STATEMENT OF TAXABLE PREMIUMS AND FEES RECEIVED ON NORTH DAKOTA BUSINESS

NORTH DAKOTA STATE INSURANCE DEPARTMENT

SFN 17419 (2-2009)

Instructions:

1. Complete and file this form by April 1st of each year for the preceding calendar year.
2. If any surplus lines business is written during the calendar year, Form SFN 4824 must be completed and attached to this form along with payment of the premium tax.
3. All fees and assessments are subject to tax. Include all fees in the figures reported on this form.
4. Include all policies with an effective date within the calendar year for which the report is filed regardless of when the premium is collected.
5. Prorate premium for policies covering risks in multiple states.
6. Send form and tax to: North Dakota Insurance Department, 600 E. Boulevard Avenue Dept. 401, Bismarck, ND 58505-0320.

Gross Direct Premiums and fees received during calendar year _____, less return premiums, refunds, and abatements	$
Less Adjustments (explain in detail)	$
Total Taxable Premiums and Fees	$
Tax Liability (1 3/4% of Taxable Premiums and Fees)	$

Surplus Lines Producer, Purchasing Group, Industrial Insured	National Producer Number (NPN) or Federal Tax ID Number (FEIN)

I hereby certify that I am the above Surplus Lines Producer and that the foregoing is a true and correct statement.

Signature Date