



ARKANSAS INSURANCE DEPARTMENT  
ACCOUNTING DIVISION  
1200 WEST THIRD STREET  
LITTLE ROCK, AR 72201-1904  
PHONE (501) 371-2612  
[www.insurance.arkansas.gov](http://www.insurance.arkansas.gov)

## PREMIUM TAX FILING INSTRUCTIONS FOR **REGISTERED** RISK RETENTION GROUPS

**IF YOUR COMPANY IS NOT REGISTERED IN THE STATE OF ARKANSAS, YOU CANNOT FILE ON FORM AID AC RRG-T. YOU MUST FILE A REPORT OF PREMIUMS WRITTEN AND TAXES OWED ON COMPANY LETTERHEAD AND HAVE IT SIGNED BY AN OFFICER OF THE COMPANY. IF YOU ARE UNSURE ABOUT THIS, PLEASE CONTACT US FOR ASSISTANCE.**

### **ALL REGISTERED RRG'S ARE REQUIRED TO FILE NO LATER THAN MARCH 1, 2016:**

- 2015 FORM AID AC RRG-T (ANNUAL REPORT OF PREMIUMS, TAXES AND FEES)
- 1 COPY OF THE ARKANSAS STATE BUSINESS PAGE
- 1 COPY OF SCHEDULE T
- COMPANY CHECK MADE PAYABLE TO: **THE STATE TREASURER**

The amount reported in Section A, line 1, must be the same amount as reported on your annual statement, Arkansas Business Page & Schedule T. If you rounded the amount on your annual statement, please round here as well so that the figures match.

Please mark the upper right corner of the form with the correct corresponding information for original filing, amended, or refund due.

### **YOU MUST FILE EVEN IF THE TAX AMOUNT IS ZERO.**

**The form must be signed by an officer or director of the company. It must be an original wet signature. No signature stamps. The form must be notarized.**

**FORM MUST BE COMPLETED ON OUR WEBSITE, PRINTED, SIGNED, NOTARIZED, & SENT WITH PAYMENT TO THE ACCOUNTING DIVISION. The form auto-calculates the amount due.**

**SEPARATE FILINGS AND CHECKS ARE REQUIRED FOR EACH INSURER.  
WE DO NOT ACCEPT SOFTWARE COMPANY FORMS.**

### **CHECK MUST BE MADE PAYABLE TO: THE STATE TREASURER**

(If you need a copy of our W-9, you can print one from our Accounting Division webpage)

**DO NOT MAIL PREMIUM TAX FORMS AND CHECKS WITH THE ANNUAL STATEMENT.**

**MAILING ADDRESS FOR PREMIUM TAX FILINGS AND PAYMENTS:**

**ACCOUNTING DIVISION  
ARKANSAS INSURANCE DEPT.  
1200 WEST THIRD STREET  
LITTLE ROCK, AR 72201-1904**

FOR QUESTIONS CONCERNING THE COMPLETION OF THE TAX FORMS CONTACT: ACCOUNTING DIVISION  
(501) 371-2612  
Email: [Insurance.Accounting@arkansas.gov](mailto:Insurance.Accounting@arkansas.gov)

**PENALTIES:** ALL TAX FORMS ARE SUBJECT TO PENALTY IN ACCORDANCE WITH ACA 26-57-607.  
THE ARKANSAS INSURANCE DEPARTMENT DOES NOT ACCEPT THE POSTMARK DATE FOR FILING REQUIREMENTS.  
ALL TAX FORMS MUST BE RECEIVED IN OUR DEPARTMENT ON OR BEFORE MARCH 1st each year.  
**NO AUTHORITY EXISTS FOR GRANTING ANY EXTENSION OF TIME FOR FILING OR PAYMENT.**



ACCOUNTING DIVISION
1200 WEST THIRD STREET
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PHONE: (501) 371-2605
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ACCOUNTING DIVISION
DUE MARCH 1, 2016

ORIGINAL FILING
AMENDED FILING
REFUND DUE

ANNUAL REPORT OF PREMIUMS, TAXES, AND FEES OF REGISTERED RISK RETENTION GROUPS

Form with fields: STATE OF DOMICILE, NAIC COMPANY CODE (5 digit code), COMPANY NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, CONTACT PERSON, TITLE, TELEPHONE NUMBER, EXT, FAX NUMBER, EMAIL ADDRESS

ARKANSAS TAX

A. PREMIUM TAX COMPUTATION:

- 1. Total direct written premiums paid for risks insured in Arkansas during calendar year 2015
2. Finance and Service Charges, Policy Membership and other Fees paid
3. Net Taxable Premiums (Lines 1 + 2)
4. Tax thereon at 4%
Amount cannot be less than zero

B. FEES:

- 5. Certificate of Registration Renewal
6. Filing Annual Statement
7. Total Fees Due (Lines 5 + 6)

C. TOTAL TAXES AND FEES DUE:

- 8. Enter Total of Lines 4 + 7

\*\*\*\*\*PAYMENTS AND REFUNDS\*\*\*\*\*

- 1 **MAKE CHECK PAYABLE TO THE STATE TREASURER AND ATTACH TO THIS FORM.**  
CHECKS FOR GROUPS ARE NOT ACCEPTABLE. PAYMENT MUST BE MADE FOR EACH INDIVIDUAL COMPANY.
- 2 **DO NOT TAKE ANY CREDITS FOR PRIOR YEAR OVERPAYMENTS.**
- 3 REFUNDS WILL BE SENT AFTER THE RETURN IS AUDITED.

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**AFFIDAVIT**

State of \_\_\_\_\_ County of \_\_\_\_\_

Comes \_\_\_\_\_ and states on oath that he/she is the

\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of Company)

and that the foregoing statements are true and correct as shown by the records of said Company.

\_\_\_\_\_  
(ORIGINAL WET SIGNATURE OF OFFICER)

Subscribed and sworn to or affirmed before me, the undersigned Notary Public, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires \_\_\_\_\_