

**INSURANCE TAX G97 H-C B**

Arizona Department of Insurance  
 2910 North 44th Street, Suite 210  
 Phoenix, AZ 85018-7269

Phone: (602) 364-3997 | FAX: (602) 364-3989  
<http://insurance.az.gov>

**ANNUAL FEES AND  
 RETALIATION REPORT  
 for a FOREIGN/ALIEN  
 FRATERNAL BENEFIT SOCIETY**

For the year ended  
**December 31, \_\_\_\_\_**

**INFORMATION ABOUT THE FRATERNAL BENEFIT SOCIETY:**

Full Name of Fraternal Benefit Society	NAIC #	Domicile* State
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\*Domicile State: Enter the two-letter state code. An alien insurer must report its port-of-entry state in the "Domicile State" box.

Mailing Address	City	State	ZIP Code
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**INFORMATION ABOUT THE REPORT PREPARER:**

Preparer's Name	Preparer's Title
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Mailing Address	City	State	ZIP Code
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E-mail Address	Toll-free Phone #	FAX #
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**PREPARER'S ATTESTATION:** By signing or electronically submitting this Report, I hereby certify that this Report, including but not limited to any forms, statements, schedules, spreadsheets, worksheets and other documentation, is true, complete and correct.

\_\_\_\_\_ Date  
 If not submitting using OPTins: Preparer's Signature

**SUMMARY OF AMOUNTS DUE:**

Certificate of Authority Renewal Fee:	\$30.00	<b>TOTAL AMOUNT DUE</b>
Annual Statement Filing Fee:	\$300.00	
Retaliation (from Page 4 of this report)		

**DEPARTMENT OF INSURANCE ACCOUNTING INFORMATION**

Year:	C/L:	NAIC:	Period:	Renewal:	Ann Stmt:	Amount:	Tran Type:
	C		13	30.00	300.00		01
Tax Type	Amount:	Tax Type	Amount:				
DOM		RT					
Pay Code	Amount:	Pay Code	Amount:	Pay Code	Amount:		
04		28	300.00	54	30.00		

**REPORTING/PAYMENT OPTION 1:** Use the Online Premium Taxes for Insurance ("OPTins") system to file this Report and pay the TOTAL AMOUNT DUE. Using OPTins is very simple and requires no formal training. Before you can use OPTins, you must establish an electronic funds transfer (EFT) account with the National Association of Insurance Commissioners, which can take up to two weeks to complete. Contact the OPTins Help Desk at [optinshelp@naic.org](mailto:optinshelp@naic.org) or (816) 783-8990 so you can begin using OPTins.

**REPORTING/PAYMENT OPTION 2:** Submit your Report and payment by mail. Print this Report, sign the PREPARER'S ATTESTATION and mail the Report with your check or money order made payable to ARIZONA INSURANCE TAX UNIT to the following address:

**INSURANCE TAX UNIT**  
 Arizona Department of Insurance  
 2910 North 44th Street, Suite 210  
 Phoenix, AZ 85018-7269

**SECTION A: DOMICILE STATE TAX INFORMATION**

**Step 1** - Based on the business you conducted in Arizona in Calendar Year \_\_\_\_\_, complete the state tax report(s) that an Arizona-domiciled fraternal benefit society conducting the same business would need to complete for the taxing authorities in your domicile or port-of-entry state (including, as applicable, reports for premium tax, income tax, franchise tax, etc.). Note that more than one state agency, department, board or commission in your domicile or port-of-entry state may tax Arizona insurers. Include the tax reports with this Form E-FBS.

**Step 2** - In the right column, list the state tax liability amounts you would have incurred to your domicile if you were an Arizona-domiciled fraternal benefit society (from the tax report(s) that you completed for Step 1, above). Enter the sum of these amounts on Line A (right).

A. Sum of taxes:  
\_\_\_\_\_

**SECTION B INTENTIONALLY SKIPPED**

**SECTION C: APPOINTMENT FEES**

Complete this section if your domicile would charge an Arizona-domiciled fraternal benefit society producer appointment, appointment-renewal or appointment termination fees.

