



1213024105

[Empty box for Date Received]

Date Received (Official Use Only)

RCT-121C 06-24 (FI) **PAGE 1 OF 4**
GROSS PREMIUMS TAX - FOREIGN CASUALTY
OR FOREIGN FIRE INSURANCE COMPANIES

Federal ID (FEIN) [] Parent Corporation (FEIN) []

Taxpayer Name []
First Line of Address []
Second Line of Address []
City [] State [] ZIP []
Phone []
Email []

Tax Year Begin: []

Tax Year End: 12/31/20__

Due Date: April 15

Check to Indicate a Change of Address []
Amended Report (Include REV-1175) []
First Report []
New PLHIGA Credit []
As Originally Registered with PA Dept. of Insurance: Foreign Casualty = A Foreign Fire = B []
Final Report (See Instructions) []
Out of Existence Date: []

USE WHOLE DOLLARS ONLY

- 1a. Foreign Casualty Gross Premiums Tax (Page 2, Line 11)
- 1b. Foreign Casualty Retaliatory (Page 2, Line 12)
- 1c. Foreign Fire Gross Premiums Tax (Page 2, Line 11)
- 1d. Foreign Fire Retaliatory (Page 2, Line 12)
- 1e. Total Insurance Premiums Tax Liability (Line 1a plus Line 1b plus Line 1c plus Line 1d)
- 2. Total Estimated Payments
- 3. Total Payments Carried Forward From Prior Year Return
- 4. Total "Restricted" Tax Credits
- 5. Total Credit: (Line 2 plus Line 3 plus Line 4)
- 6. Tax Due: (If Line 1e is more than Line 5, enter the difference here.)
- 7. Remittance
- 8. Overpayment: (If Line 5 is more than Line 1e, enter the difference here.)
- 9. Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)
- 10. Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)

1a.	[]
1b.	[]
1c.	[]
1d.	[]
1e.	[]
2.	[]
3.	[]
4.	[]
5.	[]
6.	[]
7.	[]
8.	[]
9.	[]
10.	[]



Corporate Officer Information:

Officer Last Name	[]	Social Security Number of Officer	[]
Officer First Name	[]	Phone	[]
Title of Officer	[]	Email	[]

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

Signature of Officer	Date
[]	[]

1213024205

FEIN

RCT-121C 06-24 (FI) **PAGE 2 OF 4**

ATTACH A COPY OF THE PENNSYLVANIA BUSINESS PAGE AND SCHEDULE T OF THE ANNUAL REPORT FILED WITH THE PENNSYLVANIA INSURANCE DEPARTMENT

USE WHOLE DOLLARS ONLY

C

Casualty and Fire Insurance

- 1. Gross Direct Premiums Received less Cancellations and Premiums Returned 1.
- 2. Extraordinary Medical Benefit Premiums (Include footnote, see instructions.) 2.
- 3. Dividends to Policy Holders 3.
- 4. Other Deductions (Attach Schedule) 4.
- 5. Taxable Fire and Casualty Premiums (Line 1 minus Lines 2, 3 and 4) 5.

Accident and Health Insurance

- 6. Gross Direct Accident and Health Premiums 6.
- 7. Dividends to Policy Holders 7.
- 8. Other Deductions (Attach Schedule) 8.
- 9. Taxable Accident and Health Insurance Premiums (Line 6 minus Lines 7 and 8) 9.
- 10. Total Taxable Premiums (Add Lines 5 and 9) 10.
- 11. Tax (Line 10 times tax rate - See Instructions) 11.
- 12. Retaliatory (From Page 3, Line 12) 12.

If registered with the PA Department of Insurance as a Foreign Casualty Insurance Company, enter Line 11 on Page 1, Line 1a and enter Line 12 on Page 1, Line 1b. If registered with the PA Department of Insurance as a Foreign Fire Insurance Company, enter Line 11 on Page 1, Line 1c, and enter Line 12 on Page 1, Line 1d.

- 13. State of Domicile 13.
- 14. NAIC Number 14.



Preparer's Information:

Firm Name

Firm FEIN

Address

City

State

ZIP

Individual Preparer Name

Phone

Email

Social Security Number or PTIN

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct, and complete report.

