

THE STATE



OF WYOMING

Insurance Department

106 East 6th Avenue ♦ Cheyenne, Wyoming 82002

**QUARTERLY
PREMIUM TAX RETURN
CALENDAR YEAR 2013**

NAIC Number: _____

Company Name: _____

Contact Person: _____

Telephone Number: _____

E-Mail (**Required**): _____

Pursuant to W.S. § 26-4-103(k) any insurer authorized to transact business in the state of Wyoming shall pay estimated premium taxes quarterly. Failure to do so shall result in the suspension or revocation of the insurer's certificate of authority.

Taxes are to be paid on a **retaliatory** basis. Each quarterly payment shall not be less than 25% of the total premium tax paid during the preceding calendar year.

Wyoming's tax rates are as follows:

		<u>Percent</u>
Life, property, casualty, multiple line	=	0.7500
Annuity	=	1.0000
Wet marine, transportation	=	0.7500

Prior year credits are not to be taken until notification from the department is received confirming the amount. Please attach a copy of the notification when applying the credit.

Please remit this statement each quarter to the Wyoming Insurance Department.

Due dates are: **April 30, 2013; July 31, 2013; October 31, 2013.**

You MUST file this form even if your tax liability is zero. Filing all three quarters is permitted. Please check box if filing all 3 quarters on this filing.

	Quarter 1	Quarter 2	Quarter 3
Tax Payment Enclosed:			