INSURANCE TAX UNIT
Arizona Department of Insurance
2910 North 44th Street, Suite 210
Phoenix, AZ 85018-7269
Phone: (602) 364-3997| FAX: (602) 364-3989
https://insurance.az.gov

Reset

RETALIATION REPORT for a FOREIGN/ALIEN TITLE INSURER

For the year ended
December 31, 2015

INFORMATION ABOUT THE INSURER

Name of Insurer	NAIC #	Domicile* State

***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

INFORMATION ABOUT THE REPORT PREPARER:

Preparer's Name	Preparer's Title		
Mailing Address	City	State	ZIP Code
E-mail Address	Toll-free Phone #	FAX #	

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.

If not submitting using OPTins: Preparer's Signature — Date

DEPARTMENT OF INSURANCE ACCOUNTING INFORMATION

Year:	C/L:	NAIC:	Period:		Amount:	Tran Type:
2015	C		Off		0.00	01

Tax Type	Amount:	Tax Type	Amount:	Pay Code	Amount:
DOM	0.00	RT	0.00	04	0.00

SECTION A: DOMICILE STATE TAX INFORMATION

Tax law in domicile state: ERROR - see below

Arizona risk premiums
Title insurance tax rate in domicile state:

Check your DOMICILE: Use our 'License Search' feature at www.azinsurance.gov

A. 0.00

SECTION B: ARIZONA STATE INCOME TAX

Tax filing extension submitted to Arizona Department of Revenue? ☐ Yes ☐ No

Arizona state income tax liability for Calendar Year 2015: B.

SECTION C: RETALIATION DUE

RETALIATION DUE: If Line B exceeds Line A, enter $0.00. Otherwise, enter Line A minus Line B. You must pay the amount on Line C.

C. 0.00

FILING AND PAYMENT INSTRUCTIONS:

If any automatic calculation in this Report is incorrect, immediately e-mail sgreenberg@azinsurance.gov.

INCLUDE this form, your payment of the RETALIATION DUE amount AND the following by Complete SECTION B:

1. A copy of all filed Arizona state income tax forms, schedules and worksheets for Calendar Year 2015.
2. If the title insurer is part of a larger business enterprise that filed its Arizona state income tax return on a consolidated basis, prepare a *pro forma* Arizona state income tax return, attach a document describing your methodology of determining the amount of Arizona state income tax that applied to the title insurer and attach supporting documentation that would enable us to replicate your calculations.
3. A copy of Schedule T from your Annual Statement. If Arizona risk premiums differ from premiums in your Annual Statement, attach a document detailing the differences.

REPORTING/PAYMENT OPTION 1: Use the NAIC "OPTins" system to file this Report and pay the RETALIATION DUE. Contact the OPTins Help Desk at optinshelp@naic.org or (816) 783-8990 to set up an OPTins account.

REPORTING/PAYMENT OPTION 2: *The preparer must sign the Preparer's Attestation.* Submit your Report, payment (payable to **ARIZONA INSURANCE TAX UNIT**) and other required materials by mail to the address at the top of this form.