



**ARKANSAS INSURANCE DEPARTMENT** **2007 FORM AID AC EST-Q**

Accounting Division  
 1200 WEST THIRD STREET  
 LITTLE ROCK, AR 72201-1904  
 PHONE: (501) 371-2605  
 www.arkansas.gov/insurance/

**ESTIMATED PREMIUM TAX**  
 \_\_\_\_\_ ORIGINAL FILING  
 \_\_\_\_\_ AMENDED FILING

STATE OF DOMICILE	NAIC COMPANY CODE (5 digit code)	
COMPANY NAME		
MAILING ADDRESS		
CONTACT PERSON	TITLE	
TELEPHONE NUMBER	EXT	FAX NUMBER
EMAIL ADDRESS		

**All insurers must file this form even if no business was written during the reporting period.**

All tax forms and payments must be received on or before the due date for each quarter as noted below. The Department does not accept the postmark date. No authority exists for granting any extension of time for filing or payment. Any insurer that fails to report or pay tax will be subject to penalty in accordance with ACA 26-57-607 (\$100.00 per day for each day late). Penalties will be billed separately.

Choose the appropriate quarter per filing period and enter check mark in box.  
 Choose the Company type and mark one.

- **Line 1** Enter the amount of estimated premium tax due for the quarter.
- **Line 2** If your estimated premium tax is less than \$25.00, enter amount deferred here.  
**DO NOT TAKE ANY CREDITS FOR PRIOR YEAR PAYMENTS.**

**FILING DEADLINE FOR QUARTER**

(Mark one)

1st Quarter: Due May 15     

2nd Quarter: Due August 15     

3rd Quarter: Due November 15     

1. Estimated Quarterly Tax	1.
2. Deferred Amount (less than \$25)	2.

Company Type: (Mark one)

Life/AH

Prop/Cas

HMO/HM

FMAA

Title

**Make check payable to: STATE TREASURER OF ARKANSAS**  
**Mail to:** Arkansas Insurance Department  
 Attn: Accounting Division  
 1200 West Third Street  
 Little Rock, AR 72201-1904

To Contact Us: Phone 501-371-2605 or E-mail: insurance.accounting@arkansas.gov

\_\_\_\_\_  
 Signature of Officer (must be original signature)

\_\_\_\_\_  
 Date