

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

North Carolina Department of Insurance
Financial Evaluation Division - 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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