Signature of Preparer	Date
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RCT-121C 06-24 (FI) **PAGE 3 OF 4**

**RETLIATORY WORKSHEET - SCHEDULE OF TAXES, ASSESSMENTS,
LICENSES AND FEES**

C

USE WHOLE DOLLARS ONLY

PENNSYLVANIA

STATE OF DOMICILE

Premiums Taxes

1. Casualty and Fire Premiums Tax	1a.	<input type="text"/>	1b.	<input type="text"/>
2. Ocean Marine Gross Profit Tax	2a.	<input type="text"/>	2b.	<input type="text"/>
3. Life Premiums Tax	3a.	<input type="text"/>	3b.	<input type="text"/>
4. Annuities Tax	4a.	<input type="text"/>	4b.	<input type="text"/>
5. Accident and Health Premiums Tax	5a.	<input type="text"/>	5b.	<input type="text"/>
6. Reinsurance Assumed from Unauthorized Companies	6a.	<input type="text"/>	6b.	<input type="text"/>
7. Other Taxes (Add schedule itemizing by type.)	7a.	<input type="text"/>	7b.	<input type="text"/>
8. Worker's Compensation Assessments (Add schedule itemizing by type.)	8a.	<input type="text"/>	8b.	<input type="text"/>
9. Other Assessments (Include copies of assessments.)	9a.	<input type="text"/>	9b.	<input type="text"/>
10. Licenses and Fees (Annual basis, add schedule itemizing by type.)	10a.	<input type="text"/>	10b.	<input type="text"/>
11. Totals (Add Line 1 through Line 10)	11a.	<input type="text"/>	11b.	<input type="text"/>

12. Retaliatory payable to the PA Department of Revenue (11b minus 11a) 12.

13. How many agents are licensed to represent your company in Pennsylvania during the tax year? 13.

14. What are your total state fees for licensing agents of similar Pennsylvania insurers? Provide schedule with a detailed breakdown. 14.

15. Are the fees in Line 14 imposed on the company (Enter "C") or the agent (Enter "A")? If "C" is entered, include Line 14 on Line 10b above. Include total agent licensing fees paid to PA during the tax year on Line 10a above. 15.



RCT-121C 06-24 (FI) **PAGE 4 OF 4**
RCT-121C PLHIGA CALCULATION WORKSHEET

Schedule of Guaranteed Premiums

	Accident & Health	Life	Annuity
Guaranteed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Guaranteed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

Guaranteed Premiums are those premiums in which the premium rates are guaranteed during the continuance of the respective policies without a right exercisable by the company to increase said premium rates. 40 P.S. § 991.1711(b)

Use the PA Business Page for the year immediately preceding the year of the assessment to complete the Schedule of Guaranteed Premiums.

PLHIGA Credit Calculation

Prior Year Class B Assmnt. Date	Accident & Health Amount	Life Amount	Annuity Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total of Assessments	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Guaranteed Premiums</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Premiums	<input type="text"/>	<input type="text"/>	<input type="text"/>
Proportion of Qualified Premiums = (carry to six decimal places)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Credits Allowed	Total of Assessment	X	Proportion of Qualified Premiums	=	Total Credit Allowed
Accident & Health	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Life	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Annuity	<input type="text"/>	X	1.000000	=	<input type="text"/>
Prior Year Class-A Administrative Assessment	<input type="text"/>	X	1.000000	=	<input type="text"/>
			TOTAL		<input type="text"/>

Total Credit Allowed Per Year

Total Credit Allowed	X	20%	=	Total Credit Per Year (Limited to 2% Tax) Carry to Current Year Total Below
<input type="text"/>	X	20%	=	<input type="text"/>

In order to claim a credit, you must complete the above calculations AND include a copy of the assessment summary, assessment detail, proof of payment paying the assessment, and PA Business Page and Schedule T for the year immediately preceding the year of the assessment. Failure to complete the worksheet and provide the required documentation will result in the denial of the credit.

