

**SCHEDULE OF FEES
Domestic Mortgage Guaranty Insurers**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Section 601.32, Wis. Stat.

INSTRUCTIONS: Complete form if licensed to do mortgage guaranty insurance in Wisconsin. **Please refer to <http://oci.wi.gov/epayment/premtax.htm> for remittance of taxes and fees.** Complete, sign, and return this form with annual statement to the above address by **MARCH 1**.

Insurer Name	NAIC Group	NAIC Number
Individual Responsible for Preparing Form	Area Code ()	Telephone Number
Individual Responsible for Preparing Form E-mail Address		

For Year Ending December 31, _____

1. Annual Statement Filing Fee		\$100.00
2. Continuation of Certificate of Authority Fee		\$100.00
3. Direct Premium Written (Schedule T, Line 50, Column 2)		
4. Tax Rate [s. 76.63 (2), Wis. Stat.]		
5. Mortgage Guaranty Tax (Line 3 times Line 4)		
6. Quarterly Tax Payments to Date		
7. Mortgage Guaranty Tax Due (Line 5 minus Line 6)		
8. Total Amount Due (Lines 1, 2, and 7)		

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

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	_____