

**ALASKA DIVISION OF INSURANCE  
INSTRUCTIONS FOR FILING ANNUAL STATEMENT AND PREMIUM TAX REPORT  
RISK RETENTION GROUP**

**First Class Mail (including Registered and Certified)**

Alaska Division of Insurance  
P.O. Box 110805  
Juneau, AK 99811-0805

**Express Delivery Only**

Alaska Division of Insurance  
333 Willoughby Avenue, 9th Floor  
Juneau, AK 99801

- A. The Annual Statement, supplements, exhibits and schedules must be filed electronically with the NAIC by March 1, 2010, per Alaska Statute 21.09.200.
- B. The Annual Premium Tax Report Form 08-203 RRG must be mailed to the above address and postmarked on or before March 1, 2010.

**The Premium Tax payment must be postmarked on or before March 1, 2010 per AS 21.09.210. The payment can be made by the Automated Clearing House payment method.**

**Other Important Notes:**

- 1 **NOTE: Report written premium for the insurance of risks resident or located in Alaska as required by Alaska statute 21.09.210. When a policy or contract covers subjects or risks located or resident in more than one state, allocate premium and report that portion that covers Alaska subjects or risks**
- 2 In order to continue your registration as a risk retention group in Alaska, you must be in compliance with Alaska Regulation 3 AAC 24.060. The annual continuation application must be filed with a payment of the \$200 continuation fee by December 31, 2009. Failure to send the completed application of continuation to our office by January 31, 2010 will result in the discontinuation of the risk retention group's registration as of December 31, 2009.
- 3 Unless properly registered, a risk retention group cannot transact insurance in accordance with the Liability Risk Retention Act of 1986.
- 4 If the Risk Retention Group provides documentation that the proper collection, reporting and payment of applicable taxes has been done by an Alaska Licensed Surplus Lines Broker (resident or nonresident) (AS 21.34.180), the liability for the payment of that portion of the tax is waived.
- 5 **If the due date falls on a weekend or holiday, payment is due the next business day.**
- 6 Premium tax refunds must be requested by letter and include supporting documentation.
- 7 The official premium tax/fees contact name, address, phone, fax, & email will change to the information on the report.

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL REBECCA NESHEIM AT (907) 465-2584 OR EMAIL [rebecca.nesheim@alaska.gov](mailto:rebecca.nesheim@alaska.gov)**

**ALASKA DIVISION OF INSURANCE  
2009 ANNUAL PREMIUM TAX REPORT  
RISK RETENTION GROUP**

**Must be Postmarked on or before March 1, 2010**

Risk Retention Group Name	Organized Under the Laws of:	NAIC #
Mailing Address		City, State, Zip Code
Contact Name and Address, if different than above *	Phone:	Fax:
	Email:	

\* Changing official record - see instructions

**PREMIUM TAX CALCULATION**

- Premium Tax \_\_\_\_\_ x 2.7% = \_\_\_\_\_  
(Schedule A) Net Premium
- Have any of the above taxes been collected, reported, and paid by an Alaska Licensed Surplus Lines Broker? Yes ☐ No ☐  
If yes, complete Schedule B on the following page and provide documentation.
- Deduct any taxes collected, reported, and paid by an Alaska Licensed Surplus Lines Broker (Schedule B) from your total tax liability on Line 1. \_\_\_\_\_
- Less amounts already paid in Alaska (credits, etc.) \_\_\_\_\_
- Net Tax Payable with Report (if overpayment, please send written request for refund or credit for tax year 2010). \_\_\_\_\_  
(Lines 1 - 3 - 4)

**SCHEDULE A. RISK RETENTION GROUPS (AS 21.09.210)**

**NOTE: Report written premium for the insurance of risks resident or located in Alaska as required by Alaska statute 21.09.210. When a policy or contract covers subjects or risks located or resident in more than one state, allocate premium and report that portion that covers Alaska subjects or risks**

**GROSS PREMIUM INCOME:**

- Total direct premium income written including policy memberships and other fees \_\_\_\_\_
  - Finance and service charges \_\_\_\_\_
- TOTAL DIRECT PREMIUMS FOR RISKS RESIDENT OR LOCATED IN ALASKA** \_\_\_\_\_

**DEDUCTIONS ALLOWED:**

- Unabsorbed premiums or dividends refunded or credited to policyholders \_\_\_\_\_
- TOTAL DEDUCTIONS** \_\_\_\_\_
- NET PREMIUM** \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, say that I am the \_\_\_\_\_  
(Company Official) (Title)

of the above-named risk retention group and that the premium tax report is a complete, true and correct statement of all premiums and fees on business written by said company during the year ending December 31, 2009, on insurance of property or risks resident or located in Alaska.

\_\_\_\_\_  
Signature

**Schedule B. Report of Surplus Lines Broker Premiums and Taxes**

Name of Surplus Lines Broker	License Number	Premiums Written	2.7% Tax Collected	Date Taxes Reported & Paid to the Division

Total Tax Collected by Surplus Lines Broker \_\_\_\_\_

**NOTE:** You must provide documentation from the surplus lines broker verifying that the premium tax has beer collected and paid to the division.