History of Prior Credits Already Approved

Assessment Year	Amount Previously Approved
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Current Year Total	<input type="text"/>
Total credits. Enter on Page 1, Line 4	<input type="text"/>



Instructions for RCT-121C

RCT-121C IN 06-24


Gross Premiums Tax - Foreign Casualty or Foreign Fire Insurance Companies

HIGHLIGHTS

- The RCT-121C can now be filed electronically at **my^{path}.pa.gov**.
- All RCT-121C gross premiums taxpayers are **required** to make an annual estimated prepayment of tax. Failure to do so will result in an assessment of Underpayment Interest and could result in the taxpayer losing operating authority in the state of Pennsylvania.
For further guidance, refer to the “Estimated Payment Instructions” on Page 3.
- Worksheet for PLHIGA calculation (Page 4 of RCT-121C). In order to claim a credit for a PA Life and Health Insurance Guaranty Association Assessment, the PLHIGA calculation worksheet (Schedule of Guaranteed Premiums and PLHIGA Credit Calculation) must be completed.
- History of Prior Credits Already Approved Section added to PLHIGA Calculation Worksheet. Complete this section with credits claimed for the current year plus prior 4 years to arrive at your total PLHIGA credit claimed on Page 1 of this report.

GENERAL INFORMATION

REMINDER

- Reports should **NOT** be mailed to the PA Department of Insurance – this will delay the processing of your report and does not satisfy the filing requirements. Please see the payment and mailing information section to find the correct mailing address for the PA Department of Revenue.
 - All payments of \$1,000 or more must be made electronically or by certified or cashier’s check remitted in person or by express mail courier.
 - Use only whole dollars when preparing tax reports.
 - Fill in form using all CAPS.
 - Do not use dashes (-) or slashes (/) in any field.
 - The REV-423, estimated payment coupon, and REV-426, extension coupon, can be filed electronically through myPATH at **my^{path}.pa.gov**. These coupons are also available on the department’s website at **revenue.pa.gov**.
-  **NOTE:** The automatic PA extension provided by Act 52 of 2013 to those with valid federal extensions DOES NOT apply to this tax.
- The penalty imposed for failure to file timely reports is now a minimum of \$500, regardless of the determined

tax liability, plus an additional 1 percent of any determined tax liability over \$25,000.

- Use **ONLY** the most current, non-year-specific tax form and instructions for filing ALL years. **If an amended report must be filed, taxpayers must use the most current, non-year-specific tax form, completing all sections of the form. REV-1175, Schedule AR (explanation for amending), must be included when an filing an amended report.**

ANNUAL REPORT CHECKLIST

Make sure you include the following to file your annual report properly and completely:

- Negative amounts must be written using a minus sign preceding the number. Do not use parentheses.
- Complete RCT-121C, Gross Premiums Tax Report for Foreign Casualty or Foreign Fire Insurance Companies, Associations or Exchanges
- Copy of the Pennsylvania Business Page
- Copy of Schedule T from the Annual Report
- Provide a copy of the domicile state’s tax report substituting Pennsylvania values for domicile state’s values. Please indicate the report as a “Pro-Forma Report with PA Values.”
- Corporate officer’s signature on Page 1 and preparer’s signature and PTIN on Page 2 (if applicable)

IMPOSITION, BASE, AND RATE

Gross premiums tax is imposed on insurance companies at a rate of 2 percent of gross premiums received from business conducted in Pennsylvania. For more information, see the Act of March 4, 1971 (P.L. 6, No.2).

Extraordinary medical benefit premiums for coverage under 75 Pa.C.S. § 1715(a) (1.1) are not subject to the tax (See 75 Pa.C.S. § 1798.1(c)).

To claim the deduction for extraordinary medical benefit premiums, you must include the policy numbers and premium amounts for any deduction taken. Schedule T should also include a footnote to report the premiums.

The following may be deducted from taxable premiums:

- Amounts returned on policies cancelled or not taken
- Premiums received for reinsurance
- The portion of advanced premiums, premium deposits, or assessments returned in cash or credited to members or policyholders upon the expiration or termination of their contracts (in the case of mutual insurance companies, associations, exchanges, and stock companies with participating features)

- Notes and other obligations received by mutual insurance companies to secure contingent premium liabilities to the extent that no assessment has been made and collected against the notes or obligations.

