Form T-71

INSURANCE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ADMINISTRATION - DIVISION OF TAXATION

2005

INSURANCE COMPANIES TAX RETURN OF GROSS PREMIUMS
FOR CALENDAR YEAR ENDING DECEMBER 31, 2004

Every domestic, foreign, or alien insurance company carrying on business in Rhode Island during the preceding calendar year must file this return and pay the Tax 9(a) or 9(b) whichever is larger to:Tax Administrator, 1 Capitol Hill Ste 9, Providence, RI 02908-5811, on or before March 1, 2005.

FED ID#:

Name:

STATE OR COUNTRY OF INCORPORATION OR ORGANIZATION

Address:

WHETHER STOCK, MUTUAL OR PARTICIPATING STOCK

ALL FILERS MUST ATTACH SCHEDULE T AND SCHEDULE OF DIRECT BUSINESS IN THIS STATE FROM THE ANNUAL STATEMENT SUBMITTED TO THE INSURNACE COMMISSIONER

Schedule A

COMPUTATION OF TAX

1. Direct Premiums (Gross less return premiums from Schedule T, Part 1 of annual statement to Insurance Commissioner) _____
2. Reinsurance assumed from companies not authorized to do business in R.I. (covering property and risks in R.I.) _____
3. Total Premiums (Item 1 plus Item 2) _____ _____

DEDUCTIONS

4. Dividends paid or credited to policyholders - Direct (Mutual & Mutual Plan Companies only) _____ _____
5. Direct Ocean Marine Premiums (Gross less return premiums) _____ _____
6. Total Deductions (Item 4 plus Item 5) _____ _____
7. Capital Investment Deduction _____ _____
8. Net Taxable Premiums (Item 3 minus Items 6 & 7) _____ _____
9. (a) TAX (2% of Item 8) _____ _____
   (b) TAX AND FEES UNDER RETALIATORY PROVISIONS (from Schedules C and D on back page) _____ _____

(TAXPAYER MUST PAY AMOUNT INDICATED ON 9 (a) OR 9 (b) WHICHEVER IS GREATER)

Schedule B

COMPUTATION OF AMOUNT OF PAYMENT DUE

1. Enter either 9 (a) or 9 (b) whichever is greater _____ _____
2. a) Less Educational Assistance and Development Credit (Attach Form 5009) _____ _____
   b) Less Child Day Care Assistance and Development Credit (Attach Form RI-2441) _____ _____
   c) Less Credit for R.I. Life & Health Insurance Guaranty Assessment _____ _____
   d) Less Credit for Enterprise Zone _____ ; Less Historic Structures Credit(attatch schedule) _____ _____
   e) Less Credit for Investment Tax (Attatch Form 3468) _____ _____
3. Amount due (Line 1 minus Line 2a, 2b, 2c, 2d, and 2e) _____ _____
4. Estimated Payments Made for Calendar 2004 _____ Other Payments Made _____ Total Payments Made _____
5. Payment Due With Return _____ _____
6. Overpayment _____ _____
7. Enter amount of Line 6 to be credited to Estimated Tax for following year _____ .....Refunded _____

CERTIFICATION

This certification must be executed or the return must be sworn before some person authorized to administer oaths

I, the undersigned _____ of the company for which this return is made, hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct, and complete to the best of my knowledge and belief, and that this return is made under the penalty of perjury.

Date

Signature of duly authorized officer

Title

Rev. 10/04

R.I.G.L. 27-2-17 PROVIDES THAT INSURANCE COMPANIES ORGANIZED OR INCORPORATED UNDER LAWS OF A STATE OR COUNTRY WHOSE LAWS DO NOT IMPOSE RETALIATORY OR OTHER CHARGES OR GRANT ON A RECIPROCAL BASIS, EXEMPTIONS THEREFROM FOR COMPANIES ORGANIZED OR INCORPORATED IN THIS STATE, WILL NOT BE SUBJECT TO RETALIATORY TAXES OR FEES

Schedule C — **TAXPAYER'S COMPUTATION OF TAX UPON RETALIATORY BASIS**
SECTION 44-17-1 OF THE R.I. GENERAL LAWS

Compute below the tax that the taxpayer's state or country of incorporation would impose on like companies incorporated in Rhode Island, or their agents, doing business is such state or country of incorporation.

In the case of foreign or alien companies, the Rhode Island tax shall not be less in amount than that computed below in accordance with the retaliatory provision.

ATTACH COPY OF HOME STATE OR COUNTRY RETURN

Line 1- Tax that the taxpayer's state or country would impose on like companies incorporated or organized in RI, or their agents, doing business in such state or country of incorporation or oganization.....	1._____
Line 2- Rhode Island tax from Line 9a, Schedule A, Page 1 of this form.....	2._____
Line 3- Tax due (Enter the greater of Line 1 or Line 2 above)	3._____

Schedule D — **TAXPAYER'S COMPUTATION OF RECIPROCAL FEES AND ASSESSMENTS**
SECTION 27-2-17 OF THE RHODE ISLAND GENERAL LAWS

INCLUDE in the calculation, fees and assessments that are levied upon insurance companies doing business in your state that are not billed directly by the Rhode Island Insurance Division.

Line 1- Fees and assessments that the taxpayer's state or country would impose on like companies incorporated or organized in RI, or their agents, doing business in such state or country of incorporation or organization	1. _____
Line 2- Fees that billed directly by the RI Insurance Division related to the annual statement filings and annual license renewal fees. Please refer to your March 2004 invoice billed by the RI Insurance Division to identify the proper fees to include.....	2. _____
Line 3- Reciprocal fees and assessments due (Line 1 less Line 2, no less than zero).....	3._____

ENTER ON LINE 9b, SCHEDULE A, PAGE 1 OF THIS RETURN- LINE 3 SCHEDULE C PLUS LINE 3 SCHEDULE D..... _____