



DEPARTMENT OF FINANCIAL SERVICES
Office of Insurance Regulation

**TRANSMITTAL OF PREMIUM TAXES FOR
 RISK RETENTION GROUPS (RRG's)**

Policy Information:

If policies are from more than one RRG, submit separate transmittal & check for each:

Risk Retention Group Company Name: _____

NAIC #: _____ and/or FEIN #: _____

Covering Policies Issued during: _____ Quarter of _____ 20____
(1st, 2nd, or 3rd, Quarter of which year?)

Remittance Information:

Total Gross Premium: \$ _____ Total Tax Remitted (= to 5% Gross Premium) \$ _____

Check which one applies:

- Agency/Agent
- RRG Company
- Other

From: _____

Contact for Questions: _____
 (Name & Phone # and/or E-mail Address)

MAIL TO: Florida Department of Financial Services
 Revenue Processing Section
 Post Office Box 6100
 Tallahassee, FL 32314-6100

FOR DEPARTMENT USE ONLY

	AMOUNT	TYPE	CODE	
			CLASS	FEE
		10	04	G
		10	12	P