

## LOUISIANA DEPARTMENT OF INSURANCE SURPLUS LINE PRODUCER'S QUARTERLY TAX STATEMENT FORM 1265 (For 1st, 2nd, 3rd Quarters)

Insurance Premium Tax Div	vision
P. O. Box 94214, Baton Rouge, LA	70804-9214

Tax Statement		
For The		

	First Quarter
	Second Quarter
	Third Quarter
YF	AR

This form stating gross premiums on single state (all within Louisiana) risks placed as surplus lines must be filed in accordance with La. R.S. 22:439A(1), which states in part:

"On or before March first, June first, September first, and December first of each year, each surplus lines broker shall transmit to the commissioner of insurance a surplus lines tax report for the prior calendar quarter."

In addition, the 4.85% surplus lines tax must be paid as provided by La. R.S. 22:439C, and if any, a penalty of 10% of the tax is due and payable to the Commissioner of Insurance as outlined in La. R.S. 22:440.

The quarters and due dates are as f	follows:		
First Quarter:	January 1 through March 31	DUE:	June 1
Second Quarter:	April 1 through June 30	DUE:	September 1
Third Quarter:	July 1 through September 30	DUE:	December 1
Fourth Quarter:	October 1 through December 31	DUE:	March 1

Name		Surplus Line Producer N	umber
Mailing Address	City	State _	Zip
Contact Person	Title	Phone # (	_)
E-Mail Address			

CALCULATION OF TAXABLE PREMIUMS, TAX DUE, AND LATE PENALTY				
ITEM	PREMIUMS	ТАХ	PENALTY	SUBTOTALS
1. TOTAL TAXABLE QUARTERLY PREMIUMS (ON-TIME)	\$			
2. TAX DUE ON ON-TIME PREMIUMS (Line 1 x 4.85%)		\$	<b>&gt;&gt;&gt;</b>	\$

3. TOTAL LATE TAXABLE PREMIUMS	\$			
4. TAX ON LATE PREMIUMS (Line 3 x 4.85%)		\$	***	\$
5. PENALTY ON LATE PREMIUMS (Line 4 x 10%)			\$	\$
6. SUBTOTAL (Late Tax and Penalty Due) (Line 4 + Line 5)				\$

NOTE: If statement is filed after the quarter's due date, <u>all</u> premiums on that statement should be reported as LATE.

ITEM	TAX AND PENALTY DUE
7. TOTAL TAX AND PENALTY DUE (Lines 2 + 6 above)	\$
8. LESS: CARRYFORWARD CREDIT FROM PREVIOUS QUARTERS	\$
9. NET TAX AND PENALTY DUE (Line 7 less Line 8) (SUBMIT CHECK FOR THIS AMOUNT)	\$

CHECK IN THE AMOUNT OF \$\_\_\_\_\_, payable to the Commissioner of Insurance, State of Louisiana is attached hereto.

FOR DEPARTMENT USE ONLY, DO NOT WRITE IN THIS SPACE: REVIEWED BY
--

RECEIPT NUMBER

Revised (12/15)

Page 1 of 3

THIS DOCUMENT IS EXEMPT FROM PUBLIC RECORDS LAW UNDER La.R.S. 44:4

DATE

Producer Number:	Producer Name:

## QUARTERLY RECAPITULATION BY INSURER

List all approved unauthorized insurers, foreign and alien, with whom surplus line coverage was placed and the taxable amount of premium transacted with each insurer. Negative premiums are not considered late (e.g. for policy cancellations) and must be entered in the Taxable Premiums Column, not the Late Taxable Premiums Column. All coverage placed is required to be with companies that have met the requirements of L.R.S. 22§435. **Complete and attach additional copies of this same sheet, if additional space is needed.** 

NAIC NUMBER	COMPANY NAME	TAXABLE PREMIUMS	LATE TAXABLE PREMIUMS
A. SUBTOTAL OF PREI	MIUMS LISTED ON THIS PAGE	\$	\$
	XABLE FEES NOT INCLUDED IN THE ABOVE AMOUNTS	\$	\$
	REMIUMS & FEES LISTED ON THIS PAGE	\$	\$

Page 2 of 3

Revised (12/15)

Producer Number:	Producer Name:

STATE: \_\_\_\_

PARISH OR COUNTY:

The undersigned attests that this is a statement of quarterly gross premiums on risks located in the State of Louisiana placed as surplus lines, without any deductions for dividends paid or otherwise credited to policyholders, as required by Title 22, for the quarter and year indicated on this form. The undersigned also attests that he is a licensed surplus lines producer in the State of Louisiana and the tax reported on this form represents the true exhibit of net premiums and taxes owed by him in Louisiana. Also, the approved unauthorized insurance companies with which coverage was placed, meet the requirements of La. R.S. 22:435 and that all policies have been properly endorsed and countersigned pursuant to La. R.S. 22:433, to the best of the affiant's knowledge, information and belief.

See Required Signature Note Below ►►►►

\_\_\_\_\_

SURPLUS LINES PRODUCER OR AUTHORIZED COUNTERSIGNER

DATE

FILING INSTRUCTIONS	
Who Must File This Form?	Louisiana licensed surplus lines producers until license is cancelled, revoked, or expires with surplus lines transactions. Effective July 21, 2011, for multi-state risks where Louisiana is the home state in the 1st, 2nd, 3rd quarters or for 4th quarter use Form 1265A.
Due Dates:	First Quarter: June 1 Third Quarter: December 1   Second Quarter: September 1
Late Statements:	This statement is considered <u>LATE</u> if postmarked by the U. S. Postal Service later than the due dates specified above and on page 1 of this form. If sent through a service other than the U. S. Postal Service without a postmark, the statement will be considered LATE if <u>received</u> more than one day after the due date.
Filing Address:	Mailing Address: P. O. Box 94214, Baton Rouge, LA 70804-9214 Physical Address: 1702 N. Third Street, Baton Rouge, LA 70802
How to Contact Us:	Phone:   (225) 342-1012   Fax:   (225) 342-9708     Email:   taxdivision@ldi.la.gov   Fax:   (225) 342-9708
Required Signature:	If the holder of the Louisiana surplus lines producer's license filing this statement is an individual, that individual must sign this statement. If the holder is any entity other than an individual, its authorized countersigner must sign this statement.

Page 3 of 3

Revised (12/15)