

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
OFFICE OF CAPTIVE INSURANCE
CAPTIVE INSURANCE COMPANY ANNUAL PREMIUM TAX
GENERAL INFORMATION AND INSTRUCTIONS
**(Please type in the calendar year of the annual premium tax statement.
The premium tax and report are due March 1 of the next year.)**

Attach a copy of State Page and Schedule T or Page 3 Income Statement and Page 5 Premium Schedule to the tax report.

COMPANY INFORMATION AND MAILING ADDRESS

Complete all Company Information. List the address and contact person to whom annual tax and/or fees information or questions should be directed.

Note: Two or more captive insurers under common ownership or control shall be taxed as though they were a single company. List any other companies included in this tax report as indicated on form.

ANNUAL TAX AND/OR FEES CALCULATION

Lines 1, 2 and 3 Enter all direct premiums collected or contracted for during the calendar year on policies or contracts of insurance written. Deduct amounts paid to policyholders as return premiums with respect to such preceding year only. Include only dividends or distributions of unabsorbed premiums or premium deposits returned or credited to policyholders. Do not include annuities. Amounts listed must match annual statement State Page Exhibit of Premiums Written.

Line 4 Enter Excess workers' compensation and employers' liability premiums written.

Line 5 TOTAL DIRECT WRITTEN PREMIUM: Sum Lines 1 through 4

Line 6 Direct Premium Tax Rate [N.J.S.A. 17:47B-12 a]
a. Multiply first \$20,000,000 of Line 5 by .0038
b. Multiply the next \$20,000,000 of line 5 by .00285
c. Multiply the next \$20,000,000 of line 5 by .0019
d. Multiply each dollar thereafter of line 5 by .00072

Line 7 TOTAL Direct Premium Enter total of Line 6.

Line 8 Enter Total Assumed Reinsurance premiums collected or contracted for during the calendar year on policies or contracts of insurance written. Do not include direct premiums or assets received in exchange for the assumption of loss reserves and other liabilities of another insurer under common ownership and control if such transaction is part of a plan to discontinue the operations of such other insurer and if the intent of the parties to such transaction is to renew or maintain such business.

Line 9 Assumed Reinsurance Premium Tax Rate [N.J.S.A 17:47B-12 b]
a. Multiply first \$20,000,000 of Line 5 by .00214
b. Multiply the next \$20,000,000 of line 5 by .00143
c. Multiply the next \$20,000,000 of line 5 by .00048

d. Multiply each dollar thereafter of line 5 by .00024

- Line 10 TOTAL Assumed Reinsurance Premium Tax Enter total of line 9
- Line 11 TOTAL PREMIUM TAX AMOUNT: Sum Line 7 plus Line 10. If sum amount is less than \$7,500, enter minimum tax amount of \$7,500. If sum amount is greater than \$200,000, enter the maximum tax amount of \$200,000.
- Line 12 PREMIUM TAX INSTALLMENT (1/2 of Premium Tax payable in this return) [N.J.S.A 17:47B-12d(2)]
- Line 13 Enter total amount of quarterly prepayments made during the year (if applicable). Subtract from Line 11.
- Line 14 Add Certificate of Authority Renewal Cost: \$300.00
- Line 15 PREMIUM TAX AND FEES DUE: Pay this amount.

AFFIDAVIT

Enter information pertinent to the filing of the tax report. All Premium Tax and Fees Reports shall be signed and sworn to by an officer of the company, or by its United States manager, if a company of a foreign country.

SUBMISSION OF REPORT AND PAYMENT

All reports and payments may be submitted to the Department electronically. To submit the necessary documents, please complete the two payment forms and email as directed on the [attached forms](#).

Please contact do.bi.captives@do.bi.nj.gov with any questions.