

**North Carolina Department of Insurance  
Risk Retention Group  
2017 Quarterly Report of Premiums and Tax**

North Carolina Department of Insurance  
Financial Evaluation Division  
Special Entities Section - RRG  
1201 Mail Service Center  
Raleigh, NC 27699-1201

**I. REPORTING QUARTER**

1st Quarter (Due 4/30/17) |  2nd Quarter (Due 7/31/17) |  3rd Quarter (Due 10/31/17) |  4th Quarter (Due 01/31/18)

**II. COMPANY INFORMATION**

Company Name		NAIC Code
Contact Person	Phone Number	E-Mail

**III. TAX CALCULATION**

1. Year to date 2017 North Carolina gross premiums	_____		_____
2. Tax rate	_____	x	_____ 5%
3. North Carolina premium tax due	_____	=	_____
4. Less amounts previously paid	_____	-	_____
5. Current tax payable	_____	=	_____

**IV. CERTIFICATION**

I certify that the above is a true, full, and correct statement of the gross receipts of the above taxpayer as defined in N.C.G.S. § 58-22-20(3), without any deduction taken except as permitted by law.

Signature of authorized signer	Date signed
Signer's name (typed or printed)	Signer's title

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Sworn to and subscribed before me, a notary public of said State and County, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires \_\_\_\_\_

Please mail this completed form along with a check made payable to the North Carolina Department of Insurance in the amount of the "current tax payable" on Line 5 above, by the applicable due date, to:

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