



**ARKANSAS INSURANCE DEPARTMENT 2008 FORM AID AC FPRF**

ACCOUNTING DIVISION  
1200 WEST THIRD STREET  
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ACCOUNTING DIVISION  
DUE MARCH 1, 2009

\_\_\_ 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), **30** (warranty) and **34** (aggregate write in for other lines of business) of the 2008 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 2008 Quarterly Prepayments from below \$(\_\_\_\_\_)
- 6. Net Payment For Calendar Year 2008 \$ \_\_\_\_\_

**MAKE CHECK PAYABLE TO: FPRF PREMIUM TAX FUND**

**2008 Quarterly FPRF-Q Prepayments**

3/31/08	check #	\$
6/30/08	check #	\$
9/30/08	check #	\$

NAIC \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

2008 FORM AID AC FPRF

## 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 \_\_\_\_\_