

**STATE OF NEW JERSEY  
DOMESTIC COMPANIES**

Type or print the requested information

Federal Employer I.D. Number

Insurer NAIC Code Number \_\_\_\_\_

Company Name \_\_\_\_\_

Insurer NAIC Group Code Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City      State      ZIP Code \_\_\_\_\_

**Important: The following instructions must be adhered to:**

The Original Return must be filed with the Director, Division of Taxation on or before March 1 annually and shall be accompanied with a Check payable to - **"NJ Division of Taxation – Insurance Tax"**

Please refer to the General Filing Instructions at the back of the form concerning Electronic Funds Transfer (EFT) payments.

Mail to: Division of Taxation  
200 Woolverton St., Bldg. 20 (for courier services)  
PO Box 247  
Trenton, NJ 08646-0247

**Also**

You must file a duplicate return with the Commissioner of Banking and Insurance at the same time.

Mail to: The Department of Banking and Insurance  
20 West State Street  
PO Box 325  
Trenton, NJ 08625-0325

**When completing this return, please be sure to follow the general filing instructions on page 5.**

**Annual Report  
Statement of Premium Taxes and Other Obligations  
Life Insurance Companies**

Commissioner of Banking and Insurance, State of New Jersey:  
Director, Division of Taxation, State of New Jersey:

The \_\_\_\_\_

incorporated or organized under the laws of New Jersey and with offices located at \_\_\_\_\_  
Mailing address of office preparing return \_\_\_\_\_

hereby submit the following statement for the calendar year ending December 31, 20\_\_\_\_\_, as required by, and in accordance with the New Jersey Revised Statutes Title 54 chapters 16, 17, 18 and 18A.

The actual address of the New Jersey Principal Office: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

which is located in \_\_\_\_\_ Name of Municipality\* and County \_\_\_\_\_

**\*Please be sure to indicate the actual municipality and not the New Jersey mailing address.**

Date of Incorporation or organized \_\_\_\_\_

Date first licensed in New Jersey \_\_\_\_\_

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

On this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_ before me \_\_\_\_\_

personally appeared \_\_\_\_\_

(Insert Secretary or U.S. Manager)

\_\_\_\_\_ Insurance Company of \_\_\_\_\_

who being duly sworn according to law, on his oath did depose and say that the foregoing report is true and correct.

Subscribed and sworn to before me the day and year aforesaid. \_\_\_\_\_

(Insert Secretary or U.S. Manager)

**Important:  
This block must be completed**  
Federal Employer Identification Number \_\_\_\_\_

(Official Title) \_\_\_\_\_

(Name & Title of party to contact regarding this return) \_\_\_\_\_

(Phone Number) \_\_\_\_\_

(Email Address) \_\_\_\_\_

(Signature of individual of preparing this return) \_\_\_\_\_

(Preparer's Identification Number) \_\_\_\_\_

(Name of Tax Preparer's Employer) \_\_\_\_\_

(Employer's Identification Number) \_\_\_\_\_

**SCHEDULE A**  
**DOMESTIC LIFE INSURANCE COMPANIES**  
**Must be completed by all taxpayers**  
**PREMIUM TAX**

			<b>State of New Jersey Basis</b>
1.	Life Insurance Premium		
2.	Individual Accident and Health		
3.	Group Accident and Health		
4.	All Other explain		
5.	Total premiums per Schedule T (reconcile if different) lines 1 to 4		
6.	Catchall attach computation		
7.	Total Premiums (lines 5 and 6)		
8.	Dividends paid in cash: excluding \$ _____ dividends on Qualified Pension Plans		
9.	Dividends used for renewal: excluding \$ _____ dividends on Qualified Pension Plans		
10.	Dividends left on deposit: excluding \$ _____ dividends on Qualified Pension Plans		
11.	Life premiums on qualifies pension plans (Attach documentation)		
12.	All Other explain		
13.	Total deductions (lines 8 to 12) attach a copy of New Jersey State page of Annual Statement as filed with the New Jersey Department of Banking and Insurance		
14.	Taxable Premiums (line 7 less line 13)		

