

JAMES M. THOMSON
COMMISSIONER OF INSURANCE

THOMAS S. NARDO
FIRST DEPUTY COMMISSIONER



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STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

January 10, 1986

Administrative Letter 1986-2

MEMORANDUM

TO: All Persons Licensed as Surplus Lines Brokers in Virginia

RE: SURPLUS LINES BROKERS
Gross Premiums Tax Report
Calendar Year - 1985

ON OR BEFORE March 1, 1986, every person who held a license as a Surplus Lines Broker in the preceding calendar year must file a "Gross Premiums Tax Report" on business transacted during the preceding calendar year and must pay the applicable premium taxes and/or assessment. Failure to file and/or pay on or before March 1st will subject you to the penalties prescribed by law.

PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS IN COMPLETING THE ENCLOSED "GROSS PREMIUMS TAX REPORT" FORMS:

1. FORMS MUST BE COMPLETED AND FILED WHETHER OR NOT YOU TRANSACTED BUSINESS IN THE PRECEDING CALENAR YEAR. ASSESSMENT (MINIMUM \$300.00) APPLICABLE IN ALL CASES IF LICENSE IN EFFECT JANUARY 1, 1986.
2. REPORT PREMIUMS ACCURATELY AS FOLLOWS:
 - a. INITIAL GROSS PREMIUMS taken from monthly reports on Form SLB-7a. (Must agree with premiums on original affidavits - Form SLB-5). If "NIL", so state. Please note that copies of the monthly SLB-7a reports must be attached, or a summary for all policies issued may be used.
 - b. ADDITIONAL PREMIUMS BY ENDORSEMENTS AND AUDITS Form SLB-7b. If "NIL", so state.
 - c. RETURN PREMIUMS BY ENDORSEMENTS, AUDITS, CANCELLATIONS Form SLB-7c. If "NIL", so state.

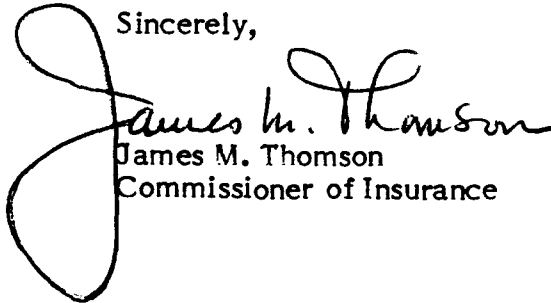
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3. ENTER TOTALS FROM FORMS SLB-7a, 7b, and 7c to FORM SLB-7, EXECUTE FORM SLB-7 BEFORE A NOTARY PUBLIC.
4. INCLUDE YOUR REMITTANCE FOR THE TAXES AND ASSESSMENT WITH THE REPORT.

Your current Surplus Lines Broker's license expires March 15, 1986. To renew your license, a renewal license application must be submitted. The renewal license application will be sent at a later date.

Please direct any questions you might have to James L. Sheets.

Sincerely,



James M. Thomson
James M. Thomson
Commissioner of Insurance

JMT/kjc

Enclosures:

Form SLB-7 - Gross Premiums Tax Report
Form SLB-7a - Monthly Report
Form SLB-7b - Additional Premiums Report
Form SLB-7c - Return Premiums Report

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
Richmond, Virginia 23209

SURPLUS LINES BROKER'S
GROSS PREMIUMS TAX REPORT

(Surplus Lines Broker)

(Address)

TO: STATE CORPORATION COMMISSION, BUREAU OF INSURANCE, Richmond, Virginia

In compliance with Section 38.1-327.53 of the Code of Virginia, following is a report of ALL GROSS PREMIUMS, ASSESSMENTS, DUES AND FEES charged on contracts of insurance effected in unlicensed insurers on Virginia risks by the undersigned. This report also includes details of all return premiums on such business.

1.	GROSS PREMIUMS (SLB-7a* Monthly report <u>attached</u>)	\$ _____
2.	ADDITIONAL PREMIUMS (See Form SLB-7b*, <u>attached</u>)	\$ _____
3.	Less: RETURN PREMIUMS (See Form SLB-7c* <u>attached</u>)	\$ _____
4.	BALANCE (Taxable Premium Income)	\$ _____
5.	Premium Tax (2 3/4% of BALANCE, Line 4)	\$ _____
6.	Assessment for Maintenance of Bureau of Insurance (based upon Taxable Premium (Line 4) at 6/100ths of 1% subject to minimum of \$300.00)	\$ _____
	TOTAL AMOUNT DUE AND CHECK ATTACHED (Lines 5 & 6)	\$ _____

(Date)

By _____

(Title)

*Copies must be attached

(over)

STATE OF VIRGINIA)
County (City) of _____) To-Wit:

This day _____, _____
of _____

personally appeared before me in the County (City) aforesaid, and made oath that the foregoing report is correct.

Given under my hand this _____ day of _____, 19 _____.

(Notary Public)

My commision expires _____.

 Broker's Name

(ENTER FULL PREMIUM; OR APPROPRIATE INSTALLMENT IF POLICY SO PROVIDES; OR

POLICY PERIOD	POLICY # & INS. CO.	NAME OF INSURED	AIRCRAFT LIAB.	AUTO PHYS. DAMAGE	CRIME	FIRE & MISC. PROP.	GEN'L LIAB.
TOTALS BY LINE			\$	\$	\$	\$	\$

**VIRGINIA
FORM SLB - 7b
(REV. 1/82)**

**ADDITIONAL PREMIUMS (by Endorsement & Audits) - SURPLUS LINES POLI
For Year Ending December 31, 19**

_____ **Broker's Name** _____

(Show ADDITIONAL premiums resulting from endorsement to or audit of policies previously rep

POLICY NO.	INSURANCE COMPANY	NAME OF INSURED AND ADDRESS	ENDORSEM OR AUDIT

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VIRGINIA
FORM SLB - 7c
(REV. 1/82)

RETURN PREMIUMS (By endorsements, audits, cancellations) - SURPLUS LINES
For Year Ending December 31, 19

Broker's Name

(Show RETURN premiums resulting from endorsement to, or audit, or cancellation of policies pr

POLICY NO.	INSURANCE COMPANY	NAME OF INSURED AND ADDRESS	ENDORSEM OR CANC

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