



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

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. <input type="checkbox"/> _____

Taxpayer name	k. <input type="checkbox"/>	l. <input type="checkbox"/>
---------------	-----------------------------	-----------------------------

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.