	<b>Type</b>	<b>Tax Computation Taxable Premiums (See Note Below)</b>	<b>Rate</b>	<b>Tax</b>
15.	Life	\$	2.1%	
16.	Individual A & H	\$	2.1%	
17.	Group A & H	\$	1.05%	
18.	Total Tax (lines 15 thru 17)	\$		

**Calculation of Total Amount Due**

19.	Total Tax after Refundable EDA Business Tax Credits (See Schedule BTC - If line 5 is less than zero "0," enter the overpayment amount, otherwise "0")		
20.	Total Tax after Remaining EDA Business Tax Credits (See Schedule BTC - If line 26 is greater than zero "0," enter the tax amount, otherwise "0")		
21.	Other Insurance Premiums Tax Credits * - Attach Supporting Documentation		
22.	Guaranty Fund Assessment Credit/Credit Recapture (from Page 5, Schedule C, line 8)		
23.	Retaliatory Tax Credit (attach completed Retaliatory Tax Credit form w/documentation)		
24.	Total Tax Credits (Sum of lines 21 through 23)		
25.	Balance of Tax Liability Due - Line 18, 19 or 20 Less Line 24 (See instructions)		
26.	Credit for Prepayment of Premium Tax paid March 1 and June 1 of prior calendar year		
27.	Balance Due (line 25 less line 26)		
28.	Prepayment of Tax liability due March 1 - (50% of line 18)		
29.	Total Amount Due State of New Jersey (line 27 plus line 28)		
30.	If line 27 plus line 28 is less than zero enter the amount of the overpayment		
31.	Amount of line 30 to be applied to Prepayment of Tax Liability due June 1		
32.	Amount to be refunded (If line 30 plus line 31 is less than zero)		
33.	Amount of Business Tax Credit carryforward available to be credited against next year's return. (Schedule BTC - If line 6 is less than zero "0," enter amount here)		

**Note:** If New Jersey taxable premiums are determined as provided in N.J.S.A. 54:18A-6 (12.5% limitation), then Schedule B, Calculation of Taxable Premiums as provided in N.J.S.A. 54:18-A-6 must be completed and include a separate schedule listing each affiliate and its applicable premiums, used in completing column A of Section I.

**Refer to the Domestic Companies-General Filing Instructions in completing this return.**

**SCHEDULE B**  
**LIFE INSURANCE COMPANIES**  
**CALCULATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6**

**INSTRUCTIONS**

This schedule is to be completed *only* by those companies *electing* to calculate taxable premiums as provided in N.J.S.A. 54:18A-6 (12.5% Limitation).

If the company was licensed in this state on or after June 30, 1984, complete *both* Section I and Section II.

If the company was licensed in this state prior to June 30, 1984, complete *only* Section II.

Worldwide Premiums should be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, line 14.

**When completing Section I, attach a separate schedule listing each affiliate and applicable premiums used in completing column A of Section I.**

**Schedule A, lines 1 to 14, must still be completed by ALL TAXPAYERS in the same manner as per N.J.S.A. 54:18A-2 or N.J.S.A. 54:18A-3.**

**SECTION I – COMPLETE ONLY IF LICENSED IN THIS STATE ON OR AFTER June 30, 1984**

**WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN  
AND ALL OF ITS AFFILIATES AS DEFINED IN N.J.S.A. 17:27A-1 et seq.**

<b>WORLDWIDE PREMIUM DATA</b>		<b>(A) WORLDWIDE PREMIUMS</b>	<b>(B) 12.5% OF AMOUNT IN COLUMN (A)</b>	<b>(C) NEW JERSEY PREMIUMS</b>
1.	Life Insurance Premiums of Company and all Affiliates			
2.	Individual Accident & Health Insurance Premiums of Company and all Affiliates			
3.	Group Accident & Health Insurance Premiums of Company and all Affiliates			
4.	<b>TOTAL</b>			

**SECTION II – MUST BE COMPLETED BY ALL COMPANIES ELIGIBLE TO CALCULATE TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.**

**WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN**

<b>WORLDWIDE PREMIUM DATA</b>		<b>(A) WORLDWIDE PREMIUMS</b>	<b>(B) 12.5% OF AMOUNT IN COLUMN (A)</b>
1.	Life Insurance premiums		
2.	Individual Accident & Health Insurance Premiums		
3.	Group Accident & Health Insurance Premiums		
4.	<b>TOTAL</b>		

**NOTE:** IN ORDER TO DETERMINE WHICH FIGURES SHOULD BE APPLIED AS TAXABLE PREMIUMS AT LINE(S) 15,16, AND 17 OF SCHEDULE A, PLEASE REFER TO THE INSTRUCTIONS ON PAGE 6 FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

**SCHEDULE BTC**  
**SUMMARY OF EDA BUSINESS TAX CREDITS**

This schedule must be completed when any business tax credits and/or credit carryforwards are claimed for the current tax filing period. Instructions for claiming a credit are found on the corresponding tax credit form.

**SCHEDULE BTC – SUMMARY OF EDA BUSINESS TAX CREDITS**

1.	Enter Total Tax Amount - from Form DEXM page 2 line 18, DEM page 2 line 19, EXM page 3 line 42, or EM page 3 line 27 .....	1.	
----	--	----	--

**PART I – REFUNDABLE EDA BUSINESS TAX CREDITS**

2.	Business Employment Incentive Program Tax Credit (BEIP) Form 324-IPT .....	2.	
3.	Neighborhood Revitalization State Tax Credit For Insurance Premiums Tax, Marine Insurance Tax, Petroleum Products Gross Receipts Tax, and Public Utility Taxes on Sewer and Water Companies from Form 311-MISC .....	3.	
4.	Total Refundable EDA Business Tax Credits – Add lines 2 and 3 .....	4.	
5.	Enter Total Tax after Refundable EDA Business Tax Credits – subtract line 4 from line 1 .....	5.	
6.	If the amount on line 5 is less than zero, enter the overpayment amount to be refunded here and on DEXM page 2 line 19, DEM page 2 line 20, EXM page 3 line 43, or EM page 3 line 28).	6.	

**PART II – NONREFUNDABLE EDA BUSINESS TAX CREDITS**

7.	Business Retention and Relocation Tax Credit from Form 316-IPT .....	7.	
8.	Urban Transit Hub Tax Credit from Form 319-IPT .....	8.	
9.	Grow New Jersey Assistance Tax Credit from Form 320-IPT .....	9.	
10.	Wind Energy Facility Tax Credit from Form 322-IPT .....	10.	
11.	Economic Redevelopment and Growth Tax Credit from Form 323-IPT .....	11.	
12.	Public Infrastructure Tax Credit from Form 325-IPT .....	12.	
13.	Film and Digital Media Tax Credit from Form 327-IPT .....	13.	
14.	New Jersey Innovation Evergreen Fund Tax Credit from Form 334-IPT .....	14.	
15.	Food Desert Relief Tax Credit from Form 336-IPT .....	15.	
16.	Historic Property Reinvestment Tax Credit from Form 338-IPT .....	16.	
17.	Emerge Program Tax Credit from Form 339-IPT .....	17.	
18.	Brownfields Redevelopment Incentive Program Tax Credit from Form 340-IPT .....	18.	
19.	New Jersey Aspire Program Tax Credit from Form 341-IPT .....	19.	
20.	Cultural Arts Incentives Program Tax Credit from Form 342-IPT .....	20.	
21.	Next New Jersey Program Tax Credit from Form 343-IPT .....	21.	
22.	NJHMFA Project Financing Tax Credit Program from Form 344-IPT .....	22.	
23.	Next New Jersey Manufacturing Program Tax Credit from Form 345-IPT .....	23.	
24.	Other EDA Business Tax Credits (see General Filing Instructions).....	24.	
25.	Total Remaining Nonrefundable EDA Business Tax Credits taken on this return – Add lines 7 through 24 .....	25.	
26.	Total Tax after Remaining EDA Business Tax Credits (If line 5 is greater than or equal to zero, subtract line 25 from line 5).....	26.	
27.	If line 26 is less than zero, enter amount of credit carryforward to next year's return .....	27.	

