

INSTRUCTIONS: Complete and attach this form to Schedule of Taxes and Fees (Nondomestic Insurers) or Schedule of Fees (Domestic Insurers).

Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)

Insurer Name		NAIC Group	NAIC Number
State of Domicile	Individual Responsible for Preparing Form		Telephone Number
Individual Responsible for Preparing Form Email Address			

FIRE PREMIUMS WRITTEN IN WISCONSIN
For Year Ending December 31, _____

Lines of Insurance	A Net Direct Premiums Less Dividends	B Finance Charges	C Present Allocation	D Premiums Subject to Dues
1. Fire			100%	
2. Homeowners, Farmowners, Commercial Multiple Peril (Lines 5.1 + 5.2), and All Other Multiple Peril			30%	
3. Inland Marine (including valuable papers and personal property floater coverages)			25%	
4. Automobile Comprehensive: All policies with deductible			30%	
5. Full Coverage Automobile Comprehensive: All policies no deductible			15%	
6. Aircraft Physical Damage			30%	
7. All Other Applicable Fire Premiums*			100%	
8. Total (Lines 1 through 7)				
Fire Department Dues Rate02
9. Total Amount Due (Line 8 x .02)				

* All other fire premium applicable to motor vehicle insurance, including the fire portion of combined coverages such as fire and theft; or fire, theft, and windstorm, should be reported on this line.

The allocation of all other multiple peril premiums including the peril of fire, not covered by the foregoing instructions shall be on an actual basis or on a basis determined by the company consistent with the current rating plan.

TRANSFER AMOUNT ON LINE 9 TO SCHEDULE OF FEES



INSTRUCTIONS: Please refer to oci.wi.gov/Pages/Companies/InfoOnPremiumTaxesAndFees for remittance of taxes and fees.
Complete, sign, and return this form to OCIFinancial@Wisconsin.gov.

Insurer Name	NAIC Group	NAIC Number
Individual Responsible for Preparing Form	Area Code ()	Telephone Number

For Year Ending December 31, _____

1. Annual Statement Filing Fee		\$100.00
2. Continuation of Certificate of Authority Fee		\$100.00
3. Fire Department Dues (Line 9, Fire Department Dues Report)		
4. Any Overpayment From Previous Year		
5. Quarterly Fire Department Dues Payments to Date		
6. Net Fire Dues Payable (Line 3 minus Lines 4 and 5)		
7. Total Amount Due (Lines 1, 2, and 6)		

IF NEGATIVE AMOUNT, OVERPAYMENT WILL BE APPLIED TO QUARTERLY INSTALLMENT DUE APRIL 15.

I certify that the above statement is a true and correct representation of amounts due the state of Wisconsin.

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

For Office Use Only	
Initial As Vouchered:	
1. To Allocation Screen	_____
2. To Amount in Letter	_____