 9
PROVIDENCE, RI 02908-5811

SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS
FOR CALENDAR YEAR 2005

1956 Rhode Island General Laws, Title 27, Chapter 3, Section 38....
Every person, firm or corporation licensed pursuant to the provisions of this
section shall file with the insurance commissioner, not later than April 1 of
each year, a certificate of the Tax Administrator, on a blank furnished by
the insurance commissioner, certifying that the licensee has paid to the tax
administrator, for all policies procured by said licensee pursuant to such
license, during the next preceding calendar year, a tax, computed at the rate
of three percent (3%) on the gross premiums charged the insured by the
insurers, less the amount of such premiums returned to the insureds.
[As enacted by the 1959 Public Laws, Chapter 155.]

FED ID#:

State or Country of Incorporation or Organization:

1. Gross Premium Charged..........................$____________________

2. Less: Amount of Returned Premiums..............

3. Balance Subject to Tax............................

4. Tax (3% of Amount on Line 3)....................

5. Estimated Payments Made For This Taxable Year..

6. Balance Due or (Overpayment)....................

7. Overpayment Credited to Following Year.......... 

8. Refund............................................

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

I, the undersigned, ____________________________ of the company for which
this return is made, 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, and that
this return is made under the penalty of perjury.

Date_____________ Signature & Title of Authorized Officer

THIS RETURN AND CHECK MADE PAYABLE TO THE RHODE ISLAND TAX ADMINISTRATOR
MUST BE RETURNED ON OR BEFORE APRIL 1, 2006 TO:

RHODE ISLAND DIVISION OF TAXATION
ONE CAPITOL HILL, STE 9
PROVIDENCE, RI 02908-5811
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<th>CARRIER #</th>
<th>NAME OF INSURED</th>
<th>RISK LOCATION</th>
<th>POLICY EFFECTIVE DATE</th>
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SOCIAL SECURITY #_________________  FEDERAL I.D. #_________________

SIGNATURE OF BROKER_________________

LICENSEE_________________