## SCHEDULE C – CALCULATION OF GUARANTY FUND ASSESSMENT CREDIT/CREDIT RECAPTURE

Pursuant to N.J.S.A. 17B:32A-18(b), for any sums that are acquired by member insurers resulting from a refund from the association pursuant to subsection f. of section 8 of this Act, and that have already been offset against premium taxes as provided in subsection a. of this section, the Division of Taxation requires insurers to file amended return(s), to reduce/pay back any credits they received, when assessments are refunded. By doing so, the State recovers the tax revenue associated with the credit.

Eligibility - Provided for by the New Jersey Life and Health Insurance Guaranty Association Act (N.J.S.A. 17B:32A-18), a member Life and Health insurer may offset against its premium tax liability, attributable to premiums written in that year, any assessments for which a Class B Certificate of Contribution has been issued, to the extent of 10% of the amount of those assessments for each of the five calendar years following the second year after the year in which those assessments were paid, except that no member insurer may offset its premium tax liability by more than 20% of its tax liability in any one year.

**Must Include copies of assessments, assessment detail, proof of payment and/or refund for all assessments listed.**

Year Assessment Paid	Years in Which a Credit for an Assessment can be claimed (Credit is 10% of Assessment)							Amount of Assessment	Maximum Allowable Credit (10% of Assessment)	Amount of GFA Credit Recapture	Net Allowable Credit
	1	2	3	4	5	6	7				
2018		2021	2022	2023	2024	2025			1.		
2019		2022	2023	2024	2025	2026			2.		
2020		2023	2024	2025	2026	2027			3.		
2021		2024	2025	2026	2027	2028			4.		
2022		2025	2026	2027	2028	2029			5.		
Maximum Credit Available for this Return (add lines 1 through 5 above)								6.			
Enter 20% of the Total Tax Due reported on Schedule A, line 18								7.			
Enter the lesser of line 6 or 7 here and on Schedule A, line 22								8.			

### Guaranteed Funds Assessment Credit/Credit Recapture Supporting Documentation

The below supporting documentation must be included with the filed return, for each assessment, to validate the claim:

1. A copy of the "Class B" Certificate(s) of Contribution;
2. Assessment Summary with Assessment Detail; and
3. A copy of the front and back of the cancelled check issued in payment, supporting each amount claimed, must be included with the filed return or the credit will be denied;
4. If there are multiple assessments claimed for the same "Year Assessment Paid," a reconciliation of the Class B Certificates of Contribution to the "Amount of Assessment" is required.

### Guaranteed Funds Assessment Credit Recapture

1. If an insurer receives a refund (cash or member credit) for an assessment from the association, the refund must be subtracted from the amount of any assessment credit requested. If a refund also affects a credit taken on a prior year tax return, the prior year tax return must be amended.
2. A copy of the letter from the GFA Association advising the refunded amount must be included with the amended filing.

## DOMESTIC COMPANIES - GENERAL FILING INSTRUCTIONS

Below are instructions about areas to pay close attention to when completing the tax form:

