



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 domestic risk retention groups licensed as captives.**

**Tax Year: 2024**

|                  |            |                       |         |
|------------------|------------|-----------------------|---------|
| Name of RRG:     | FEIN No:   | NAIC No:              | RRG Id: |
| Contact Person:  | Phone No.: | Fax No:               | E-Mail: |
| Mailing Address: |            | Date Licensed in D.C. |         |

Pursuant to District of Columbia Code Section § 31-3931.12, 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. Risk retention groups shall report as premiums and pay applicable premium tax on total net direct premiums. Total net direct premiums shall include all amounts charged to policyholders, including all amounts charged separately to policyholders such as premium taxes, risk management fees, and any other amounts charged separately.

| Line | Direct Written Premiums                                    |  |                 |                    |
|------|--|--|-----------------|--------------------|
| 1.   | <b>Total Direct Written Premiums</b>                       |  | <b>Tax Rate</b> | <b>Premium Tax</b> |
| 2.   | First \$20,000,000   |  | x 0.380%        |                    |
| 3.   | Second \$20,000,000  |  | x 0.250%        |                    |
| 4.   | Over \$40,000,000  |  | x 0.180%        |                    |
| 5.   | <b>Direct Written Premium Tax</b>                          |  |                 |                    |
|      | <b>Assumed Reinsurance Premiums</b>                        |  |                 |                    |
| 6.   | <b>Total Assumed Reinsurance Premiums</b>                  |  | <b>Tax Rate</b> | <b>Premium Tax</b> |
| 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.  | <b>Assumed Reinsurance Premium Tax</b>                     |  |                 |                    |
| 11.  | <b>Grand Total Premium Tax (Line 5 + Line 10)</b>          |  |                 |                    |
| 12.  | <b>Minimum Premium Tax (Domestic RRG Minimum \$15,000)</b> |  |                 |                    |
| 13.  | <b>Premium Tax Due (maximum \$100,000)</b>                 |  |                 |                    |
| 14.  | Annual Certificate of Authority Renewal (\$300)            |  | <b>Optional</b> |                    |
| 15.  | <b>Total Payment</b>                                       |  |                 |                    |

**Certification**

By clicking the box below, the authorized tax officer of the company certifies, under 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 taxable period indicated.

**Agreed**

\_\_\_\_\_  
Authorized Company Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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](mailto:captive.filings@dc.gov). For option 4, a PDF of the PAYMENT DETAILS REPORT must also be emailed to [captive.filings@dc.gov](mailto: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](http://www.optins.org) or [optinshelp@naic.org](mailto: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 First Class delivery – send a check to the following address:**

**DISB 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) \* **Courier Delivery (UPS, FedEx, USPS express/overnight and other couriers) – send a check to the following address:**

**Lockbox Services: 92180  
DISB Insurance Bureau  
2005 Market Street, 5th Floor  
Philadelphia, PA 19103-7042**

**\*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/Premium Tax and COA Renewal***

- RFB
- Company Name: ABC Company
- Payment Type: 08101 (RFB Payment)
- Payment For: Premium Tax, COA Renewal, New Company COA, Application Fee, Certificate Fee

**\*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](mailto:captive.filings@dc.gov)**