Companies exempt from the tax include title insurance companies subject to the title insurance and trust companies shares tax; purely mutual beneficial associations whose funds for the benefit of members and families or heirs are made up entirely of the contributions from their members and the accumulated interest on those contributions; corporations organized under the Non-profit Hospital Plan Act of 1937 (Act of June 21, 1937, (P.L. 1948, No.378)); and corporations organized under the Nonprofit Medical, Osteopathic, Dental, and Podiatry Service Corporation Act of 1939 (Act of June 27, 1939, (P.L. 1125, No.399) Act of 1937 (Act of June 21, 1937, (P.L. 1948, No. 378)); and corporations organized under the Nonprofit Medical, Osteopathic, Dental, and Podiatry Service Corporation Act of 1939 (Act of June 27, 1939, (P.L. 1125, No.399).

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN), PARENT CORPORATION FEIN, NAME, AND ADDRESS

The FEIN, name, and complete mailing address must be provided. If the taxpayer is a subsidiary of a corporation, the parent corporation's FEIN must be provided. Also provide the telephone number and email of the taxpayer.

TAX YEAR

Enter month, day, and year (MMDDYYYY) for the tax year beginning and enter year (YY) for the tax year end.

REPORT DUE DATE

This report is due April 15 for the preceding year ended Dec. 31. If April 15 falls on a Saturday, Sunday, or holiday, the report is due the next business day. The penalty imposed for failure to file timely reports is now a minimum of \$500, regardless of the determined tax liability, plus an additional 1 percent of any determined tax liability over \$25,000.

ADDRESS CHANGE

Enter "Y" in the block on Page 1 if the address of the corporation has changed from prior tax periods. The current mailing address should be reflected on the report.

AMENDED REPORT

Enter "Y" in the block on Page 1 if you are filing an amended report to add, delete, or adjust information. Provide documentation to support all changes being made. An amended report should only be filed if an original report was filed previously for the same period.

An amended report must be filed within three years of the filed date of the original report. The department may adjust the tax originally reported based on information from the amended report. The taxpayer must consent to extend the assessment period. If the amended report is timely filed and the taxpayer consented to extend the assessment period, the time period in which to assess tax will be the greater of three years from the filed date of the original report or one year from the filed date of the amended report.

Regardless of the tax year being amended, taxpayers must use the most current non-year-specific tax form, completing all sections of the report. This includes those sections

originally filed and those sections being amended. All tax liabilities should be recorded on Page 1. Taxpayers must check the Amended Report check box on Page 1 and include Schedule AR, REV-1175, with the report.


FIRST REPORT

Enter "Y" in the block on Page 1 if this is the taxpayer's first PA gross premiums tax filing.

PLHIGA CREDIT

Enter "Y" in the block on Page 1 if the corporate taxpayer is claiming a new PA Life and Health Insurance Guaranty Association Credit. Complete the PLHIGA Calculation Worksheet on Page 4.

The following credits are available against gross premiums tax:

- PA Life and Health Insurance Guaranty Association (PLHIGA) Credit
 -  **CAUTION:** In order to claim a credit for a PA Life and Health Insurance Guaranty Association Assessment, the PLHIGA calculation worksheet (Schedule of Guaranteed Premiums and PLHIGA Credit Calculation) must be completed. Submit a copy of the assessment summary and assessment detail. Provide a proof of payment indicating the assessment was paid. Include a copy of the Pennsylvania Business Page and Schedule T for the year immediately preceding the year of the assessment. Also include a schedule with a detailed breakdown of all PLHIGA credits claimed on RCT-121C, Page 1, Line 4.
- Neighborhood Assistance Credit
- Educational Improvement Tax Credit
- PA Property and Casualty Insurance Guaranty Association (PIGA) Credit
 - PIGA credits are not available until there have been sufficient billings to create a credit. Billings must exceed 1 percent of the base year. For additional information, please contact the PA Property and Casualty Insurance Guaranty Association at 215-568-1007.
- Research Enhancement and Protection Tax Credit

RETALIATORY INFORMATION SCHEDULE

Retaliatory fees are imposed on foreign insurance companies under Section 212 of the Insurance Company Law of 1921 (P.L. 682, No. 284). Such fees are reported and remitted to the Department of Revenue.

