



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
810 First St., N.E., Suite 701
Washington, D.C. 20002**

D.C. DOMESTIC RRG INSURANCE PREMIUM TAX RETURN
This premium tax return is required to be completed and filed by all DC domestic risk retention groups licensed as captives.

For Tax Year: 2011

Name of RRG :	Contact Person:	NAIC No:	RRG Id:
Mailing Address:	Phone No.:	FEIN No:	
	Fax No.:	-	
	E-Mail:		
Street Address (if different from above):			Date Licensed in D.C.:
Former Name, NAIC No. and/or address if Changed Since Last Premium Tax Return:			

Pursuant to Section 13 of the Captive Insurance Company Act of 2004, all DC chartered Risk Retention Groups shall file a premium tax return by March 2 of each year. Amounts of direct written premiums and assumed reinsurance premiums should agree with Schedule T of the annual report. Please attach a reduced (8 1/2 x 11) copy of the Schedule T to the premium tax return.

Line	(\$ Millions	Direct Written Premiums	Tax Rate	Premium Tax
1.	Total Direct Written Premiums	\$ _____		
2.	(First Twenty Million) 0-20	\$ _____	x 0.380%	= \$ _____
3.	(Second Twenty Million) 20-40	\$ _____	x 0.250%	= \$ _____
4.	(Over Forty Million) 40+	\$ _____	x 0.180%	= \$ _____
5.			Direct Written Premium Tax (Sum Lines 2-4)	= \$ _____
	(\$ Millions	Assumed Reinsurance Premiums	Tax Rate	Premium Tax
6.	Total Assumed Reinsurance Premiums	\$ _____		
7.	(First Twenty-five mill.) 0-25	\$ _____	x 0.225%	= \$ _____
8.	(Second Twenty-five ml.) 25-50	\$ _____	x 0.150%	= \$ _____
9.	(Over Fifty mill.) 50+	\$ _____	x 0.025%	= \$ _____
10.			Assumed Reinsurance Premium Tax (Sum Lines 7-9)	= \$ _____
11.	For Dept. Use Only: LOCKBOX BATCH # _____		Grand Total Premium Tax (Line 5 + Line 10)	= \$ _____
12.			Minimum Premium Tax Domestic RRGs Only	= \$ 15,000
13.		Please pay the greater of Line 11 or line 12.	Premium Tax Due \$100,000 Maximum Payment	= \$ _____

The undersigned principal officer of the company hereby declares that this tax return (including any accompanying schedules and statements) has been carefully examined and is a true, correct and complete insurance premium tax return.

Signed by Principal Officer
(or authorized official)

Title

Date

Instructions:

The following mailing instructions must be strictly observed. Failure to do so may result in your company's checks being lost or payments not being credited in a timely manner.

- Premium tax checks should be made payable to the D.C. TREASURER.**
Please send tax return and checks to the following (LOCKBOX) address only:

**D.C. TREASURER
INSURANCE BUREAU
LOCKBOX 92180
WASHINGTON, D.C. 20090-2180**

- Please provide a courtesy copy of the premium tax return, Schedule T, and copy of the check to Joyce Lewis, via email at captive filings@dc.gov.**