	[1] Number of new appointments during the calendar year	[2] Appointment fee in domicile	[3] Total fees for new appointments ([1] X [2])
<b>PRODUCER APPOINTMENTS</b>			
Arizona-resident insurance producer individuals			
Arizona-resident insurance producer business entities			
Arizona non-resident insurance producer individuals			
Arizona non-resident insurance producer business entities			
<b>COLUMN [3] TOTAL:</b>			
	[4] Number of appointments renewed during the calendar year	[5] Appointment renewal fee in domicile	[6] Total fees for appointment renewals ([4] X [5])
<b>PRODUCER APPOINTMENT RENEWALS</b>			
Arizona-resident insurance producer individuals			
Arizona-resident insurance producer business entities			
Arizona non-resident insurance producer individuals			
Arizona non-resident insurance producer business entities			
<b>COLUMN [6] TOTAL:</b>			
	[7] Number of Appointment Terminations	[8] Appointment Termination Fee	[9] Total termination fees ([7] X [8])
<b>PRODUCER TERMINATIONS</b> <i>(complete only if insurer is domiciled in AR, CA, NE, NH, NJ, NC, TN, or WY)</i>			
Arizona resident and nonresident insurance producer individuals			
Arizona resident and nonresident insurance producer business entities			
<b>COLUMN [9] TOTAL:</b>			

**C. Appointment fees total - enter the sum of Column [3] + Column [6] + Column [9]:**

<b>SECTION D: OTHER FEES, ASSESSMENTS AND OBLIGATIONS</b>	
List other fees, assessments and obligations you would have had to pay to your domicile in Calendar Year _____ if you were an Arizona-domiciled fraternal benefit society based on the business you transacted in Arizona.	
Description	Total Amount
D1. Certificate of authority renewal/continuation fee	
D2. Annual statement filing fee	
D3. Annual statement audit fee	
D4. Publication fees	
D5. Policy, rate, form and advertising filing fees (show number of each kind of filing and unit fee imposed by domicile for each kind):	
D6. Insurance fraud prevention/interdiction assessments (describe and show calculation as warranted):	
D7. Financial regulation fees (describe and show calculation as warranted):	
D8. Insurance department operations assessments (describe and show calculation as warranted):	
D9. Amended articles of incorporation and amended bylaws filing fees:	
D10. Other (describe and show calculation as warranted)	
D11. Other (describe and show calculation as warranted)	
D12. Other (describe and show calculation as warranted)	
D13. Other (describe and show calculation as warranted)	
D14. Other (describe and show calculation as warranted)	
D15. Other (describe and show calculation as warranted)	
D16. Other (describe and show calculation as warranted)	

D. Total of other fees, assessments and other obligations (sum of D1 through D16) \_\_\_\_\_

<b>E. DOMICILE STATE TOTAL (A + C + D)</b>	
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<b>SECTION F: ASSESSMENTS PAID TO ARIZONA STATE AGENCIES</b>	
List assessments you paid to Arizona state agencies during Calendar Year _____:	
Description	Amount
F1. Annual Assessment: Insurance Fraud Unit paid to the Arizona Department of Insurance ("ADOI") per ARS § 20-466(J).	
F2. Other (describe, provide a copy of the assessment invoice and a copy of your payment)	
F3. Other (describe, provide a copy of the assessment invoice and a copy of your payment)	
F4. Other (describe, provide a copy of the assessment invoice and a copy of your payment)	

F. TOTAL ASSESSMENTS PAID TO THE STATE OF ARIZONA IN CY 2010 (F1 through F9): \_\_\_\_\_

<b>SECTION G: FEES AND OTHER OBLIGATIONS PAID TO ARIZONA STATE AGENCIES</b>	
List fees and other obligations you paid to Arizona state agencies during Calendar Year _____. Make sure Section D includes any similar fee that your domicile would charge an Arizona fraternal benefit society.	
Description	Amount
G1. Certificate of authority renewal fee	30.00
G2. Annual statement filing fee	300.00
G3. Amended charter documents fee [\$30.00 ea. X _____ QTY]:	
G4. Amended articles of incorporation and amended bylaws filing fees [\$30.00 ea X _____ QTY]	
G5. Other (describe):	
G6. Other (describe):	
G7. Other (describe):	
G8. Other (describe):	
G9. Other (describe):	

G. TOTAL FEES AND OTHER OBLIGATIONS PAID TO THE STATE OF ARIZONA (G1 through G9): \_\_\_\_\_

<b>H. ARIZONA TOTAL (F + G)</b>	
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**RETALIATION:** If Line H exceeds Line E, enter \$0.00. Otherwise, enter Line E minus Line H here and in the TOTAL AMOUNT DUE box on Page 1.