

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**

FOREIGN FIRE, CASUALTY and/or TITLE INSURANCE COMPANIES

NAIC No.: _____

Name of Company: _____

Address of Company: _____

*** Organized or Incorporated under the Laws of:** _____

- U.S. Companies must give the State of Domicile; Alien Companies must give the U.S. State that is the port of entry.

ENTER ALL NUMBERS IN WHOLE DOLLARS

- | | | | |
|--|----|----------------|-------------------|
| 1. Premium Taxes for the Calendar Year | \$ | □□□,□□□,□□□.00 | (Page 2, line 35) |
| 2. Total Estimated Taxes Paid to Date for this Calendar Year (and overpayments applied from preceding year) | \$ | □□□,□□□,□□□.00 | |
| 3. Other Credits (must be authorized by the Maryland Insurance Administration; If multiple credits, please attach supporting schedule) | \$ | □□□,□□□,□□□.00 | |
| 4. Total Credits | \$ | □□□,□□□,□□□.00 | (Line 2 + Line 3) |
| 5. Balance of Premium Tax Due (Overpayment of Premium Tax) | \$ | □□□,□□□,□□□.00 | (Line 1 - Line 4) |
| 6. Retaliatory Taxes and Fees for the Calendar Year (can not be less than zero) | \$ | □□□,□□□,□□□.00 | (Page 4, line 32) |
| 7. Balance Due (if Line 5 + Line 6 is a positive number) | \$ | □□□,□□□,□□□.00 | (Line 5 + Line 6) |
| 8. Overpayment (if Line 5 + Line 6 is a negative number) | \$ | □□□,□□□,□□□.00 | (Line 5 + Line 6) |

Check here if you would like to apply this overpayment as a credit to your next year's taxes, otherwise the amount on line 8 will be refunded to you.

- | | | | |
|---------------------------------------|----|----------------|--|
| 9. 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

WORKSHEET #1 - MARYLAND PREMIUM TAXES WORKSHEET

	A	B	C	D	E	F	G
	Line of Business	Gross Direct Premiums Allocable to Maryland	Dividends to Policyholders	Other Deductions (Explain Below)	Net Premiums (column B – column C – column D)	MD Tax Rate	Premium Taxes (column E x column F)
1.	Fire	\$	\$	\$	\$	.02	\$
2.1	Allied lines	\$	\$	\$	\$	.02	\$
2.2	Multiple Peril Crop	\$	\$	\$	\$	.02	\$
2.3	Federal Flood	\$	\$	\$	\$	.02	\$
3	Farmowners multiple peril	\$	\$	\$	\$	.02	\$
4	Homeowners multiple peril	\$	\$	\$	\$	.02	\$
5.1	Commercial multiple peril (non-liability)	\$	\$	\$	\$	.02	\$
5.2	Commercial multiple peril (liability)	\$	\$	\$	\$	.02	\$
6	Mortgage guaranty	\$	\$	\$	\$	.02	\$
7		\$	\$	\$	\$	.02	\$
8	Ocean Marine	\$	\$	\$	\$	.02	\$
9	Inland Marine	\$	\$	\$	\$	.02	\$
10	Financial guaranty	\$	\$	\$	\$	.02	\$
11	Medical malpractice	\$	\$	\$	\$	.02	\$
12	Earthquake	\$	\$	\$	\$	.02	\$
13	Group accident and health	\$	\$	\$	\$	.02	\$
14	Credit A&H (group and individual)	\$	\$	\$	\$	.02	\$
15.1	Collectively renewable A&H	\$	\$	\$	\$	.02	\$
15.2	Non-cancelable A&H	\$	\$	\$	\$	.02	\$
15.3	Guaranteed renewable A&H	\$	\$	\$	\$	.02	\$
15.4	Non-renewable for stated reasons only	\$	\$	\$	\$	.02	\$
15.5	Other accident only	\$	\$	\$	\$	.02	\$
15.6	All other A&H	\$	\$	\$	\$	.02	\$
15.7	Fed. Employees health benefits program	\$	\$	\$	\$	.02	\$
16	Workers' compensation	\$	\$	\$	\$	.02	\$
17	Other liability	\$	\$	\$	\$	.02	\$
18	Products liability	\$	\$	\$	\$	.02	\$
19.1	Private passenger auto no-fault (PIP)	\$	\$	\$	\$	.02	\$
19.2	Other private passenger auto liability	\$	\$	\$	\$	.02	\$
19.3	Commercial auto no-fault (PIP)	\$	\$	\$	\$	.02	\$
19.4	Other commercial auto liability	\$	\$	\$	\$	.02	\$
20		\$	\$	\$	\$	.02	\$
21.1	Private passenger auto physical damage	\$	\$	\$	\$	.02	\$
21.2	Commercial auto physical damage	\$	\$	\$	\$	.02	\$
22	Aircraft (all perils)	\$	\$	\$	\$	.02	\$
23	Fidelity	\$	\$	\$	\$	.02	\$
24	Surety	\$	\$	\$	\$	.02	\$
25		\$	\$	\$	\$	.02	\$
26	Burglary and Theft	\$	\$	\$	\$	.02	\$
27	Boiler and Machinery	\$	\$	\$	\$	.02	\$
28	Credit	\$	\$	\$	\$	.02	\$
29		\$	\$	\$	\$	.02	\$
30		\$	\$	\$	\$	.02	\$
33	Aggregate write-ins for other lines	\$	\$	\$	\$	.02	\$
34	Finance and service charges				\$	.02	\$
35	TOTAL – Maryland Premium Taxes (sum of Page 2, lines 1 through 34)						\$

