Form T-71A
SURPLUS LINE
2012

State of Rhode Island and Providence Plantations
SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS
for Calendar Year Ending December 31, 2012
Due on or before April 1, 2013

NAME

ADDRESS

CITY STATE ZIP CODE

FEDERAL EMPLOYER IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER E-MAIL ADDRESS

STATE OR COUNTRY OF INCORPORATION OR ORGANIZATION BROKER LICENSE NUMBER

Computation of Tax

1. Gross Premium charged ..........................................................................................................

2. Returned Premiums ..............................................................................................................

3. Net Taxable Premium. Subtract line 2 from line 1................................................................

Tax and Payments

4. SURPLUS LINE BROKER TAX. Rate: 4%. Multiply line 3 by the tax rate of 4% (0.04)..................

5. Payments made on 2012 Declaration of Surplus Line Brokers Estimated Tax ......................

Balance Due

6. Net Tax Due. Subtract line 5 from line 4............................................................................

7. Interest Due: (a) Late payment:18% per annum (1.5% per month)_____________ (b) Underestimating:__________

8. Total Due with Return. Add lines 6 and 7 .............................................................................

Refund

9. Overpayment. Subtract lines 4 and 7 from line 5...............................................................

10. Amount to be applied to estimated tax for calendar year 2013...........................................

11. Amount to be Refunded. Subtract line 10 from line 9.........................................................

GENERAL INSTRUCTIONS

NOTE: IF THIS RETURN IS COMPLETED ON A COMPANY BASIS, PLEASE INCLUDE A LIST OF BROKERS ON PAGE 3.

Line 1: Gross Premium Charged - From the Return Supplement on page 2, add the Premium Column Total to the Additional Premium Column Total.

Line 2: Amount of Returned Premiums - From the Return Supplement on page 2, enter the amount from Return Premium Column Total.


Line 4: Surplus Line Broker Tax. Multiply line 3 times rate of 4% (0.04).

Line 5: Enter the amount of estimated tax paid for tax year 2012, plus any amounts applied from tax year 2011.

Line 6: Net Tax Due. Subtract line 5 from line 4.

Line 7: Interest Due: (a) Late payment interest: 18% per annum, 1.5% per month. (b) Underestimating interest - see Regulation CT01-10. Enter the sum of lines (a) and (b) on line 7.

Line 8: Total Due with Return. Add lines 6 and 7.

Line 9: Overpayment. Subtract lines 4 and 7 from line 5.

Line 10: Enter the amount from line 9 to be applied to 2013 Declaration of Estimated Tax.

Line 11: Subtract line 10 from line 9. This is the amount to be refunded.

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: RI DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5811

Key #13
### Form T-71A

**SURPLUS LINE**

**2012**

State of Rhode Island and Providence Plantations

**SURPLUS LINE BROKER RETURN OF GROSS PREMIUMS SUPPLEMENT AT 4% RATE**

FOR POLICIES INVOICED FROM JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

<table>
<thead>
<tr>
<th>NAIC#</th>
<th><em>CARRIER NAME</em> (Company carrying the risk, not the Wholesale Broker)</th>
<th>NAME OF INSURED</th>
<th>RISK LOCATION</th>
<th>INVOICE DATE</th>
<th>PREMIUM</th>
<th>RETURN PREMIUM</th>
<th>ADDITIONAL PREMIUM</th>
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**Premium Totals----->**

SSN/FEI Number: ____________________________

Signature of Broker: ____________________________

Licensee: ____________________________________________

Page 2 of 3
<table>
<thead>
<tr>
<th>Name</th>
<th>SSN/FEI Number</th>
<th>Fed ID#</th>
<th>BROKER LICENSE#</th>
<th>BROKER ADDRESS</th>
<th>STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS</th>
</tr>
</thead>
</table>

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