



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, 3rd, or 4th) (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