1. **NAIC Code Number** – At the top left side of the first page of the return is a space to provide the insurer's five-digit NAIC (National Association of Insurance Commissioners) code. This space must be completed by all taxpayers.
2. **Date of Incorporation or organized** must be entered.
3. **Date first licensed in New Jersey** must be entered.
4. **Schedule A** – Please note, Schedule A, including lines 1 to 14, must be completed by **all taxpayers**, including taxpayers calculating their tax using the 12.5% Premium Tax Cap indicated in Schedule B. For Premium Tax Cap taxpayers, complete lines 1–12 as per N.J.S.A. 54:18A-2 or N.J.S.A. 54:18A-3 as if you were not eligible for the Cap.
5. **EDA Business Tax Credits** – Schedule BTC must be completed when any Business Tax Credit is claimed, and a copy of the tax credit/tax credit transfer certificate and applicable tax credit form must be included with the return. Instructions for claiming a credit are found on the corresponding tax credit form on the Division's website at [www.state.nj.us/treasury/taxation/prntins.shtml](http://www.state.nj.us/treasury/taxation/prntins.shtml)
6. **Other EDA Business Tax Credits:** On Schedule BTC, line 10 provides for any valid business tax credit(s) allowable in accordance with the New Jersey Insurance Premiums Tax that were not enacted at the time that this packet was made available. Any tax credit(s) claimed on this line must follow the same Business Tax Credit procedure outlined in #5 above.
7. **Other Insurance Premiums Tax Credits** on Schedule A, line 21 is for Insurance Premiums Tax credits allowed but not specifically detailed elsewhere within the return. They also require supporting documentation in the form of copies of the assessment/fee invoice and copies of the front and back of the cancelled check issued in payment of the credit. These documents **MUST** be submitted with the return or the credit will be denied.
8. **Guaranteed Fund Assessment Credits/Credit Recapture** – When claimed on Schedule A, legible copies of the Class B Certificate of Contribution with Account Summary Detail and a copy of the front and back of the cancelled check issued in payment must be submitted with the return or the credit will be denied. With multiple assessments in the same year, provide the credit calculation detail by assessment. For Credit Recapture, a copy of the GFA Association letter is required. All must reconcile to the credit requested.
9. **Credit for Prepayment of Premium Tax Paid – Line 26** – If the prepayment credit line includes amounts because of mergers/acquisitions or other amounts, provide a separate breakdown of the amount by entity name and Federal Tax ID#.
10. **All Credits** claimed on Schedule A require a copy of the assessment/invoice and proof of payment and/or other supporting documentation (i.e., copy of the front and back of the cancelled check or EFT confirmation). These documents **MUST** be submitted with the return or the credit will be denied.
11. **Penalty and Interest** – Any taxpayer that fails to file its return or pay tax when due, shall be subject to penalties and interest as provided for in the State Tax Uniform Procedure Law N.J.S.A. 54:48-1 et seq. and N.J.S.A. 18:2-2.1 et seq.
12. **Overpayment** – Any refundable overpayment included on Schedule A, line 30 must first be applied to the prepayment due June 1 or any other outstanding obligation, before any refund will be issued.
13. **Affiliate Schedule** – A taxpayer determining its taxable premiums as provided in N.J.S.A. 54:18A-6, when completing Schedule B, Section I, **must** include a separate schedule listing each affiliate and its applicable premiums used in completing Section I column A.
14. **New Jersey State page and Schedule T** – A copy of both must be attached to this return.
15. **All attachments** must be included with **both** the original return filed with the Division of Taxation **and** the duplicate original return filed simultaneously with the Department of Banking and Insurance.

### INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6 (SCHEDULE B)

If New Jersey taxable premiums are determined as provided in N.J.S.A. 54:18A-6 (12.5% Premium Tax Cap), then Schedule B, Calculation of Taxable Premiums as provided in N.J.S.A. 54:18A-6 must be completed.

Column A Worldwide Premiums are defined as **Worldwide Premiums minus dividends paid or credited to policyholders**.

If the company was licensed in this state on or after June 30, 1984, and the amount indicated on Section I, column C, line 4, is *not greater* than the amount indicated in Section I, column B, line 4, the company does not qualify to use this limitation. Taxable Premiums are those indicated on Schedule A, line 14.

If the company **was** licensed in this state on or after June 30, 1984, and the amount indicated on Section I, column C, line 4, is *greater* than the amount indicated on Section I, column B, line 4, the company is eligible and its taxable premiums are the amounts indicated on Section II, column B. These amounts are to be entered on Schedule A, applicable line(s) (15, 16, and 17).

If the company was licensed in this state prior to June 30, 1984, and the amount indicated on Section II, column B, line 4 is *less* than taxable premiums indicated on Schedule A, line 14, enter amounts from column B on Schedule A, applicable line(s) (15, 16, 17). If the amount indicated on Section II, column B, line 4, is *not less* than taxable premiums indicated on Schedule A, line 14, taxable premiums are those indicated on line 14 of Schedule A.

### SCHEDULE BTC SUMMARY OF EDA BUSINESS TAX CREDITS & SCHEDULE A LINES 19 & 20

To claim EDA Business Tax Credits on Schedule A, this schedule must be completed, and a copy of the tax credit/tax credit transfer certificate, fully signed by all parties, must be included with the return.

