



Texas Annual Insurance Maintenance, Assessment and Retaliatory Report

(For Licensed Insurance Companies and Miscellaneous Organizations)

a. T Code **72100**

• A report must be filed even if no tax is due.

c. Taxpayer number	d. Filing period	e.	f. Due date
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Taxpayer name and report mailing address (Make any necessary name and report address changes below)

g.

h. IMPORTANT
 Blacken this box if your mailing address has changed. Show changes beside the preprinted information.

1.

i.

j.

- Do not write in shaded areas.
- TYPE or PRINT.
- See instructions, Form 25-300.

* Taxable premiums are gross premiums minus dividends.	COLUMN A TAXABLE PREMIUMS (Whole dollars only)	COLUMN B TAX RATE	COLUMN C - AMOUNT DUE (Multiply Column A by Column B)
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MAINTENANCE TAX/FEE	* 1. Fire and allied (Ch. 252).....	1a. <input type="checkbox"/>	1c. _____
	* 2. Casualty and fidelity (Ch. 253).....	2a. <input type="checkbox"/>	2c. _____
	* 3. Motor vehicle (Ch. 254).....	3a. <input type="checkbox"/>	3c. _____
	* 4. Workers' Compensation (Ch. 255 & Texas Labor Code, Sec. 407A.302).....	4a. <input type="checkbox"/>	4c. _____
	* 5. DWC / OIEC (Texas Labor Code Secs. 403.002, 403.003, & 407A.301).....	5a. <input type="checkbox"/>	5c. _____
	* 6. Workers' Compensation Research (Texas Labor Code Sec. 405.003).....	6a. <input type="checkbox"/>	6c. _____
	7. Accident and health (Ch. 257).....	7a. <input type="checkbox"/>	7c. _____
	8. Life and annuity (Ch. 257).....	8a. <input type="checkbox"/>	8c. _____
	9. Local mutual aid association (Ch. 257).....	9a. <input type="checkbox"/>	9c. _____
	10. Non-profit legal services corporation (Revenues) (Ch. 260).....	10a. <input type="checkbox"/>	10c. _____
	11. Title company (Ch. 271).....	11a. <input type="checkbox"/>	11c. _____
	12. TPA (Fees) (Ch. 259).....	12a. <input type="checkbox"/>	12c. _____
ENROLLEES (Whole numbers)			
13. HMO - basic health care service (Ch. 258).....	13a. <input type="checkbox"/>	13c. _____	
14. HMO - single health care service (Ch. 258).....	14a. <input type="checkbox"/>	14c. _____	
15. HMO - limited health care service (Ch. 258).....	15a. <input type="checkbox"/>	15c. _____	
POLICIES (Whole numbers)			
O.P.I.C.	16. All lines of property and casualty policies.....	16a. <input type="checkbox"/>	16c. _____
	17. Accident and health policies/certificates of coverage.....	17a. <input type="checkbox"/>	17c. _____
	18. Life policies/certificates of coverage.....	18a. <input type="checkbox"/>	18c. _____
	19. HMO policies/certificates of coverage.....	19a. <input type="checkbox"/>	19c. _____
MISC.	20. Title policies.....	20a. <input type="checkbox"/>	20c. _____
	21. Long Term Care Facility Surcharge Fee (Section 2203.351).....	21a. <input checked="" type="checkbox"/> XXXXXXXXXXXXXXXXXXXX	21c. _____
	22. Total amount (Total of Items 1c through 21c).....	22.	22. _____
	23. Annual Statement filing fee.....	23. <input type="checkbox"/>	23. _____
	24. Retaliatory tax (From Form 25-200).....	24. <input type="checkbox"/>	24. _____
	25. Captive Insurer Tax Waiver (Approved by Insurance Commissioner; see instructions.).....	25. <input type="checkbox"/>	25. _____
	26. Total taxes and fees due (Total of Items 22 through 24, less Item 25, if applicable).....	26. <input type="checkbox"/>	26. _____

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone numbers listed on this form.

Form 25-102 (Rev.5-15/18)

*** DO NOT DETACH ***

27. Penalty and interest (See instructions).....	27. _____
28. TOTAL AMOUNT DUE AND PAYABLE (Total of Items 26 and 27).....	28. <input type="checkbox"/>

Taxpayer name	k. <input type="checkbox"/>	l. <input type="checkbox"/>
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T Code Taxpayer number Period

Make the amount in Item 28 payable to STATE COMPTROLLER
 Mail to COMPTROLLER OF PUBLIC ACCOUNTS
 P.O. Box 149356
 Austin, TX 78714-9356

I declare the information in this document and all attachments is true and correct to the best of my knowledge and belief.

Authorized agent

sign here

Preparer's name (Please print)

Daytime phone (Area code & number) Date

For information about Insurance Tax, call 1-800-252-1387.
 Details are also available online at www.comptroller.texas.gov.