



ARKANSAS INSURANCE DEPARTMENT 2006 FORM AID AC FPRF

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

ACCOUNTING DIVISION
 DUE MARCH 1, 2007

ORIGINAL FILING
 AMENDED FILING
 REFUND DUE

**ANNUAL REPORT OF PREMIUMS & TAXES FOR
 PROPERTY & CASUALTY INSURERS
 FOR THE FPRF PREMIUM TAX FUND**

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

100% of premiums written for Arkansas coverages on real and personal property are to be reported for Lines **1** (fire), **2.1** (allied lines), **2.2** (multiple peril crop), **3** (farm owners multiple peril), **4** (homeowners multiple peril), **5.1** (commercial multiple peril (non-liability)), **8** (ocean marine), **9** (inland marine), **12** (earthquake), **21.1** (private passenger auto physical damage), **21.2** (commercial auto physical damage), **22** (aircraft-all perils), **26** (burglary and theft), **27** (boiler and machinery), and **33** (aggregate write in for other lines of business) of the 2006 Arkansas State Page.

ARKANSAS TAX

- | | |
|--|-----------|
| 1. Net Direct Written Premiums, as described above, including policy, membership, and other fees and all other considerations for insurance. | \$ _____ |
| 2. Less Dividends paid/credited to Policyholders on direct business. | \$(_____) |
| 3. Net Taxable Premiums | \$ _____ |
| 4. Tax Thereon at 1/2 of 1 % *FIGURE CANNOT BE LESS THAN ZERO | \$ _____ |
| 5. Less 2006 Quarterly Prepayments from below | \$(_____) |
| 6. Net Payment For Calendar Year 2006 | \$ _____ |

2006 Quarterly FPRF-Q Prepayments

3/31/06	check #	\$
6/30/06	check #	\$
9/30/06	check #	\$

NAIC _____

COMPANY NAME _____

2006 FORM AID AC FPRF

*****PAYMENTS AND REFUNDS*****

1. **MAKE CHECK PAYABLE TO THE FIRE PROTECTION PREMIUM TAX FUND AND ATTACH TO THIS FORM.**
CHECKS FOR GROUPS ARE NOT ACCEPTABLE. PAYMENT MUST BE MADE FOR EACH INDIVIDUAL COMPANY.
2. DO NOT TAKE ANY CREDITS FOR PRIOR YEAR OVERPAYMENTS.
3. REFUNDS WILL BE SENT AFTER THE RETURN IS AUDITED.

AFFIDAVIT

STATE OF _____

COUNTY OF _____

COMES _____ AND STATES ON OATH THAT

HE/SHE IS THE _____ OF _____
(TITLE) (NAME OF COMPANY)

AND THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AS SHOWN BY THE RECORDS OF SAID COMPANY.

(Original Signature of Officer)

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, ON THIS THE

_____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____