1. If there is an overpayment amount on line 5, enter that amount on Schedule A, line 19.
2. If there is an amount on line 26 greater than or equal to "0" zero, enter that amount on Schedule A, line 20.
3. If the amount on line 26 is less than "0" zero, enter the carryforward amount on Schedule A, line 33.

Instructions for claiming a Business Tax Credit are found on the corresponding tax credit forms on the Division of Taxation website at [www.state.nj.us/treasury/taxation/prntins.shtml](http://www.state.nj.us/treasury/taxation/prntins.shtml)

**DOMESTIC COMPANIES GENERAL FILING INSTRUCTIONS-cont'd****BALANCE OF TAX LIABILITY DUE – LINE 25**

When there are Business Tax Credits and a completed Schedule BTC, if there is an amount other than "0" to be entered on line 20 or 21, use that amount in calculating line 25.

When there are no Business Tax Credits, use line 18 to calculate line 25.

**TOTAL AMOUNT DUE STATE OF NEW JERSEY – LINE 29**

Total Amount Due State of New Jersey, which includes the March 1st prepayment, must be transmitted in **ONE** transaction with an applicable year of **2025** and **RETURN PERIOD ENDING date of 251231** to the Division of Taxation at the address indicated on the front page of this return. **DO NOT** send tax payments to The Department of Banking and Insurance.

**DELIVERY RECEIPT CONFIRMATIONS**

Mail and delivery services/couriers do not maintain tracking information after 120 days. In the event confirmation of receipt is required by the Division of Taxation as proof of timely filing, the Division strongly suggests taxpayers keep copies of delivery receipt tracking information including but not limited to sending address, date and time sent, delivery address, date and time delivered, and any signatures, if applicable, for return filings and payments sent to the Division. Providing only the tracking number is insufficient. The confirmation of receipt must include all tracking information as advised above. If there is a dispute, without appropriate documentation the dispute will be denied and the taxpayer will remain noncompliant until all outstanding tax liabilities and/or obligations are paid.

**ELECTRONIC FUNDS TRANSFERS**

The Division of Taxation has established procedures to allow the remittance of tax payments through electronic funds transfer (EFT). Taxpayers with a prior year's tax liability of \$10,000 or more in any tax are required to remit tax payments using EFT. The taxpayer may also use the New Jersey Division of Revenue's Online Payment Service at [https://www1.state.nj.us/TYTR\\_BusinessFilings/jsp/WebPmt/WebPmtLogin.jsp](https://www1.state.nj.us/TYTR_BusinessFilings/jsp/WebPmt/WebPmtLogin.jsp) for any amount due.

**\*\*FED Wires or other wire transfers are not acceptable methods of EFT payments\*\***

For EFT program questions, call the EFT Unit at (609) 292-9292 Opt #6, Fax (609) 984-6681, visit the Division of Revenue and Enterprise Services website at [www.state.nj.us/treasury/revenue/eft1.shtml](http://www.state.nj.us/treasury/revenue/eft1.shtml), or write to the New Jersey Division of Revenue and Enterprise Services, EFT Section, P.O. Box 191, Trenton, N.J. 08646-0191.

**\*\*\*EFT REMITTANCE INSTRUCTIONS\*\*\***

When making payments by check or EFT, the Total Amount Due State of New Jersey due March 1, which includes the March 1st 50% prepayment, must be transmitted in **ONE transaction**.

For processing purposes, payments by check or EFT associated with the 2025 tax return are to use the return year **2025 and RETURN PERIOD ENDING date of 251231 (YY) Year, (MM) Month, (DD) Day**.

Associated payments include but are not limited to the **Total Amount Due State of New Jersey due on or before March 1** (which includes the 3/1 50% prepayment) and the **Balance Due on or before June 1** (which includes the 6/1 50% prepayment). The same procedure must be followed for subsequent tax years after adjusting the return year and Return Period Ending Date accordingly.

**IMPORTANT NOTE**

If the taxpayer is paying obligations to The Department of Banking and Insurance, those amounts must be submitted under separate cover to The Department of Banking and Insurance at the address indicated on the notice received for that obligation.