

COMMISSIONER OF SECURITIES & INSURANCE

MONICA J. LINDEEN
COMMISSIONER



OFFICE OF THE MONTANA
STATE AUDITOR

TO: All Registered Risk Retention Groups
FROM: Examinations Bureau, Montana Insurance Department
SUBJECT: Payment of Premium Taxes by Risk Retention Groups
DATE: December 1, 2014

Attached is the premium tax form for your risk retention group on the sale of insurance to members located in Montana. Please complete the form and return it, along with the remittance for premium taxes due **and the annual statement Montana state page**, to the Montana Insurance Department no later than March 1, 2015 (postmark accepted). If the due date falls on a weekend or holiday, the deadline will be extended to the next business day. If no premiums were written in Montana in 2015, please sign and return the tax form stamped "NONE."

Other materials required to be submitted according to Section 33-11-104, MCA, include:

1. Montana no longer requires the filing of printed annual statements and NAIC supplements if a hard copy is filed with the state of domicile and the NAIC, and if filed electronically with the NAIC. The Signed Jurat Page must be filed by postmark date of March 1 in lieu of annual statement filing. Facsimile signatures or reproductions of original signatures may be used. In the event that any financial data is re-filed or amended, a newly completed Affidavit is required.
2. A copy of each examination of the risk retention group as certified by the insurance regulatory official of the state in which the examination was conducted or public official conducting the examination.
3. 2005 legislation requires the Montana Medical Malpractice Professional Liability Experience Report from all insurers writing medical malpractice professional liability insurance in Montana [Section 33-23-310, MCA]. Due March 1.

Should you have any questions concerning the completion of the enclosed form, please do not hesitate to contact our department at (406) 444-2040.

**MONTANA DEPARTMENT OF INSURANCE
2014 ANNUAL PREMIUM TAX STATEMENT
RISK RETENTION GROUP**

Risk Retention Group Name	NAIC Number
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Mailing Address	City	State	Zip Code
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MT ID #	State of Domicile
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Tax Contact Person	Phone #	Toll Free Phone #
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Email Address _____

RISK RETENTION GROUP PREMIUM TAX COLLECTION

- | | | |
|----|---|----------|
| 1. | TOTAL DIRECT PREMIUM INCOME Include finance and service charges | \$ _____ |
| 2. | DIVIDENDS refunded or credited to policyholders | \$ _____ |
| 3. | NET PREMIUMS (Line 1 less Line 2) | \$ _____ |
| 4. | TOTAL PREMIUM TAXES - Montana Basis (2.75% of Line 3) | \$ _____ |
| 5. | TOTAL PREMIUM TAXES - STATE OF DOMICILE BASIS* | \$ _____ |
| 6. | QUARTERLY PREMIUM TAX PRE-PAYMENTS (Paid in 2014) | \$ _____ |
| 7. | OVERPAYMENT CREDIT FROM 2013 FILING | \$ _____ |
| 8. | AMOUNT DUE (Greater of Line 4 or 5, minus Line 6 and/or 7) | \$ _____ |
| 9. | ANNUAL TAX OVERPAYMENT
(If Lines 6 and/or 7 are greater than Line 4 or 5) | \$ _____ |

OVERPAYMENT
Must be carried forward and used to offset future payments

Please Make Checks Payable To: **MONTANA COMMISSIONER OF INSURANCE**

* Under Section 33-2-709, MCA, taxes and fees are subject to retaliation in the aggregate. Provide a calculation, on a separate attached sheet, of the taxes and fees payable to your state of domicile on your Montana business based on the rates your state of domicile applies to foreign insurers.

The above statement is a true and correct report of premiums collected and of authorized deductions pertaining to business transacted in Montana in the past calendar year and is in accordance with requirements of the applicable statutes.

