

FORM E - Independent Procurement

(This return must be filed to cover the preceding three-month period. A check covering the taxes due but not otherwise paid should be remitted herewith.)

Item 1		Item 2	Item 3	Item 4	Item 5	Item 6
POLICY PERIOD		Named Insured	Gross Premium Charged on Insurance Placed	Gross Return Premium On Policies	Gross Premium Taxable at 5% Item 3 less Item 4	Total Tax Due (5% of Item 5)
From	To					
					TOTAL	\$ -

Sworn to and subscribed before me this _____ day of _____, _____

(Notary Public) _____

My Commission expires _____, _____

Signature of Insured

For information contact:
Property and Casualty Division
NC Department of Insurance
1201 Mail Service Center
Raleigh, NC 27699-1201