

Name of Captive:

Contact Person:

Mailing Address:

taxable period indicated.

Authorized Company Representative



Tax Year: 2021

Captive Id:

Date

E-Mail:

DISTRICT OF COLUMBIA DEPARTMENT OF INSURANCE, SECURITIES AND BANKING 1050 First St., N.E., Suite 801 Washington, D.C. 20002

This premium tax return is required to be completed and filed by all DC licensed captives (non-RRGs). DC domestic risk retention groups licensed as captives are required to file the premium tax return for DC domestic RRGs.

FEIN No:

Phone No.:

NAIC No:

Fax No:

Date Licensed in D.C.

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Pursuant to Section 13 of the Captive Insurance Company Act of 2004, all Captive Insurance Companies shall file				
a premium tax return by March 2 of each year. Amounts of direct written premiums and assumed reinsurance				
premiums should agree with the annual report. <u>See below for instructions for companies filing on a fiscal year basis.</u>				
Line	Direct Written Premiums			
	Total Direct Written	Tax Rate	Premium	
1.	Premiums	rax Rate	Tax	
2.	First \$25,000,000	x 0.250%		
3.	Second \$25,000,000	x 0.150%		
4.	Over \$50,000,000	x 0.050%		
5.	Direct Written Premium Tax			
	Assumed Reinsurance Premiums			
	Total Assumed Reinsurance	Tax Rate	Premium	
6.	Premiums	Tax Rate	Tax	
7.	First \$25,000,000	x 0.225%		
8.	Second \$25,000,000	x 0.150%		
9.	Over \$50,000,000	x 0.025%		
10.	Assumed Reinsurance Premium Tax			
11.	Grand Total Premium Tax (Line 5 + Line 10)			
12.	Minimum Premium Tax (Captives Minimum \$7,500)			
13.	Premium Tax Due (maximum \$100,000)			
14.	Annual Certificate of Authority Renewal (\$300) Optional			
15	15. Total Payment			

Certification

penalties provided by the laws of the District of Columbia, that this premium tax return has been examined and is to the best of the authorized tax officer's knowledge, information, and belief, a true, correct and complete premium tax return, made in good faith for the

□Agreed

Title

By clicking the box below, the authorized tax officer of the company certifies, under

Fiscal year filers (i.e., Companies with a year-end other than December 31) shall report premiums for the most recently completed fiscal year. Amounts of direct written premiums and assumed reinsurance premiums should agree with the most recent annual report.

Premium tax returns and payments should be made: 1) online via OPTins; 2) by check, made to "DC Treasurer", mailed to the address indicated below if sent by United States Postal Service; 3) by check, made to "DC Treasurer", sent to the address indicated below if sent by UPS or FedEx; or 4) electronically directly to the Risk Finance Bureau, according to the below Electronic Payment Instructions. For all four options, a PDF of the premium tax form and if applicable the certificate of authority renewal form must be emailed to captive.filings@dc.gov. For option 4, a PDF of the PAYMENT DETAILS REPORT must also be emailed to captive.filings@dc.gov

1) OPTins: Filing via OPTins is optional, but the Department of Insurance, Securities and Banking encourages insurers to e-file their premium taxes using the NAIC OPTins system.

Insurers using OPTins to file and pay premium taxes, may also elect to pay the (\$300.00) annual certificate of authority renewal fee using OPTins. This is encouraged.

To file using OPTins, insurers must establish an OPTins account with the NAIC. For more information, please visit OPTins at www.optins.org or optinshelp@naic.org. Insurers electing not to use OPTins to file their tax returns MAY NOT use OPTins to pay the annual certificate of authority renewal fee.

2) * United States Postal Service – send a check to the following address:

DC Treasurer Insurance Bureau
PO BOX 712180
Philadelphia, PA 19171-2180
*NOTE THIS IS A NEW ADDRESS

Insurers using this method may also elect to include the (\$300.00) annual certificate of authority renewal fee on the premium tax return. This is encouraged, but not required. With the check, please include the premium tax return and if applicable the certificate of authority renewal form.

3) * United Parcel Service (UPS) and FedEx – send a check to the following address:

Lockbox Services - #92180 DISB INSURANCE BUREAU MAC Y1372-045 401 Market Street Philadelphia, PA 19106

*NOTE THIS IS A NEW ADDRESS

Insurers using this method may also elect to include the (\$300.00) annual certificate of authority renewal fee on the premium tax return. This is encouraged, but not required. With the check, please include the premium tax return and if applicable the certificate of authority renewal form.

4) ELECTRONIC PAYMENT INSTRUCTIONS FOR PAYMENTS TO THE RISK FINANCE BUREAU

BENEFICIARY BANK: WELLS FARGO BANK, N.A.

1750 H Street, NW, Suite 500 WASHINGTON, DC 20005

ABA#: 121000248

BENEFICIARY ACCOUNT#: 2000043154898

ACCOUNT TYPE: CHECKING

ACCOUNT TITLE: INSURANCE BUREAU (DISR)LOCKBOX

BENEFICIARY ADDRESS: 1101 4th Street SW # 800W, Washington DC 20024

PAYMNET TYPE: ACH

PAYMENT DESCRIPTION/ADDENDA*: RFB/Company Name/Payment Type

NACHA FORMAT: CTX/CCD, CTX is Preferred

*The "Transfer Memo/Payment Description/addenda" information is crucial to ensure that your payment is directed to the Risk Finance Bureau. Please be sure to include this information on your ACH transfer.

Sample of Payment Description/Addenda as follows:

RFB/ABC Company/08101

RFB

Company Name: ABC Company

Payment Type: 08101 (RFB Payment)

*PLEASE EMAIL A PDF OF THE PAYMENT DETAILS REPORT, PREMIUM TAX RETURN FORM, and if applicable the CERTIFICATE OF AUTHORITY RENEWAL FORM TO captive.filings@dc.gov