

This Report and taxes due hereon must be filed with the Insurance Commissioner on or before March 15.  
Penalty of 5% of taxes due plus interest will be assessed from the date the report is due until the taxes are paid.

**REPORT TO**  
**THE INSURANCE COMMISSIONER OF MARYLAND**  
525 ST. PAUL PLACE, BALTIMORE, MARYLAND 21202-2272

FOR THE CALENDAR YEAR 2003

**DOMESTIC FIRE, CASUALTY and/or TITLE INSURANCE COMPANIES**

**NAIC No.:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Address of Company:** \_\_\_\_\_

**ENTER ALL NUMBERS IN WHOLE DOLLARS**

- |  |    |  |  |
|--|----|--|--|
| 1. Net Premiums written in the State of Maryland in the Calendar Year .....  | \$ | □□□,□□□,□□□.00                               |  |
| 2. Net Premiums written in other states and jurisdictions and not taxed by the other state or jurisdiction in the Calendar Year .....  | \$ | □□□,□□□,□□□.00                               |  |
| 3. Other Deductions (attach explanation) .....   | \$ | □□□,□□□,□□□.00                               |  |
| 4. Total Subject to Tax .....  | \$ | □□□,□□□,□□□.00<br>(Line 1 + Line 2 - Line 3) |  |
| 5. Rate of Tax .....   |    | 2.00%  |  |
| 6. Total Maryland Taxes for the Calendar Year .....  | \$ | □□□,□□□,□□□.00<br>(Line 4 x Line 5)          |  |
| 7. Total Estimated Taxes Paid to Date for the Calendar Year (and overpayments applied from preceding year) .....   | \$ | □□□,□□□,□□□.00                               |  |
| 8. Other Credits (must be authorized by the Maryland Insurance Administration; If multiple credits, please attach supporting schedule) .....   | \$ | □□□,□□□,□□□.00                               |  |
| 9. Total Credits .....   | \$ | □□□,□□□,□□□.00<br>(Line 7 + Line 8)          |  |
| 10. Balance Due (if Line 6 is greater than or equal to Line 9) .....   | \$ | □□□,□□□,□□□.00<br>(Line 6 - Line 9)          |  |
| 11. Overpayment (if Line 6 is less than Line 9).....   | \$ | □□□,□□□,□□□.00<br>(Line 6 - Line 9)          |  |
| Check here if you would like to apply this overpayment as a credit to your next year's taxes, Otherwise the amount on line 11 will be refunded to you. <span style="float: right;"><input type="checkbox"/></span> |    |  |  |
| 12. Amount Paid with this Report .....   | \$ | □□□,□□□,□□□.00                               |  |
| (Note: Do not include license renewal and fraud assessment with this payment.)   |    |  |  |

We, the undersigned, principal officer and tax form preparer of this report for

\_\_\_\_\_  
(Name of company or association - Print or Type)

being severally sworn, each for himself deposes and says that this return has been examined by him, and is to the best of his knowledge, information and belief, a true and complete return made in good faith for the taxable year stated, pursuant to the existing tax laws of the State of Maryland and the regulations thereunder.

\_\_\_\_\_  
President or Principal Officer (date)

\_\_\_\_\_  
Tax Form Preparer (date)

\_\_\_\_\_  
Person to Contact Regarding This Report

\_\_\_\_\_  
Daytime Phone Number