Explanation of Other Deductions: _____

WORKSHEET #2 - RETALIATORY TAXES WORKSHEET

	A	B	C	D	E	F
	Line of Business	Maryland Premiums Taxable in State of Domicile or Port of Entry	Tax Rate in State of Domicile or Port of Entry	Premium Taxes in State of Domicile/ Port of Entry (column B x column C)	Maryland Premium Taxes (from Page 2, column G)	Retaliatory Taxes (column D - column E) (include negative amounts)
1	Fire	\$		\$	\$	\$
2.1	Allied lines	\$		\$	\$	\$
2.2	Multiple Peril Crop	\$		\$	\$	\$
2.3	Federal Flood	\$		\$	\$	\$
3	Farmowners multiple peril	\$		\$	\$	\$
4	Homeowners multiple peril	\$		\$	\$	\$
5.1	Commercial multiple peril (non-liability)	\$		\$	\$	\$
5.2	Commercial multiple peril (liability)	\$		\$	\$	\$
6	Mortgage guaranty	\$		\$	\$	\$
7		\$		\$	\$	\$
8	Ocean Marine	\$		\$	\$	\$
9	Inland Marine	\$		\$	\$	\$
10	Financial guaranty	\$		\$	\$	\$
11	Medical malpractice	\$		\$	\$	\$
12	Earthquake	\$		\$	\$	\$
13	Group accident and health	\$		\$	\$	\$
14	Credit A&H (group and individual)	\$		\$	\$	\$
15.1	Collectively renewable A&H	\$		\$	\$	\$
15.2	Non-cancelable A&H	\$		\$	\$	\$
15.3	Guaranteed renewable A&H	\$		\$	\$	\$
15.4	Non-renewable for stated reasons only	\$		\$	\$	\$
15.5	Other accident only	\$		\$	\$	\$
15.6	All other A&H	\$		\$	\$	\$
15.7	Fed. Employees health benefits program	\$		\$	\$	\$
16	Workers' compensation	\$		\$	\$	\$
17	Other liability	\$		\$	\$	\$
18	Products liability	\$		\$	\$	\$
19.1	Private passenger auto no-fault (PIP)	\$		\$	\$	\$
19.2	Other private passenger auto liability	\$		\$	\$	\$
19.3	Commercial auto no-fault (PIP)	\$		\$	\$	\$
19.4	Other commercial auto liability	\$		\$	\$	\$
20		\$		\$	\$	\$
21.1	Private passenger auto physical damage	\$		\$	\$	\$
21.2	Commercial auto physical damage	\$		\$	\$	\$
22	Aircraft (all perils)	\$		\$	\$	\$
23	Fidelity	\$		\$	\$	\$
24	Surety	\$		\$	\$	\$
25		\$		\$	\$	\$
26	Burglary and Theft	\$		\$	\$	\$
27	Boiler and Machinery	\$		\$	\$	\$
28	Credit	\$		\$	\$	\$
29		\$		\$	\$	\$
30		\$		\$	\$	\$
33	Aggregate write-ins for other lines	\$		\$	\$	\$
34	Finance and Service Charges	\$		\$	\$	\$
35	SUBTOTAL – Retaliatory Taxes (sum of Page 3, lines 1 through 34)					\$

