



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING  
810 First St., N.E., Suite 701  
Washington, D.C. 20002**

**D.C. CAPTIVE INSURANCE PREMIUM TAX RETURN**  
This premium tax return is required to be completed and filed by all DC licensed captives. DC domestic risk retention groups licensed as captives are required to file the premium tax return for DC domestic RRGs.

**For Tax Year: 2008**

Name of Captive:	Contact Person:	NAIC No:	Captive Id:
Mailing Address:	Phone No.:	FEIN No:	
	Fax No.:	-	
	E-Mail:		
Street Address (if different from above):			Date Licensed in D.C.:
Former Name, NAIC No. and/or address if Changed Since Last Premium Tax Return:			

Pursuant to Section 13 of the Captive Insurance Company Act of 2004, all Captive insurance companies shall file a premium tax return by March 2 of each year. Amounts of direct written premiums and assumed reinsurance premiums should agree with Schedule T of the annual report. Please attach a reduced (8 1/2 x 11) copy of the Schedule T to the premium tax return.

Line	(\$ Millions	Direct Written Premiums	Tax Rate	Premium Tax
1.	<b>Total Direct Written Premiums</b>	\$ _____		
2.	(First Twenty-five mill.) <b>0-25</b>	\$ _____	x <b>0.250%</b>	= \$ _____
3.	(Second Twenty-five ml.) <b>25-50</b>	\$ _____	x <b>0.150%</b>	= \$ _____
4.	(Over Fifty million) <b>50+</b>	\$ _____	x <b>0.050%</b>	= \$ _____
5.			<b>Direct Written Premium Tax (Sum Lines 2-4)</b>	= \$ _____
	<b>(\$ Millions</b>	<b>Assumed Reinsurance Premiums</b>	<b>Tax Rate</b>	<b>Premium Tax</b>
6.	<b>Total Assumed Reinsurance Premiums</b>	\$ _____		
7.	(First Twenty-five mill.) <b>0-25</b>	\$ _____	x <b>0.225%</b>	= \$ _____
8.	(Second Twenty-five ml.) <b>25-50</b>	\$ _____	x <b>0.150%</b>	= \$ _____
9.	(Over Fifty mill.) <b>50+</b>	\$ _____	x <b>0.025%</b>	= \$ _____
10.			<b>Assumed Reinsurance Premium Tax (Sum Lines 7-9)</b>	= \$ _____
11.		For Dept. Use Only: LOCKBOX BATCH # _____	<b>Grand Total Premium Tax (Line 5 + Line 10)</b>	= \$ _____
12.			<b>Minimum Premium Tax Captives Only</b>	= \$ <b>7,500</b>
13.		Please pay the greater of Line 11 or line 12.	<b>Premium Tax Due \$100,000 Maximum Payment</b>	= \$ _____

The undersigned principal officer of the company hereby declares that this tax return (including any accompanying schedules and statements) has been carefully examined and is a true, correct and complete insurance premium tax return.

\_\_\_\_\_  
Signed by Principal Officer  
(or authorized official)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Instructions:**

**The following mailing instructions must be strictly observed. Failure to do so may result in your company's checks being lost or payments not being credited in a timely manner.**

- Premium tax checks should be made payable to the D.C. TREASURER.**  
**Please send tax return and checks to the following (LOCKBOX) address only:**

**D.C. TREASURER  
INSURANCE BUREAU  
LOCKBOX 92180  
WASHINGTON, D.C. 20090-2180**

- Please provide a courtesy copy of the premium tax return, Schedule T, and copy of the check to Joyce Lewis, via email at [captive.filings@dc.gov](mailto:captive.filings@dc.gov).**