Foreign insurance companies must complete the Retaliatory Information Schedule on Page 3 of RCT-121C, furnishing sufficient detail to enable the Department of Revenue to calculate the retaliatory fee. For each premiums-based tax, show the tax rate and all items used in determining the taxable amount, including gross premiums, return premiums, and dividends to policyholders. Include reinsurance assumed from unlicensed insurers if your state of domicile imposes a base tax on net direct premiums plus reinsurance assumed from unlicensed insurers.

Any retaliatory fee in excess of the amount submitted and due with the filing of the report is due when the debtor receives a copy of the assessment. If your state of incorporation imposes a franchise or income tax, submit a copy of the tax report as filed in your state, along with a copy of the tax report on which Pennsylvania totals are substituted for your state totals. Please submit this information to Pennsylvania within 30 days of filing in your state.

Payment for renewal of certificate of authority and filing fees should be made using a separate check only after a bill is received from the Pennsylvania Insurance Department.

Include with the Retaliatory Information Schedule, a copy of the Pennsylvania Business Page, Schedule T filed with the Pennsylvania Insurance Department and all supporting documentation.

FINAL REPORT

- Enter “Y” in the block on Page 1 if this report will be the final report filed with the department. Indicate the effective date of the event as MMDDYYYY.
- Include information from the Pennsylvania Insurance Department verifying the taxpayer’s insurance license expired, was cancelled, or not renewed.
- Include a copy of the regulatory authority’s approval of the merger, dissolution, plan of reorganization, and/or articles of merger.
- Provide the FEIN of the surviving entity, if applicable.

CORPORATE OFFICER INFORMATION

A corporate officer must sign and date the tax report. The signature must be original; photocopies or faxes will not be accepted. Print the first and last name, title, Social Security number, telephone number, and email of the corporate officer.

PREPARER’S INFORMATION

Paid preparers must sign and date the tax report. If the preparer works for a firm, provide the name, FEIN, and address of the firm along with the name, telephone number, email, and PTIN/SSN of the individual preparing the report. If the preparer is an individual without any association to a firm, provide the name, address, telephone number, email, and PTIN/SSN of the individual preparing the report.

ESTIMATED PAYMENT INSTRUCTIONS

The full amount of the required prepayment for gross premiums tax is due **on or before** March 15 of the reported year. Tax remaining due at the close of the taxable year must be paid on or before April 15 of the following year.

Mail the estimated payment coupon, REV-423, separately from all other forms.

If you have questions regarding estimated payments, email the department at **RA-CORP_ACC_FAX@PA.GOV**.

ESTIMATED PAYMENT SAFE HARBOR

The gross premiums tax prepayment **MUST** be equal to 90 percent of the current tax year liability. However, taxpayers are eligible to use the “safe harbor” option in the event they cannot accurately estimate their current year liability. The prepayment requirement will be satisfied if the taxpayer prepays an amount equal to 100 percent of their “safe harbor” tax year liability. The “safe harbor” tax year is the

second preceding year to the current tax year. For example, the “safe harbor” year for purposes of making the 2019 estimated prepayment is tax year 2017.

EXTENSION REQUEST DUE DATE

To request a due date extension of up to 60 days to file the annual report, you must file an extension request by the original report due date. You can request an extension on **my^{path}.pa.gov** or by sending the REV-426. However, an extension of time to file does not extend the deadline for payment of tax and an extension request must be accompanied by payment of taxes owed for the taxable year for which the extension is requested.

Mail the extension coupon separately from all other forms. A taxpayer using an electronic method to make a payment with an extension request should not submit the extension coupon. Do not use the extension coupon to remit other unpaid liabilities within the account.

