**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

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| --- | --- |
| A. B. | The Annual Statement, supplements, exhibits and schedules must be filed electronically with the NAIC by March 1, 2010, per Alaska Statute 21.09.200.  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  2  3  4  5  6  7 | **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**  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.  Unless properly registered, a risk retention group cannot transact insurance in accordance with the Liability Risk Retention Act of 1986.  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.  **If the due date falls on a weekend or holiday, payment is due the next business day.**  Premium tax refunds must be requested by letter and include supporting documentation.  The official premium tax/fees contact name, address, phone, fax, & email will change to the information on the report. |

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

08-203RRG (Rev. 10/09)

**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Premium Tax | | | | | x 2.7% = |
| (Schedule A) Net Premium  2. 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. | | | | |

3. Deduct any taxes collected, reported, and paid by an Alaska Licensed Surplus Lines Broker (Schedule B) from your total tax liability on Line 1.

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| --- | --- |
| 4. Less amounts already paid in Alaska (credits, etc.)  5. Net Tax Payable with Report (if overpayment, ple 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 o***  ***statute 21.09.210. When a policy or contract cove***  ***allocate premium and report that portion that cove***  **GROSS PREMIUM INCOME:**  1. Total direct premium income written including pol 2. Finance and service charges   **TOTAL DIRECT PREMIUMS**  **DEDUCTIONS ALLOWED:**  4. Unabsorbed premiums or dividends refunded or c  of the above-named risk retention group and that the premiums and fees on business written by said comp property or risks resident or located in Alaska.  08-203RRG (Rev. 10/09) | .)  ase send written request for  **.09.210)**  ***f risks resident or located in Alaska as required by Alaska rs subjects or risks located or resident in more than one state, rs Alaska subjects or risks***  icy memberships and other fees  **FOR RISKS RESIDENT OR LOCATED IN ALASKA**  redited to policyholders  **TOTAL DEDUCTIONS**  **NET PREMIUM**  premium tax report is a complete, true and correct statement of all any during the year ending December 31, 2009, on insurance of  Signature  1 |

|  |  |  |  |
| --- | --- | --- | --- |
| I, | (Company Official) | , being duly sworn, say that I am the | (Title) |

**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 |
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Total Tax Collected by Surplus Lines Broker

|  |  |
| --- | --- |
| **NOTE**: You must provide documentation fro collected and paid to the division.  08-203RRG (Rev. 10/09) | m the surplus lines broker verifying that the premi  2 |