ESTIMATED PREMIUM TAX STATEMENT

NORTH DAKOTA DEPARTMENT OF INSURANCE
SFN 11051 (1-2012)

DEPARTMENT USE ONLY	
Tax Paid:	Penalty/Interest:

☐ FIRST ESTIMATE - Due 5/30 ☐ SECOND ESTIMATE - Due 8/29 ☐ THIRD ESTIMATE - Due 11/29

NAIC CoCode:	
Company Name: (REQUIRED)	
Company Address: (REQUIRED)	
Preparer's Name: (REQUIRED)	
Telephone Number: (REQUIRED)	E-Mail Address

I declare the statements contained in this form are true and correct to the best of my knowledge and belief.

Authorized Signature: (REQUIRED)	Date:

A	CHECK Box A or B	ROUND DOLLARS	
☒	1. Total tax paid for prior year	$	
	2. 25% of line 1	$	
B			
☐	3. Tax due on 80% basis **(complete table below)**		$
	4. Prorated credits:		
	4a. Examination	$	
	4b. Ad valorem	$	
	4c. CHAND	$	
	4d. L & H Guaranty Assc.	$	
	4e. Refund credit *	$	
	5. Total credits (sum of 4a through 4e)		$
	6. Tax due (line 2 **OR** line 3, LESS line 5) **NOT LESS THAN ZERO**		$

Choose option A - reporting on 25% of previous year's tax paid, ORB- reporting on 80% of actual premiums for quarter. CHECK corresponding box.

1. If you choose Option A, enter the total from line 16 of prior year's Reconciled Tax Statement.
2. Enter 25% of line 1 if reporting under Option A.
3. If you choose Option B, complete TABLE below. Enter amount of table line 6, column 4. (If more detail is used to figure Table line 5, attach specifics.)
4. Enter 25% of each applicable credit for lines 4a-4d. *Attach credit voucher from Department allowing credit for line 4e.
5. Enter total of lines 4a-4e.
6. If you chose Option A, enter total of line 2 less line 5. If you chose Option B, enter total of line 3 less line 5. CANNOT BE LESS THAN ZERO

If you choose Option B, complete TABLE below. Enter amount of table line 6, column 4. (If more detail is used to figure Table line 5, attach specifics.) No payment is required until the final quarter when the tax is reconciled if the estimated tax is less than $25. Failure of a company to file each estimated tax statement and make all applicable payments based on Option A or B shall subject the company to the penalties persuant to ND Century Code Section 26.1-03-17(3).

If reporting under Option B, complete following Table - PLEASE TYPE	ROUND TO WHOLE DOLLARS A&H (1)	LIFE (2)	P&C (3)	TOTAL (4)
1. Premiums, assessments, membership, subscriber and policy fees and finance and service charges LESS return premium, refunds, and abatements.				
2. Dividends paid to policyholders or used in reduction of premiums				
3. Line 1 LESS line 2 X 80%				
4. Line 3 X ND tax rate (A&H-1.75%) (Life-2%) (P&C-1.75%)				
5. Line 3 X domestic state tax rate, A&H ____% Life ____% P&C _____%				
6. In columns 1-3, enter the GREATER of line 4 or 5. In column 4, enter the total of columns 1-3.				