



**LOUISIANA DEPARTMENT OF INSURANCE
SURPLUS LINE INSURER OR OTHER UNAUTHORIZED
INSURER POLICY STATEMENT
DIRECT PLACEMENT TAX REPORT
FORM 1265 B (Louisiana Home State Policies)**

Insurance Premium Tax Division

Tax Statement For The
<input type="checkbox"/> First Quarter <input type="checkbox"/> Second Quarter <input type="checkbox"/> Third Quarter <input type="checkbox"/> Fourth Quarter YEAR _____

Name _____ Federal ID # _____

Mailing Address _____ City _____ State _____ Zip _____

This report must be filed by every person directly placing an insurance policy for which Louisiana is the home state of the policyholder as defined by La. R.S. 22:46(8.1) with a surplus lines insurer or other unauthorized insurer without going through a Louisiana licensed agent or broker, as provided by L.R.S. 22:439 B. In addition, a tax on the premiums reported in this report, at the rate of four and eighty-five hundredths of a percent, must be paid within thirty days of the transaction, and a penalty of 10%, if applicable, of the tax is due and payable to the Commissioner of Insurance, as outlined in L.R.S. 22:439 B, if the tax payment is not at least postmarked by the due date.

An individual other than a Louisiana licensed agent or broker must have procured the coverage. ATTACH A COPY OF THE POLICY DECLARATION PAGE TO THIS FORM.

Contact Person _____ Title _____ Phone # (_____) _____

E-Mail Address _____

CALCULATION OF TAXABLE PREMIUMS, TAX DUE, AND LATE PENALTY				
ITEM	PREMIUMS	TAX	PENALTY	SUBTOTALS
1. Total On-Time Premiums	\$			
2. Tax on On-Time Premiums (Line 1 x 4.85%)		\$	▶▶▶	\$

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

NOTE: If statement is filed after thirty days after the transaction, all premiums on that statement should be reported as LATE.

ITEM	TAX AND PENALTY DUE
5. TOTAL TAX AND PENALTY DUE (Line 4 plus Line 2) (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 _____ DATE _____ RECEIPT NUMBER _____

QUARTERLY RECAPITULATION BY POLICY

Complete one section box below for each policy placed as a self-procurement for which taxes are being remitted with this report. Transfer taxable premium amounts to Page 1 of this form, placing them on Line 1, Page 1 if the effective date of the policy or policies being reported falls in the same quarter and year as indicated on Page 1 of this form (on-time premiums) or on Line 3, Page 1 (late premiums), if the effective date falls outside the quarter and year indicated on Page 1 of this form.

Complete and attach additional copies of this same sheet, if additional space is needed.

Section Box 1

NAIC No.	Insurer's Name	Effective Date	Expiration Date	Taxable Premiums (LA only)	LATE? (Y/N)
Insured's Name:		Producer's Name:			
Insured's Address:		Producer's Address:			
Insured's City:		Producer's City:			
Insured's State:		Producer's State:			
Insured's Zip Code:		Producer's Zip Code:			
Insured's Phone Number:		Producer's Phone Number:			

Section Box 2

NAIC No.	Insurer's Name	Effective Date	Expiration Date	Taxable Premiums (LA only)	LATE? (Y/N)
Insured's Name:		Producer's Name:			
Insured's Address:		Producer's Address:			
Insured's City:		Producer's City:			
Insured's State:		Producer's State:			
Insured's Zip Code:		Producer's Zip Code:			
Insured's Phone Number:		Producer's Phone Number:			

Section Box 3

NAIC No.	Insurer's Name	Effective Date	Expiration Date	Taxable Premiums (LA only)	LATE? (Y/N)
Insured's Name:		Producer's Name:			
Insured's Address:		Producer's Address:			
Insured's City:		Producer's City:			
Insured's State:		Producer's State:			
Insured's Zip Code:		Producer's Zip Code:			
Insured's Phone Number:		Producer's Phone Number:			

PREMIUM TOTALS – THIS SHEET	
ON-TIME:	LATE:

STATE: _____

PARISH OR COUNTY: _____

THE UNDERSIGNED ATTESTS THAT THIS IS A STATEMENT OF PREMIUMS TRANSACTED WITHOUT REGARD TO THE LOCATION OF THE COVERED PROPERTY, DIRECTLY PLACED WITH A SURPLUS LINES OR OTHER UNAUTHORIZED INSURER, WHERE LOUISIANA IS THE HOME STATE OF THE POLICY AS DEFINED IN LA R.S. 22:46(8.1). THE UNDERSIGNED ALSO ATTESTS THAT THE TAX REPORTED ON THIS FORM REPRESENTS THE TRUE EXHIBIT OF NET PREMIUMS AND TAXES OWED BY THE POLICYHOLDER.

See Required Signature Note Below ▶▶▶▶▶

INSURED OR AUTHORIZED OFFICER OF INSURED

DATE

FILING INSTRUCTIONS

Who Must File This Form?	Every person directly placing an insurance policy with a surplus lines insurer or other unauthorized insurer without going through a Louisiana licensed agent or broker where Louisiana is the home state. "Person" means any individual, company, insurer, association, organization, reciprocal or inter-insurance exchange, partnership, business, trust or corporation.
Due Dates:	Within thirty days of the premium transaction
Late Statements:	This statement is considered LATE if postmarked by the U. S. Postal Service later than the due date specified above. If sent through a service other than the U. S. Postal Service without a postmark, the statement will be considered LATE if received more than one day after the due date.
Filing Address:	Mailing Address: P. O. Box 94214, Baton Rouge, LA 70804-9214 Physical Address: 1702 North 3 rd Street, Baton Rouge, LA 70802
How to Contact Us:	Phone: (225) 342-1012 Fax: (225) 342-9708 E-Mail: taxdivision@ldi.state.la.us
Required Signature:	If insured is an individual, that individual must sign this statement. If insured is any entity other than an individual, their authorized officer must sign this statement.