



INSTRUCTIONS: Please refer to oci.wi.gov/Pages/Companies/InfoOnPremiumTaxesAndFees for remittance of taxes and fees.

Complete, sign, and return this form to OCIFinancial@Wisconsin.gov.

Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)

Insurer Name	NAIC Group	NAIC Number
Individual Responsible for Preparing Form	Telephone Number	
Individual Responsible for Preparing Form Email Address		

For Year Ending December 31, _____

1. Annual Statement Filing Fee		\$100.00
2. Continuation of Certificate of Authority Fee		\$100.00
3. Direct Premium Written (Schedule T, Line 50, Column 2)		
4. Tax Rate [s. 76.63 (2), Wis. Stat.]		
5. Mortgage Guaranty Tax (Line 3 times Line 4)		
6. Investment Credits pursuant to ss. 76.635, 76.636, 76.637, 76.638, and 76.639 Wis. Stat.*		
7. Quarterly Tax Payments to Date		
8. Mortgage Guaranty Tax Due (Line 5 minus Lines 6 and 7)		
9. Total Amount Due (Lines 1, 2, and 8)		

* Line 6. should not exceed Line 5.

IF NEGATIVE AMOUNT, OVERPAYMENT WILL BE APPLIED TO QUARTERLY INSTALLMENT DUE APRIL 15.

I certify that the above is a true and correct exhibit of premiums collected and of authorized deductions pertaining to business transacted in Wisconsin in the past calendar year and is in accordance with requirements of applicable Wisconsin Statutes.

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

For Office Use Only

Initial As Vouchered:

1. To Allocation Screen _____
2. To Amount in Letter _____