



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

**PREMIUM TAX FILING INSTRUCTIONS**  
**DOMESTIC PRIVATE OPTION HEALTH INSURERS ONLY**

All tax filings and payments must be received on or before March 1, 2016; 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.

The Department does not accept software forms. The forms must be completed and printed on our website.  
[www.insurance.arkansas.gov/accounting/divpage.htm](http://www.insurance.arkansas.gov/accounting/divpage.htm)

Mail the return, documentation and check to: **Arkansas Insurance Department**  
**Accounting Division**  
**1200 West Third Street**  
**Little Rock AR 72201-1904**

For questions concerning the tax forms, contact the Accounting Division at (501) 371-2605 or email us at [insurance.accounting@arkansas.gov](mailto:insurance.accounting@arkansas.gov)

**DO NOT INCLUDE WITH THE PREMIUM TAX FILINGS:**

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**

MANDATORY ARKANSAS  
COMPREHENSIVE HEALTH INS  
POOL (CHIP) If you have any questions, direct inquiries to (501) 370-2659 or <http://www.chiparkansas.org>  
**MAIL TO ADDRESS ON THE FORM**

**SECTION B: INFORMATION REGARDING THE ARKANSAS CREDITS**

**Arkansas Life and Health Guaranty Fund Assessment Credit § 23-96-115**

The Life and Health Guaranty Fund Association will issue a notice of the available credit.

**ATTACH COPY OF 2015 CREDIT.** Questions regarding the credit should be directed to the LHGF office at (501) 371-2776.

**Arkansas Comprehensive Health Insurance Pool § 23-79-507**

The CHIP administrator will issue a notice of the available credit. **ATTACH COPY OF 2015 CREDIT.**

Questions regarding the credit should be directed to the CHIP office at (501) 370-2659.

**Affordable Neighborhood Housing Tax Credit § 15-5-1303 to 15-5-1304**

Insurers that perform affordable housing assistance activities may take a premium tax credit for up to 30% of the total amount invested and not to exceed \$750,000 in any taxable year. Program must meet standards of and be approved by Arkansas Development Finance Authority. **ATTACH ELIGIBILITY STATEMENT.**

**Low-Income Housing Tax Credit § 26-51-1702**

Insurers are allowed a state income or premium tax credit equal to 20% of the federal low-income housing tax credit not to exceed \$250,000 in any taxable year. The credit is available for insurers that own an interest in a qualified project for which the Arkansas Development Finance Authority has issued an eligibility statement.

**ATTACH ELIGIBILITY STATEMENT.**

**Arkansas Historic Rehabilitation Income Tax Credit § 26-51-2201, et. seq.**

The tax credits are available to a person or entity that invests in the revitalization and rehabilitation of historic structures throughout Arkansas. The credit is available in the amount of 25% of the first \$500,000 in qualified rehabilitation expenses on income producing property or the first \$100,000 in qualified rehabilitation expenses on non-income producing property. **Attach the Certificate of Income Tax Credit** issued by the Department of Arkansas Heritage.

**Delta Geotourism Incentive Tax Credit Act 349 of 2009**

This Act provides for a tax credit for a person or entity investing \$25,000 or more in a geotourism- supporting business in the Lower Mississippi River Delta and complies with the requirements of Section 4(a) of the Act. Geotourism is defined as tourism that sustains or enhances the geographical character of an area.

**ATTACH ELIGIBILITY STATEMENT.**

**INSTRUCTIONS FOR AID AC PRIVATE OPTION-LD-T(D) (Annual Report Of Premiums and Taxes)**

**Capital Development Corporation Tax Credit** § 15-4-1026, 15-4-1029(f)(1)

Person who purchases an equity interest in a capital development company between 2003 through 2013 is entitled to a credit against any state income tax liability or premium tax liability, which may be imposed on the purchaser for any tax year commencing with the tax year, which is two years after the date of the purchase. The credit shall be equal to thirty-three and one-third (33 1/3) of the actual purchase price paid for the equity interest to the company, including any fees or commissions to underwriters or sales agents paid by the company. No fees or commissions in excess of fifteen percent (15%) of the total purchase price may be considered in calculating the amount of the credit. In any one-tax year, the credit shall not exceed fifty percent (50%) of the net state income tax liability or premium tax liability of the taxpayer after all other credits or reductions in tax have been calculated. No credit under this section is allowed for any tax year after December 31, 2019. Upon dissolution, if the proceeds from the purchase of the equity interest have not been used for the purposes stated in § 15-4-1016 or for operating expenses, then each person who previously claimed a tax credit with respect to that purchase, the tax imposed for the year the dissolution occurs shall be increased by the tax credit amount associated with the unused purchase proceeds.