PAYMENT AND MAILING INFORMATION

All payments of \$1,000 or more must be made electronically or by certified or cashier’s check mailed to:

**PA DEPARTMENT OF REVENUE
PO BOX 280404
HARRISBURG PA 17128-0404**


Tax returns and certified or cashier’s check may be remitted in person or by express mail courier. Mail payments and returns to the following address:

**PA DEPARTMENT OF REVENUE
1854 BROOKWOOD ST
HARRISBURG PA 17104**

Payments under \$1,000 may be remitted by mail, made payable to the PA Department of Revenue. Mail payments, extension requests, and returns to the following address:

**PA DEPARTMENT OF REVENUE
PO BOX 280407
HARRISBURG PA 17128-0407**

Failure to make a payment by an approved method will result in the imposition of a 3 percent penalty of the tax due, up to \$500. For more information on electronic filing options, visit **my^{path}.pa.gov**.

 **NOTE:** Reports should **NOT** be mailed to the PA Department of Insurance – this will delay the processing of your report and does not satisfy the filing requirements.

CURRENT PERIOD OVERPAYMENT


If an overpayment exists on Page 1 of RCT-121C, the taxpayer must instruct the department to refund or transfer overpayment as indicated below.

REFUND

Identify the amount to refund from the current tax period overpayment. Prior to any refund, the department will offset current period liabilities and other unpaid liabilities within the account.

TRANSFER

Identify the amount to transfer from the current tax period overpayment to the next tax period for estimated tax purposes. Prior to any transfer, the department will offset current period liabilities and other unpaid liabilities within the account.

 **NOTE:** If no option is selected, the department will automatically transfer any overpayment to the next tax year for estimated tax purposes after offsetting current period liabilities and other unpaid liabilities within the account.

REQUESTS FOR REFUND OR TRANSFER OF AVAILABLE CREDIT

Requests for refund or transfer of available credit from prior periods can be requested on company letterhead, signed by an authorized representative, and emailed to RA-CORP_ACC_FAX@PA.GOV.

Please do not duplicate requests for refund and/or transfer by submitting both RCT-121C and written correspondence.

CONTACT INFORMATION

- For additional information regarding electronic payments or general business tax questions, visit the department's Online Customer Service Center at revenue.pa.gov.
- Questions regarding payments or refunds, email RA-CORP_ACC_FAX@PA.GOV.
- Business taxpayers and tax practitioners have the ability to receive and view department issued electronic statement of accounts and correspondence electronically by visiting mypath.pa.gov.

LINE INSTRUCTIONS

RCT-121C should be completed in the following order: (Page instructions start with Page 2 below.)

STEP 1

Complete the taxpayer information and any applicable questions at the top of Page 1. If claiming a PLHIGA credit, you **must** check the box on Page 1.

STEP 2

Indicate the type of insurance company on Page 1, Foreign Casualty or Foreign Fire. This is based on the company's original registration with the Pennsylvania Insurance Department. This information is required.

STEP 3

Enter the FEIN in the designated field at the top of each page.

STEP 4

Complete Page 2, Lines 1 through 11.

STEP 5

Complete Page 3, Retaliatory Worksheet.

STEP 6

Complete Page 2, Lines 12 through 14.

STEP 7

Complete Page 1, Lines 1 through 10.

STEP 8

Complete the corporate officer information section, sign, and date at the bottom of Page 1.

STEP 9

Complete the preparer information section, sign, and date at the bottom of Page 2, if applicable.

STEP 10

File the completed report and any supporting schedules at mypath.pa.gov.

PAGE 2

CASUALTY AND FIRE INSURANCE

LINE 1

DIRECT PREMIUMS

Enter the gross direct premiums received, less cancellations, and returned premiums from the Pennsylvania business page. Total direct premiums written from the Pennsylvania business page less ocean marine premiums, less accident and health premiums (accident and health premiums apply to Line 6.)

OR

CASH BASIS

Enter the direct premiums received; provide a schedule of taxable premiums. Show the beginning and ending receivables and any other deductions or additions.

LINE 2

Enter the extraordinary medical benefit premiums. To claim the deduction for extraordinary medical benefit premiums, you must include the policy numbers and premium amounts for any deduction taken. PA Business Page must also include a footnote to report the premiums.

LINE 3

Enter the dividends to policy holders from the Pennsylvania business page.

LINE 4

Enter any other deductions. A schedule detailing all other deductions must be provided.

