



Texas Annual Insurance Maintenance, Assessment and Retaliatory Report

(For Licensed Insurance Companies and Miscellaneous Organizations)

a. T Code **72100**

• A report must be filed even if no tax is due.

c. Taxpayer number d. Filing period e. f. Due date

Taxpayer name and report mailing address (Make any necessary name and report address changes below)

g.

h. IMPORTANT

Blacken this box if your mailing address has changed. Show changes beside the preprinted information.

1. i. j.

• **TYPE or PRINT.**
• **See instructions, Form 25-300.**

* Taxable premiums are gross premiums minus dividends.		COLUMN A TAXABLE PREMIUMS (Whole dollars only)	COLUMN B TAX RATE	COLUMN C - AMOUNT DUE (Multiply Column A by Column B)	
MAINTENANCE TAX/FEE	* 1. Fire and allied (Ch. 252)	1a. <input type="checkbox"/>		1c. <input type="text"/>	
	* 2. Casualty and fidelity (Ch. 253)	2a. <input type="checkbox"/>		2c. <input type="text"/>	
	* 3. Motor vehicle (Ch. 254)	3a. <input type="checkbox"/>		3c. <input type="text"/>	
	* 4. Workers' Compensation (Ch. 255 & Texas Labor Code Sec. 407A.302)	4a. <input type="checkbox"/>		4c. <input type="text"/>	
	* 5. DWC / OIEC (Texas Labor Code Secs. 403.002, 403.003, & 407A.301)	5a. <input type="checkbox"/>		5c. <input type="text"/>	
	* 6. Workers' Compensation Research (Texas Labor Code Sec. 405.003)	6a. <input type="checkbox"/>		6c. <input type="text"/>	
	7. Accident and health (Ch. 257)	7a. <input type="checkbox"/>		7c. <input type="text"/>	
	8. Life and annuity (Ch. 257)	8a. <input type="checkbox"/>		8c. <input type="text"/>	
	9. Local mutual aid association (Ch. 257)	9a. <input type="checkbox"/>		9c. <input type="text"/>	
	10. Title company (Ch. 271)	10a. <input type="checkbox"/>		10c. <input type="text"/>	
	11. TPA (Fees) (Ch. 259)	11a. <input type="checkbox"/>		11c. <input type="text"/>	
		ENROLLEES (Whole numbers)			
O.P.I.C.	12. HMO - basic health care service (Ch. 258)	12a. <input type="checkbox"/>		12c. <input type="text"/>	
	13. HMO - single health care service (Ch. 258)	13a. <input type="checkbox"/>		13c. <input type="text"/>	
	14. HMO - limited health care service (Ch. 258)	14a. <input type="checkbox"/>		14c. <input type="text"/>	
			POLICIES (Whole numbers)		
	15. All lines of property and casualty policies	15a. <input type="checkbox"/>		15c. <input type="text"/>	
	16. Accident and health policies/certificates of coverage	16a. <input type="checkbox"/>		16c. <input type="text"/>	
	17. Life policies/certificates of coverage	17a. <input type="checkbox"/>		17c. <input type="text"/>	
	18. HMO policies/certificates of coverage	18a. <input type="checkbox"/>		18c. <input type="text"/>	
19. Title policies	19a. <input type="checkbox"/>		19c. <input type="text"/>		
MISC.	20. Long Term Care Facility Surcharge Fee (Section 2203.351)	20a. <input checked="" type="checkbox"/> XXXXXXXXXXXXXXXXXXXX		20c. <input checked="" type="text"/> XXXXXXXXXXXXXXXXXXXX	
	21. Total amount (Total of Items 1c through 20c)	21.		<input type="text"/>	
	22. Annual Statement filing fee	22. <input type="checkbox"/>		<input type="text"/>	
	23. Retaliatory tax (From Form 25-200)	23. <input type="checkbox"/>		<input type="text"/>	
	24. Captive Insurer Tax Waiver (Approved by Insurance Commissioner; see instructions.)	24. <input type="checkbox"/>		<input type="text"/>	
	25. Total taxes and fees due (Total of Items 21 through 23, less Item 24, if applicable)	25. <input type="checkbox"/>		<input type="text"/>	

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone numbers listed on this form.

***** DO NOT DETACH *****

26. Penalty and interest (See instructions) 26.
 27. TOTAL AMOUNT DUE AND PAYABLE (Total of Items 25 and 26) 27.

Taxpayer name k. l.

■ T Code ■ Taxpayer number ■ Period

I declare the information in this document and all attachments is true and correct to the best of my knowledge and belief.
 Authorized agent
sign here
 Preparer's name (Please print)
 Daytime phone (Area code & number) Date

Make the amount in Item 27 payable to STATE COMPTROLLER
 Mail to COMPTROLLER OF PUBLIC ACCOUNTS
 P.O. Box 149356
 Austin, TX 78714-9356

For information about Insurance Tax, call 800-252-1387.
 Details are also available online at www.comptroller.texas.gov.