



**LOUISIANA DEPARTMENT OF INSURANCE**  
**SURPLUS LINE PRODUCER'S QUARTERLY TAX STATEMENT**  
**FORM 1265 A**  
**(For 4<sup>th</sup> Quarter and Annual Certification)**  
 Insurance Premium Tax Division  
 P. O. Box 94214, Baton Rouge, LA 70804-9214

Tax Statement For The
<input type="checkbox"/> Fourth Quarter YEAR _____

This form stating gross premiums on single state (all within Louisiana) risks placed as surplus lines, must be filed in accordance with LA. R.S. 22:439A(1), which states in part:

*"On or before March first, June first, September first, and December first of each year, each surplus lines broker shall transmit to the commissioner of insurance a surplus lines tax report for the prior calendar quarter".*

In addition, the 4.85% surplus lines tax must be paid as provided by L.R.S. 22:439A(2), and if any, a penalty of 10% of the tax is due and payable to the Commissioner of Insurance as outlined in LA.R.S. 22:440.

**The quarters and due dates are as follows:**  
 Fourth Quarter: October 1 through December 31 Due March 1

Name \_\_\_\_\_ Surplus Line Producer Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

CALCULATION OF TAXABLE PREMIUMS, TAX DUE, AND LATE PENALTY				
ITEM	PREMIUMS	TAX	PENALTY	SUBTOTALS
1. TOTAL TAXABLE QUARTERLY PREMIUMS (ON-TIME)	\$ _____			
2. TAX DUE ON ON-TIME PREMIUMS (Line 1 x 4.85%)		\$ _____	▶▶▶	\$ _____

3. TOTAL LATE TAXABLE PREMIUMS	\$ _____			
4. TAX ON LATE PREMIUMS (Line 3 x 4.85%)		\$ _____	▶▶▶	\$ _____
5. PENALTY ON LATE PREMIUMS (Line 4 x 10%)			\$ _____ ▶	\$ _____
6. SUBTOTAL (Late Tax and Penalty Due) (Line 4 + Line 5)				\$ _____

**NOTE: If statement is filed after the quarter's due date, all premiums on that statement should be reported as LATE.**

ITEM	TAX AND PENALTY DUE
7. TOTAL TAX AND PENALTY DUE (Lines 2 + 6 above)	\$ _____
8. LESS: CARRYFORWARD CREDIT FROM PREVIOUS QUARTERS	\$ _____
9. NET TAX AND PENALTY DUE (Line 7 less Line 8) <b>(SUBMIT CHECK FOR THIS AMOUNT)</b>	\$ _____

CHECK IN THE AMOUNT OF \$ \_\_\_\_\_, payable to the Commissioner of Insurance, State of Louisiana is attached hereto.

FOR DEPARTMENT USE ONLY, DO NOT WRITE IN THIS SPACE: REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_



Producer Number:	Producer Name:
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**ANNUAL CERTIFICATION** (Check One Box)

I ATTEST THAT NO BUSINESS WAS DONE UNDER THIS LICENSE IN THIS CALENDAR YEAR.

I ATTEST THAT BUSINESS WAS DONE UNDER THIS LICENSE THIS YEAR AND THAT THE SURPLUS LINES TAXES HAVE BEEN PROPERLY REPORTED AND PAID IN THIS 4<sup>TH</sup> QUARTER AND PRIOR QUARTERS.

STATE: \_\_\_\_\_

PARISH OR COUNTY: \_\_\_\_\_

THE UNDERSIGNED ATTESTS THAT THIS IS A STATEMENT OF QUARTERLY GROSS PREMIUMS ON RISKS LOCATED IN THE STATE OF LOUISIANA PLACED AS SURPLUS LINES, WITHOUT ANY DEDUCTIONS FOR DIVIDENDS PAID OR OTHERWISE CREDITED TO POLICYHOLDERS, AS REQUIRED BY TITLE 22, FOR THE QUARTER AND YEAR INDICATED ON THIS FORM. THE UNDERSIGNED ALSO ATTESTS THAT THEY ARE A LICENSED SURPLUS LINES PRODUCER IN THE STATE OF LOUISIANA AND THE TAX REPORTED ON THIS FORM REPRESENTS THE TRUE EXHIBIT OF NET PREMIUMS AND TAXES OWED BY THEM IN LOUISIANA. ALSO, THE APPROVED UNAUTHORIZED INSURANCE COMPANIES, WITH WHICH COVERAGE WAS PLACED, MEET THE REQUIREMENTS OF L.R.S. 22§435 AND THAT ALL POLICIES HAVE BEEN PROPERLY ENDORSED AND COUNTERSIGNED, PURSUANT TO L.R.S. 22§433, TO THE BEST OF THE AFFIANT'S KNOWLEDGE, INFORMATION, AND BELIEF.

See Required Signature Note Below ▶▶▶▶▶

\_\_\_\_\_  
SURPLUS LINES PRODUCER OR AUTHORIZED COUNTERSIGNER

\_\_\_\_\_  
DATE

<b>FILING INSTRUCTIONS</b>	
<b>Who Must File This Form?</b>	<b>ALL</b> Louisiana licensed surplus lines producers until license is cancelled, revoked, or expires (even if there are no premiums to report) must file a 4 <sup>th</sup> Quarter report. This form is for reporting surplus lines policies where Louisiana is the home state. Effective October 1, 2015, Louisiana has withdrawn from the Non-Admitted Insurance Multistate Agreement (NIMA) Clearinghouse.
<b>Due Dates:</b>	Fourth Quarter: March 1
<b>Late Statements:</b>	This statement is considered <b>LATE</b> if postmarked by the U. S. Postal Service later than the due dates specified above and on the front of this form. If sent through a service other than the U. S. Postal Service without a postmark, the statement will be considered <b>LATE</b> if <b>received</b> more than one day after the due date.
<b>Filing Address:</b>	Mailing Address: P. O. Box 94214, Baton Rouge, LA 70804-9214 Physical Address: 1702 North 3 <sup>rd</sup> Street, Baton Rouge, LA 70802
<b>How to Contact Us:</b>	Phone: (225) 342-1012 Fax: (225) 342-9708 E-Mail: <a href="mailto:taxdivision@ldi.la.gov">mailto:taxdivision@ldi.la.gov</a>
<b>Required Signature:</b>	If the holder of the Louisiana surplus lines producer's license filing this statement is an individual, that individual must sign this statement.  If the holder is any entity other than an individual, their authorized countersigner must sign this statement.