**ATTACH ELIGIBILITY STATEMENT.**

**Equity Investment Incentive Tax Credit** § 15-4-3301, et seq.

Insurers are allowed a state income or premium tax credit for certain qualified equity investments up to 50% of net income or premium tax liability. **Attach the certified statement of the insurer, described in § 15-4-3305, and a tax credit certificate issued by the Arkansas Economic Development Commission.**

**SECTION E:**

The amount of quarterly prepayments must agree with the ACTUAL prepayment amounts paid each quarter.

**DO NOT ROUND AMOUNTS.**

**PRIVATE OPTION-EST-Q PREPAYMENT BOX MUST INCLUDE CHECK NUMBERS**

**Make one check payable to the State Treasurer of Arkansas and attach to the form.**

**Checks for groups are not acceptable. Payment must be made for each individual company.**

**REFUNDS:**

If a negative amount results, it cannot be carried forward. A refund will be processed after the audit is completed.

**If a refund is due for AID AC PRIVATE OPTION-LD-T (D) (annual report of premiums and taxes) check the line on page 1, in the upper right hand corner of the form.**



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**ARKANSAS DOMESTICS ONLY**

ACCOUNTING DIVISION  
 DUE MARCH 1, 2016

\_\_\_\_ ORIGINAL FILING  
 \_\_\_\_ AMENDED FILING  
 \_\_\_\_ REFUND DUE

**ANNUAL REPORT OF PREMIUMS, TAXES, AND FEES OF  
 PRIVATE OPTION HEALTH INSURERS ONLY**

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

**A. HEALTH PREMIUMS:**

- 1. Direct Written Premiums \$ \_\_\_\_\_
- 2. Less Dividends Paid or Credited \$( \_\_\_\_\_ )
- 3. Net Health Premiums \$ \_\_\_\_\_
- 4. Tax Thereon 2 1/2% \$ \_\_\_\_\_
- 5. Net Premium Tax \$ \_\_\_\_\_

**B. CREDITS:**

- 6. AR Life & Health Guaranty Fund Assessment Credit \$(\_\_\_\_\_)
- 7. AR Comprehensive Health Ins Pool (CHIP) Credit \$(\_\_\_\_\_)
- 8. Affordable Neighborhood Housing Credit \$(\_\_\_\_\_)
- 9. Low Income Housing Tax Credit \$(\_\_\_\_\_)
- 10. AR Historic Rehab Income Tax Credit \$(\_\_\_\_\_)
- 11. Delta Geotourism Incentive Tax Credit \$(\_\_\_\_\_)
- 12. **SUBTOTAL** A(5) LESS B(6) THRU B(11) \$\_\_\_\_\_
- 13. Capital Development Corporation Tax Credit \$(\_\_\_\_\_)
- 14. Equity Investment Incentive Tax Credit \$(\_\_\_\_\_)

**C. NET PREMIUM TAX DUE:**

- 15. B(12) LESS B(13) THRU B(14) \$\_\_\_\_\_
- FIGURE CANNOT BE LESS THAN ZERO**

**D. PREMIUM TAXES DUE:**

- 16. Lines C(15) \$\_\_\_\_\_
- 17. Less 2015 Quarterly Prepayments from below \$(\_\_\_\_\_)
- 18. **Net Payment Due** \$\_\_\_\_\_

**MAKE CHECK PAYABLE TO THE STATE TREASURER OF ARKANSAS AND ATTACH TO THIS FORM.**

2015 FORM AID AC PRIVATE OPTION-EST-Q QUARTERLY PREPAYMENTS

First Quarter	check #	\$
Second Quarter	check #	\$
Third Quarter	check #	\$

**CHECKLIST**

Required documentation for each credit take in Section B attached?.....  YES  NO

Signed and notarized Affidavit?.....  YES  NO

Check Payable to STATE TREASURER OF ARKANSAS attached?.....  YES  NO

**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 \_\_\_\_\_