LINE 5

TAXABLE FIRE AND CASUALTY PREMIUMS

Enter the difference of Line 1 minus Lines 2, 3, and 4.

ACCIDENT AND HEALTH INSURANCE

LINE 6

GROSS DIRECT ACCIDENT AND HEALTH PREMIUMS

Enter the total accident and health premiums from the Pennsylvania business page.

LINE 7

Enter the dividends to policy holders from the Pennsylvania business page.

LINE 8

Enter any other deductions. A schedule detailing all other deductions must be provided.

LINE 9**TAXABLE ACCIDENT AND HEALTH PREMIUMS**

Enter the difference of Line 6 minus Lines 7 and 8.

LINE 10**TOTAL TAXABLE PREMIUMS**

Enter the sum of Lines 5 and 9.

LINE 11**TAX**

Multiply Line 10 by 0.02. Carry the tax to RCT-121C Page 1, Line 1a or 1c (This is based on the company's original registration with the PA Insurance Department).

PAGE 3**RETIATORY WORKSHEET****LINE 1****CASUALTY & FIRE PREMIUMS TAX**

- 1a. Enter the Pennsylvania tax (PA taxable premiums times PA tax rate).
- 1b. Enter the domicile state tax (PA taxable premiums times domicile state tax rate).


LINE 2**OCEAN MARINE GROSS PROFIT TAX**

- 2a. Enter the Pennsylvania ocean marine tax per the RCT-124 tax report.
- 2b. Enter the domicile state ocean marine tax, if applicable.

LINE 3**LIFE PREMIUMS TAX**

- 3a. Enter the Pennsylvania tax (PA taxable premiums times PA tax rate).
- 3b. Enter the domicile state tax (PA taxable premiums times domicile state tax rate).

LINE 4**ANNUITIES TAX**

 **NOTE:** Annuities are not taxed nor are they a retaliatory item.

LINE 5**ACCIDENT AND HEALTH PREMIUMS TAX**

- 5a. Enter the Pennsylvania tax (PA taxable premiums times PA tax rate).
- 5b. Enter the domicile state tax (PA taxable premiums times domicile state tax rate).

LINE 6**REINSURANCE ASSUMED FROM UNAUTHORIZED COMPANIES**

- 6a. Enter the Pennsylvania figure.
- 6b. Enter the domicile state figure.

LINE 7**OTHER TAXES**

(Include schedule of itemized taxes by type and amount for PA and domicile state.)

- 7a. Enter the total of other Pennsylvania taxes.
- 7b. Enter the total of other domicile state taxes.

LINE 8**WORKER'S COMPENSATION ASSESSMENTS**

(Include schedule of itemized assessments by type and amount for domicile state.)

- 8a. Enter the total of allowable PA Worker's Compensation Assessments.
- 8b. Enter the domicile state assessments.

LINE 9**OTHER ASSESSMENTS**

(Include copies of assessments for PA and domicile state.)

- 9a. Enter the total of other Pennsylvania assessments.
- 9b. Enter the total of other domicile state assessments.

LINE 10**LICENSES AND FEES ON AN ANNUAL BASIS**

(Include schedule of itemized licenses and fees by type and amount for PA and domicile state.)

- 10a. Enter the Pennsylvania licenses and fees.
- 10b. Enter the domicile state licenses and fees.

LINE 11**TOTALS**

- 11a. Enter the sum of Lines 1a through 10a.
- 11b. Enter the sum of Lines 1b through 10b.

LINE 12

RETALIATORY PAYABLE TO THE PENNSYLVANIA DEPARTMENT OF REVENUE

Enter the difference of Line 11b minus Line 11a. If it is a negative number, enter zero. Carry the figure to Page 2, Line 16 and to RCT-121C Page 1, Line 1b or 1d (This is based on the company's original registration with the PA Insurance Department).

LINE 13

Enter the number of agents that are licensed to represent your company in Pennsylvania during the tax year.

LINE 14

Enter your total state fees for licensing agents of similar Pennsylvania insurers. Provide schedule with a detailed breakdown.

LINE 15

FEES IMPOSED

If "C" is entered, include Line 14 on Line 10b and include total agent licensing fees paid to PA during the tax year on Line 10a.

