

SCHEDULE OF FEES **Domestic Mortgage Guaranty Insurers**

Ref: Section 601.32, Wis. Stat.

INSTRUCTIONS:

Complete form if licensed to do mortgage guaranty insurance in Wisconsin. Please refer to oci.wi.gov/epayment/premtax.htm for remittance of taxes and fees. Complete, sign, and return this form with annual statement via the Financial Filing Portal (preferred method) or OCIFinancial@Wisconsin.gov by MARCH 1. Refer to oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx for Financial Filing Portal instructions.

Pursuant to s. 601.72. Wis. Stats. Personal information you provide may be used for purposes other than that for which it was

Insurer Name	NAIC Group	NAIC Number
ndividual Responsible for Preparing Form Telephone Nun		 nber
Individual Responsible for Preparing Form Email Address		
For Year Ending Decemb	per 31,	
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. Investment Credits pursuant to ss. 76.635, 76.636, 76.637, 76.638 76.639 Wis. Stat.*		
7. Quarterly Tax Payments to Date		
8. Mortgage Guaranty Tax Due (Line 5 minus Lines 6 and 7)		
9. Total Amount Due (Lines 1, 2, and 8)		
Line 6. should not exceed Line 5.		
F NEGATIVE AMOUNT, OVERPAYMENT WILL BE APPLIED TO QUA	RTERLY INSTALLMENT DU	JE APRIL 15.
certify that the above is a true and correct exhibit of premiums collected and on Wisconsin in the past calendar year and is in accordance with requirements		
Title of Officer Name of Officer (Type or Print)	

Signature of Officer

For Office Use Only Initial As Vouchered:

- 1. To Allocation Screen
- 2. To Amount in Letter

Date