Name of Officer (Type or Print)	Title
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Signature of Officer	Date
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MONTANA COMMISSIONER OF SECURITIES AND INSURANCE
 840 HELENA AVENUE
 HELENA, MONTANA 59601
 (406) 444-2040



MONTANA MEDICAL MALPRACTICE PROFESSIONAL LIABILITY EXPERIENCE REPORT
 Pursuant to 33-23-310, MCA
 Supplement to 2014 Annual Statement for _____ (Company) _____ NAIC #
 To be filed March 1 (Surplus Lines Companies, file by April 1)

REQUIRED INFORMATION - From preceding calendar year	PHYSICIANS	OSTEOPATHS	PODIATRISTS	DENTISTS	OPTOMETRISTS	REGISTERED NURSE	LICENSED PRACTICAL NURSE	ALL OTHER SPECIALTIES	HEALTH CARE FACILITIES as defined by 50-5-101(23), MCA	TOTAL
1. Number of insureds @ December 31										
a. Number of claims-made basis policies										
b. Number of occurrence basis policies										
2. a. Amount of direct premiums paid (written)										
b. Amount of direct premiums earned										
c. Total amount of underwriting expenses (Note in Total column only)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3. Number of claims made against insureds										
a. Direct losses paid in 3										
b. Direct Case loss reserves in 3										
c. Direct IBNR loss reserves in 3										
d. Direct ALAE paid in 3										
e. Direct Case ALAE reserves in 3										
f. Direct IBNR ALAE reserves in 3										
4. Number of closed claims with direct loss paid										
a. Total amount of direct losses paid in 4										
5. Number of claims open with no direct loss paid										
6. Number of lawsuits filed against insureds										
a. Number of lawsuit claims closed without settlement										
b. Number of lawsuit claims closed with settlement										
c. Total amount paid in settlements in 6b										
8. Number of lawsuits that went to trial										
a. Number of judgments or verdicts for the plaintiff in 8										
b. Number of judgments or verdicts for the insured in 8										
c. Number of other judgments or verdicts in 8										
9. Total of direct losses paid for claims that went to trial and were closed										



State of Montana

**RISK RETENTION GROUP
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: APRIL 15, 2015**

RRG Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION

- 1. 2014 premium tax liability (# 4 from tax return) or 90% of anticipated 2015 tax \$ _____
- 2. Enter 25% of the amount on line #1 \$ _____
- 3. Amount of 2014 overpayment applied to this payment (see line # 9 of the tax return) \$(_____)
- 4. **QUARTERLY AMOUNT REMITTED (#2 - #3)** \$ _____
(Instructions on back)

Mail payment to: Montana Commissioner of Securities and Insurance
840 Helena Ave - Helena MT 59601

SAI-25 (11/14)



State of Montana

**RISK RETENTION GROUP
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: SEPTEMBER 15, 2015**

RRG Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION

- 1. 2014 premium tax liability (# 4 from tax return) or 90% of anticipated 2015 tax \$ _____
- 2. Enter 25% of the amount on line #1 \$ _____
- 3. Amount of 2014 overpayment applied to this payment (see line # 9 of the tax return) \$(_____)
- 4. **QUARTERLY AMOUNT REMITTED (#2 - #3)** \$ _____
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SAI-25 (11/14)



State of Montana

**RISK RETENTION GROUP
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: JUNE 15, 2015**

RRG Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION

- 1. 2014 premium tax liability (# 4 from tax return) or 90% of anticipated 2015 tax \$ _____
- 2. Enter 25% of the amount on line #1 \$ _____
- 3. Amount of 2014 overpayment applied to this payment (see line # 9 of the tax return) \$(_____)
- 4. **QUARTERLY AMOUNT REMITTED (#2 - #3)** \$ _____
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SAI-25 (11/14)



State of Montana

**RISK RETENTION GROUP
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: DECEMBER 15, 2015**

RRG Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION

- 1. 2014 premium tax liability (# 4 from tax return) or 90% of anticipated 2015 tax \$ _____
- 2. Enter 25% of the amount on line #1 \$ _____
- 3. Amount of 2014 overpayment applied to this payment (see line # 9 of the tax return) \$(_____)
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**RISK RETENTION GROUP
QUARTERLY TAX PAYMENT INSTRUCTIONS**

Please do not combine amounts for affiliated companies on a single check.

If the amount on line #1 is zero or a negative amount: Enter zero on line #1 and #4 on all 4 payment vouchers and return all 4 vouchers to this office by April 15, 2015.

If insurer deems the total 2015 quarterly pre-payment requirement on line #1 to be a minimal amount (less than \$100), combine all 4 payments in one check, complete all 4 vouchers and submit the payment on or before April 15, 2015.

If premium writings have declined from the previous year, you may substitute the amount on line #1 with an amount equaling 90% of the 2015 anticipated premium tax.

If you have any questions, please contact our office at (406) 444-2040.

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