



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: 2019

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 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. 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.	Total Direct Written Premiums		Tax Rate	Premium Tax
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.	Direct Written Premium Tax			
	Assumed Reinsurance Premiums			
6.	Total Assumed Reinsurance Premiums		Tax Rate	Premium 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 (Domestic RRG Minimum \$15,000)			
13.	Premium Tax Due (maximum \$100,000)			
14.	Annual Certificate of Authority Renewal (\$300)		Optional	
15.	Total Payment			

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 Tax Officer

Title

Date

- Premium tax returns and payments should be made by using OPTins, mailed to the address below through United States Postal Service, or made electronically directly to the Risk Finance Bureau, according to the below Electronic Payment Instructions.
- E-Filing: The Department of Insurance, Securities and Banking encourage insurers to e-file their premium taxes using the OPTins system. The use of OPTins is optional this year. If OPTins is not used, payments should be made following the instructions below.
- 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.

- **USPS:**

**DC Treasurer
Insurance Bureau
LOCKBOX 92180
Washington, DC 20090-2180**

- or UPS and FedEx EXPRESS MAILS ARE ACCEPTED at the following address:

**DC Treasurer/Wells Fargo Bank
7175 Columbia Gateway Drive
Attn: Lockbox # 92180, Insurance Bureau
Columbia, MD 21046**

- **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 AND ANY OTHER SUPPORTING DOCUMENTATION (PREMIUM TAX RETURN FORM, CERTIFICATE OF AUTHORITY RENEWAL FORM, ETC.) TO captive.filings@dc.gov.**