

TEXAS ANNUAL INSURANCE MAINTENANCE, ASSESSMENT AND RETALIATORY REPORT
(For Licensed 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

Black in this box if your mailing address has changed. Show changes by the preprinted information.

i.

j.

- Do not write in shaded areas
- 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. Non-profit prepaid legal services (Revenues) (Ch. 260)	10a. <input type="checkbox"/>		10c. _____
	11. Title company (Ch. 271)	11a. <input type="checkbox"/>		11c. _____
	12. TPA (Fees) (Ch. 259)	12a. <input type="checkbox"/>		12c. _____
		ENROLLEES (Whole numbers)		
	13. HMO - basic health care service (Ch. 258)	13a. <input type="checkbox"/>		13c. _____
	14. HMO - single health care service (Ch. 258)	14a. <input type="checkbox"/>		14c. _____
	15. HMO - limited health care service (Ch. 258)	15a. <input type="checkbox"/>		15c. _____
		POLICIES (Whole numbers)		
O.P.I.C.	16. All lines of property and casualty policies	16a. <input type="checkbox"/>		16c. _____
	17. Accident and health policies/certificates of coverage	17a. <input type="checkbox"/>		17c. _____
	18. Life policies/certificates of coverage	18a. <input type="checkbox"/>		18c. _____
	19. HMO policies/certificates of coverage	19a. <input type="checkbox"/>		19c. _____
MISC.	20. Title policies	20a. <input type="checkbox"/>		20c. _____
	21. Long Term Care Facility Surcharge Fee (Art. 21.49-3d)	21a. <input type="checkbox"/>		21c. _____
	22. Total amount (Total of Items 1c through 21c)	22.		22. _____
	23. Annual Statement filing fee	23.	<input checked="" type="checkbox"/>	23. <input checked="" type="checkbox"/>
	24. Valuation fee	24.	<input checked="" type="checkbox"/>	24. <input checked="" type="checkbox"/>
	25. Retaliatory tax (From Form 25-200)	25.	<input checked="" type="checkbox"/>	25. <input checked="" type="checkbox"/>
	26. Total taxes and fees due (Total of Items 22 through 25)	26.	<input checked="" type="checkbox"/>	26. <input checked="" 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 toll-free number listed on this form.

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

27. Penalty and interest (See instructions)

28. TOTAL AMOUNT DUE AND PAYABLE (Total of Items 26 and 27)

Taxpayer name

k.

l.

T Code Taxpayer number Period

I declare that 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 28 payable to **STATE COMPTROLLER**. Our mailing address is **111 E. 17th Street, Austin, TX 78774-0100**.

If you have any questions regarding Insurance Tax, you may contact the Texas State Comptroller's field office in your area or call 1-800-252-1387, toll free, nationwide. The Austin number is 512/463-4600.