

FORM E - TAX RETURN ON INSURANCE PLACED IN SURPLUS LINES INSURERS

(This return must be filed to cover the preceding three-month period. A check covering the taxes due but not otherwise paid should be remitted herewith.)

Item 1		Item 2	Item 3	Item 4		Item 5	Item 6
POLICY PERIOD		Named Insured	Gross Premium Charged on Insurance Placed	Gross Return		Gross Premium at 5% Item 4	Taxable Item 3 less Item 4
From	To			Premium On	Policies		
						TOTAL	\$ -

Sworn to and subscribed before me this _____ day of _____, _____

(Notary Public) _____

My Commission expires _____, _____

Surplus Lines Licensee

For information contact:
Property and Casualty Division
NC Department of Insurance
1201 Mail Service Center
Raleigh, NC 27699-1201

(Purchasing Group Name)