



ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE (501) 371-2605
www.insurance.arkansas.gov

2007 FMAA INSTRUCTIONS
ACCOUNTING DIVISION

**PREMIUM TAX FILING INSTRUCTIONS
FARMERS MUTUAL AID ASSOCIATIONS**

DUE DATE: MARCH 1, 2008

FILING REQUIREMENTS: **IN ONE PACKET ENCLOSE**

- 2007 FORM AID AC FMAA-T (ANNUAL REPORT OF PREMIUMS AND TAXES)
CHECK ATTACHED
- 1 COPY OF 2007 ANNUAL STATEMENT FRONT PAGE
- 1 COPY OF PAGE 8

MAILING ADDRESS FOR PREMIUM TAX FILINGS AND PAYMENTS: ACCOUNTING DIVISION
ARKANSAS INSURANCE DEPT.
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904

**DO NOT MAIL PREMIUM TAX FORMS AND CHECKS WITH THE
ANNUAL STATEMENT OR ANY OTHER CORRESPONDENCE.**

FOR QUESTIONS CONCERNING THE COMPLETION OF THE TAX FORMS CONTACT:

ACCOUNTING DIVISION
(501) 371-2605
Email: Insurance.Accounting@arkansas.gov

PENALTIES: ALL TAX FORMS ARE SUBJECT TO PENALTY IN ACCORDANCE WITH ACA 26-57-607. THE ARKANSAS INSURANCE DEPARTMENT DOES NOT ACCEPT THE POSTMARK DATE FOR FILING REQUIREMENTS. ALL TAX FORMS MUST BE RECEIVED IN OUR DEPARTMENT ON OR BEFORE MARCH 1, 2008. PAYMENTS ARE TO BE ATTACHED TO THE APPROPRIATE FORM.

CORPORATE FRANCHISE TAX

Remit to the Office of the Secretary of State, Attention: Lisa Bruno,
1401 Capitol Ave., Victory Bldg., Suite 250, Little Rock AR 72201.
MAIL TO ADDRESS ON THE FORM



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ACCOUNTING DIVISION
DUE MARCH 1, 2008

ORIGINAL FILING
AMENDED FILING
REFUND DUE

ANNUAL REPORT OF PREMIUMS AND TAXES
OF ALL FARMERS MUTUAL AID ASSOCIATIONS

Form with fields: STATE OF DOMICILE, NAIC COMPANY CODE, COMPANY NAME, MAILING ADDRESS, CONTACT PERSON, TITLE, TELEPHONE NUMBER, EXT, FAX NUMBER, EMAIL ADDRESS

Pursuant to ACA 23-73-105(f)(1) and (3), net direct premiums written on policies containing burglary and theft, glass, leakage and fire extinguisher equipment, livestock, miscellaneous coverage, and liability coverages, written as a supplement to a fire insurance policy or package commonly referred to as a homeowner or farmowner policy, are subject to premium tax provisions of ACA 26-57-601, et seq.

- 1. Direct Net Written Premiums \$
2. Tax Thereon at 2-1/2% \$
3. Less Affordable Neighborhood Housing Credit \$()
4. Less Low-Income Housing Tax Credit \$()
5. Subtotal of Taxes Due \$()
6. Less County and Regional Industrial Development Corporation Credit \$()
7. Less Capital Development Corporation Tax Credit \$()
8. TOTAL TAXES DUE \$
9. Less 2007 prepayments (2007 AID AC EST-Q) \$()
10. NET PAYMENT DUE \$

AFFIDAVIT

State of County of

Comes and states on oath that he/she is the

(Title) of (Name of Association)

and that the foregoing statements are true and correct as shown by the records of said Association.

(Original signature of officer)

Subscribed and sworn to or affirmed before me, the undersigned Notary Public, on this the day of, 20

My Commission Expires

NOTARY PUBLIC