Enter C if the fees are imposed on the company.

Enter A if the fees are imposed on the agent.

PAGE 2

RETALIATORY FEE AND OTHER INFORMATION

LINE 16

RETALIATORY

Enter the figure from Page 3, Line 12.

LINE 17

Enter the company's state of domicile.

LINE 18

Enter the company's NAIC number.

PAGE 4

PLHIGA CALCULATION WORKSHEET

SCHEDULE OF GUARANTEED PREMIUMS

Guaranteed Premiums are those premiums in which the premium rates are guaranteed during the continuance of the respective policies without a right exercisable by the company to increase said premium rates.

GUARANTEED

Use the PA Business Page for the year immediately preceding the year of the assessment to determine the amount of premiums for each type of assessment. (Accident & Health, Life, and Annuity).

NON-GUARANTEED

Use the PA Business Page for the year immediately preceding the year of the assessment to determine the amount

of premiums for each type of assessment. (Accident & Health and Life).



NOTE: All Annuity premiums are treated as guaranteed premiums.

TOTAL

Enter the total of guaranteed and non-guaranteed premiums for each column.

PLHIGA CREDIT CALCULATION

ASSESSMENT DATE AND AMOUNT

Enter the date of the Class B assessment and the amount of assessment for each type (Accident & Health, Life, Annuity), paid during the previous year. Do not include Class A Assessments in this section. Enter Class A Assessments in the Total Credits Allowed section.

TOTAL OF ASSESSMENTS

Enter the total of each column.

GUARANTEED PREMIUMS

Enter amount of premiums from Schedule of Guaranteed Premiums for each type.

TOTAL PREMIUMS

Enter total premiums from Schedule of Guaranteed Premiums for each type.

PROPORTION OF QUALIFIED PREMIUMS

Divide Guaranteed Premiums by Total Premiums for each type. Carry to six decimal places.

TOTAL CREDITS ALLOWED

Enter Total of Assessment and Proportion of Qualified Premiums for each type. Multiply Total of Assessment by Proportion of Qualified Premiums to calculate Total Credit Allowed.

Enter the Class-A Administrative Assessment paid during the previous year.

TOTAL

Add Total Credit Allowed column.

TOTAL CREDIT ALLOWED PER YEAR

Enter Total figure from Total Credit Allowed column and multiply by 20 percent to calculate credit amount per year.

HISTORY OF PRIOR CREDITS ALREADY APPROVED

Enter each prior year and amount of credit for the previous four years credits already approved by the Department of Revenue, if applicable.

Enter the current year amount from Total Credit Per Year.

Include the Total Credit in the amount on Page 1, Line 4. The total amount of PLHIGA credit cannot exceed the current year Gross Premiums tax liability. The credit cannot be claimed against retaliatory amounts.

Class A Assessments in this section. Enter Class A Assessments in the Total Credits Allowed section.

TOTAL OF ASSESSMENTS

Enter the total of each column.

GUARANTEED PREMIUMS

Enter amount of premiums from Schedule of Guaranteed Premiums for each type.

TOTAL PREMIUMS

Enter total premiums from Schedule of Guaranteed Premiums for each type.

PROPORTION OF QUALIFIED PREMIUMS

Divide Guaranteed Premiums by Total Premiums for each type. Carry to six decimal places.

TOTAL CREDITS ALLOWED

Enter Total of Assessment and Proportion of Qualified Premiums for each type. Multiply Total of Assessment by

Proportion of Qualified Premiums to calculate Total Credit Allowed.

Enter the Class-A Administrative Assessment paid during the previous year.

TOTAL

Add Total Credit Allowed column.

TOTAL CREDIT ALLOWED PER YEAR

Enter Total figure from Total Credit Allowed column and multiply by 20 percent to calculate credit amount per year.

HISTORY OF PRIOR CREDITS ALREADY APPROVED

Enter each prior year and amount of credit for the previous four years credits already approved by the Department of Revenue, if applicable.

Enter the current year amount from Total Credit Per Year. Carry the Total credit to RCT-121C, Page 1, Line 4. Credit is limited to 2 percent tax.