

**Form T-71H** State of Rhode Island and Providence Plantations  
**HEALTH** HEALTH INSURANCE COMPANIES TAX RETURN OF GROSS PREMIUMS  
**INSURANCE** for Calendar Year Ending December 31, 2012  
**2012** Due on or before March 1, 2013

NAME	
ADDRESS	
CITY	STATE ZIP CODE
FEDERAL EMPLOYER IDENTIFICATION NUMBER	E-MAIL ADDRESS
STATE OR COUNTRY OF INCORPORATION OR ORGANIZATION	COMPANY TYPE

■ THIS FORM IS TO BE USED BY NONPROFIT HOSPITAL SERVICE CORPORATIONS, NONPROFIT DENTAL CORPORATIONS, NONPROFIT MEDICAL SERVICE CORPORATIONS AND HEALTH MAINTENANCE ORGANIZATIONS

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

**Tax Computation**

<b>Tax and Fee Amount</b>	1. Direct Premiums (Gross premiums less return premiums from Schedule T, Part 1 of Annual Statement to Insurance Commissioner) .....	1.	
	2. TAX. Rate: 2.0%. Multiply line 1 by the tax rate of 2.0% (0.02).....	2.	
<b>Credits and Payments</b>	3. RI Credits: Form # _____ \$ _____ Form # _____ \$ _____ Form # _____ \$ _____	3.	
	4. TAX AFTER CREDITS. Subtract line 3 from line 2.....	4.	
	5. Payments made on 2012 Declaration of Estimated Tax .....	5.	
	6. Other payments.....	6.	
	7. TOTAL PAYMENTS. Add lines 5 and 6 .....	7.	
<b>Balance Due</b>	8. Net Tax Due. Subtract line 7 from line 4.....	8.	
	9. Interest Due: (a) Late payment:18% per annum (1.5% per month) _____ (b) Underestimating: _____	9.	
	10. Total due with return. Add lines 8 and 9.....	10.	
<b>Refund</b>	11. Overpayment. Subtract lines 4 and 9 from line 7.....	11.	
	12. Amount of overpayment to be applied to Estimated Tax for 2013 calendar year.....	12.	
	13. Amount to be refunded. Subtract line 12 from line 11.....	13.	

**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