WORKSHEET #3 – RETALIATORY TAXES AND FEES DUE

	A	B	C	D	E	F
	Fees and Assessments	Quantity	Fee and/or Rate	Maryland Amount (column B x column C)	Amount paid to State of Domicile or Port of Entry	Retaliatory Amount (column E - column D) (include negative amounts)
1	Company Certificate of Authority	1	\$ 500	\$ 500	\$	\$
2	Annual Statement Filing Fee		\$ 0	\$ 0	\$	\$
3	Annual Statement Abstract Fee		\$ 0	\$ 0	\$	\$
4	Fraud Assessment	1	\$ 1000	\$ 1000	\$	\$
5	Resident Agent Appointment – Original		\$ 0	\$ 0		
6	Resident Agent Appointment – Renewal		\$ 0	\$ 0		
7	Nonresident Agent Appointment – Original		\$ 0	\$ 0		
8	Nonresident Agent Appointment – Renewal		\$ 0	\$ 0		
9	Auto Liability Assessment (paid to MAIF)		\$	\$	\$	\$
10	Auto Liability Assessment (paid to IAIA; recoupment not elected)		\$	\$	\$	\$
11	Workmen's Compensation Assessment		\$	\$	\$	\$
12	Annual Statement Audit Fee		\$	\$	\$	\$
13	Budget Supplement Assessment		\$	\$	\$	\$
14	Ocean Marine Net Profits Tax		%	\$	\$	\$
15	Amended Charter Filing Fee		\$ 10	\$	\$	\$
16	Amended By-Laws Filing Fee		\$ 10	\$	\$	\$
17	Amended Certificate of Authority Filing Fee		\$ 0	\$ 0	\$	\$
18	Power of Attorney Form Filing Fee		\$ 0	\$ 0	\$	\$
19	Premium Tax Report Filing Fee		\$ 0	\$ 0	\$	\$
20	Underwriting Expense Exhibit Filing Fee		\$ 0	\$ 0	\$	\$
21	Securities Deposit Fee		\$ 0	\$ 0	\$	\$
22	Fire Marshal Tax		\$ 0	\$ 0	\$	\$
23	Fire Department Tax		\$ 0	\$ 0	\$	\$
24	Firemen's Pension Fund		\$ 0	\$ 0	\$	\$
25	Firemen's Relief Fund		\$ 0	\$ 0	\$	\$
26	School Fund Assessment		\$ 0	\$ 0	\$	\$
27	Franchise Tax and/or Permit Fees		\$ 0	\$ 0	\$	\$
28			\$	\$	\$	\$
29			\$	\$	\$	\$
30	Subtotal Retaliatory Fees and Assessments (Page 4, Column F, Lines 1 through 29)					\$
31	Retaliatory Taxes (Page 3, Column F, Line 35)					\$
32	Retaliatory Taxes and Fees (Page 4, Line 30 + Line 31)					\$