

Quarterly Statement

NAIC Company Code: _____

NAIC Group Code: _____

Employer's ID: _____

**In Accordance with Section 603 of Chapter 25, Title 22 of the Virgin Islands Code
To the Commissioner of Insurance of the United States Virgin Islands:**

The _____
(Name of Company)

of _____, State of _____
(Location of Home Office)

Date Organized _____ Date Admitted to the Virgin Islands _____

Capital Stock Authorized _____ Paid in Capital to Date _____

Lines of Coverage being Written in the Virgin Islands _____

1) Losses incurred but not reported:

\$ _____

2) Amounts actually paid policyholders on Losses:

\$ _____

3) Amounts paid policyholders as dividends:

\$ _____

4) Amounts of Gross Premiums received or contracted for:

Quarter ending: _____

\$ _____

5) Amounts paid policyholders as returned Premiums: _____

(\$ _____)

6) Amounts of Reinsurance Premium Received from Unauthorized Reinsurers (Attach Listing of Named Companies & Amounts): _____

\$ _____

7) Amounts of Reinsurance Premium Received from Authorized Reinsurers (Attach Listing of Named Companies & Amounts): _____

(\$ _____)

Taxes Due (5% of the net total of lines 4 through 7): _____

\$ _____

8) Less (Credit): _____

(\$ _____)

Fee for filing Statement (fee due whether or not premiums were written for the quarter): _____

\$50.00

Total Amount of Check: _____

\$ _____

(Signature of Authorized Representative)

(Print Name of Authorized Representative)

Date Signed

Title of Authorized Representative

1. Make check payable to: **Government of the U.S. Virgin Islands**

2. Payment made must be for each individual company. (Checks for groups will not be accepted.)

3. To avoid penalty, remit or have 1st, 2nd, 3rd, & 4th quarter payment postmarked no later than the 1st of May, August, November, of the current year and February of the next year, respectively.

*22 V.I. Code Section 603 (b) was amended by Act 6287 to exempt annuities from payment of premium tax.