



**MONTANA COMMISSIONER OF SECURITIES AND INSURANCE  
2015 ANNUAL REPORT (Due March 1, 2016)  
PURCHASING GROUPS**

Purchasing Group Name			Montana ID #
Mailing Address	City	State	Zip Code
Purchasing Group Phone Number	Purchasing Group Fax Number	Purchasing Group E-Mail Address	
Purchasing Group Contact Name		<u>Purchasing Group FEIN Number</u>	
Contact Mailing Address	City	State	Zip Code
Contact Phone Number	Contact Fax Number	Contact E-Mail Address	

**PREMIUM REPORT – INFORMATIONAL PURPOSES ONLY**

Name of Insurer(s) Providing Coverage to Purchasing Group	Licensed Montana Insurance Producers	Gross Direct Premiums Written in Montana
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Purchasing Groups Number of Members in Montana: \_\_\_\_\_

**Is the Insurer, identified above responsible for all premium tax that is to be paid to the State of Montana? Yes \_\_\_ No \_\_\_**  
**If no, complete the next two items below. NO SURPLUS LINES TAXES ARE TO BE PAID WITH THIS RENEWAL. THE SURPLUS LINES AGENT MUST FILE SURPLUS LINES TRANSACTION AND FEES PER INSTRUCTIONS AT THE FOLLOWING LINK: <http://csimt.gov/insurance/surplus-lines/>**  
**Name of Surplus Lines Agent (if not listed as Licensed MT Insurance Producer)** \_\_\_\_\_

**If any premium tax has not been remitted by the Insurer, who is the responsible party for the premium tax? (Either the Purchasing Group or the Individual Members)**  
**Purchasing Group \_\_\_\_\_ Individual Members \_\_\_\_\_**

**On the lines below, list the name and amount of premium tax owed to the State of Montana by the Purchasing Group or Member(s). (Attach additional pages if necessary.)**

Name	Amount of Premium	Tax Rate	Amount of Tax Owed
_____	_____	2.75%	_____
_____	_____	2.75%	_____

List the names and titles of any changes of the person(s) controlling the group:

\_\_\_\_\_

\_\_\_\_\_

**The above statement is a true and correct report of premium written and premium taxes paid or owed pertaining to business transacted in Montana.**

\_\_\_\_\_  
Name of Officer (Type or Print)

\_\_\_\_\_  
Title of Officer (Purchasing Group)

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date

**Return Form by March 1, 2016** to: Tim Morris - State Auditors Office - Insurance Examination Division - 840 Helena Avenue - Helena, MT 59601  
 Phone (406) 444-4489 - Fax (406) 444-3497 - Forms may be faxed or emailed to [tmorris@mt.gov](mailto:tmorris@mt.gov)