

## I. <u>REPORTING QUARTER</u>

		1						
1st Quarter	(Due 4/30/25)		2nd Quarter	(Due 7/31/25)	3rd Quarter	(Due 10/31/25)	4th Quarter	(Due 01/31/26)

## II. COMPANY INFORMATION

Co	mpany Name		NAIC Code		
Co	ntact Person	Phone Number	E-Mail		
III.	TAX CALCULATION				
1.	Year to date 2025 North Carolina gross premiums				
2.	Tax rate (new rate effective October 1, 2024)		<u> </u>	1.85%	
3.	North Carolina premium tax due				
4.	Less amounts previously paid				
5.	Current tax payable		-		

## IV. CERTIFICATION

I certify that the above is a true, full, and correct statement of the gross receipts of the above taxpayer as defined in N.C.G.S. § 58-22-20(3), without any deduction taken except as permitted by law.

Signature of authorized signer	Date signed
Signer's name (typed or printed)	Signer's title

Please mail this completed form along with a check made payable to the North Carolina Department of Insurance in the amount of the "current tax payable" on Line 5 above, by the applicable due date, to:

North Carolina Department of Insurance Financial Analysis & Receivership Division Foreign Risk Retention Groups 1203 Mail Service Center Raleigh, NC 27699-1203

If no premium tax is owed, please email to: Christine.Williams@ncdoi.gov