

REVISED
FILING INSTRUCTIONS FOR THE
VIRGINIA ASSESSMENT REPORT & VOUCHER
AND
ADJUSTMENTS TO SCHEDULE T PREMIUM
FOR YEAR ENDED DECEMBER 31, 2017

THE VIRGINIA ASSESSMENT REPORT & VOUCHER AND ADJUSTMENT TO SCHEDULE T PREMIUM ARE UNCHANGED FOR 2017. THE ADJUSTMENTS TO SCHEDULE T PREMIUM IS ONLY REQUIRED WHEN ADJUSTMENTS WERE MADE TO ARRIVE AT ASSESSABLE PREMIUM. THE FORMS AND CHECK MUST BE SUBMITTED ON OR BEFORE MARCH 1, 2018. PENALTY AND INTEREST WILL BE ASSESSED FOR ANY PAYMENT MADE AFTER THE DUE DATE. ALSO, THE VIRGINIA ASSESSMENT REPORT & VOUCHER IS SUBJECT TO A \$50 PER DAY PENALTY FOR FAILURE TO FILE BY THE DUE DATE. ACH OR ELECTRONIC PAYMENTS OF ANY KIND ARE NOT ACCEPTED.

FORMS

(NOTE: If the 2017 Virginia Insurance Premiums License Tax Return is erroneously filed with the Bureau of Insurance, it **WILL BE RETURNED TO THE COMPANY** for proper filing with the Department of Taxation. Also, if the Virginia Assessment Report & Voucher is erroneously filed with the Department of Taxation and received in the Bureau of Insurance after March 1st, it will be subject to a \$50 per day penalty and the payment will be subject to a 10% penalty and interest.)

The **VIRGINIA ASSESSMENT REPORT & VOUCHER** is available on the Bureau of Insurance's website: www.scc.virginia.gov/boi/co/assess/filing.aspx. It is company specific, meaning it is designed to show only the assessments required for the company whose NAIC number has been entered. If you have multiple companies, you **MUST** re-enter each company's NAIC number in order to determine which assessments are required to be paid. The required assessments are designated by having a Form ID number in the box under that column heading. Assessments not required are indicated with N/A in the Form ID box. This Report **MUST** be filed by March 1st. If filed after the due date, a \$50 per day penalty will be charged for the late filing of the form and the payment will be subject to a 10% penalty. Interest will also apply to payments made after the due date.

The **ADJUSTMENTS TO SCHEDULE T PREMIUM** for the Virginia Assessment Report & Voucher is only required when adjustments were made to arrive at Assessable Premium. An adjustment area is available for each Assessment that can be filed. Should you need additional space for your reconciliation, please attach a separate sheet and be specific as to which Assessment the adjustment applies.

**ALL ASSESSMENT CALCULATIONS MUST BE CARRIED OUT TO THE CENTS.
PREMIUMS MUST BE SHOWN IN WHOLE DOLLARS.**

MERGERS DURING 2017

Mergers are NOT recognized in Virginia the same date as in the home states of the merging companies. The merger is recognized and effective in Virginia on the date the appropriate paperwork has been accepted by the Clerk's Office of the State Corporation Commission, which then notifies the Bureau of Insurance of the merger.

IF THE MERGER IS EFFECTIVE IN VIRGINIA ANY TIME DURING 2017, ONLY THE SURVIVING COMPANY SHOULD FILE THE 2017 ASSESSMENT PACKET. The surviving company must file combined assessment forms that include the merging company's premium.

THE VIRGINIA ASSESSMENT REPORT & VOUCHER IS NOT PART OF THE COMPANY'S ANNUAL LICENSE RENEWAL PACKET OR ANNUAL STATEMENT.

DO NOT FILE THE VIRGINIA ASSESSMENT REPORT & VOUCHER WITH THE ANNUAL LICENSE RENEWAL PACKET OR ANNUAL STATEMENT. This form is NOT part of either of those filings. **Forms included with the Annual License Renewal Packet or Annual Statement and received in the Administrative Revenue Management Division after March 1 will be considered late.** A late Report is subject to a \$50 per day penalty. All payments made after the due date of March 1 are also subject to a 10% penalty and interest. Any filing extensions granted for the Annual Statement **DO NOT APPLY** to the Virginia Assessment Report & Voucher.

VIRGINIA ASSESSMENT REPORT & VOUCHER

The assessable premium is your Schedule T Premium plus or minus adjustments as reflected on the Adjustments to Schedule T Premium. The Payment Amount column is calculated by multiplying the Assessable Premium shown on the

Report by the rate shown. **The calculated amount or the minimum payment amount, whichever is higher, MUST be entered in the Payment Amount column on the Virginia Assessment Report & Voucher form. Add the Payment Amount column and enter the sum of the amounts due in the CHECK TOTAL field. Your payment should match the CHECK TOTAL field on the Report. Make your check payable to the TREASURER OF VIRGINIA. If you have included the Virginia Uninsured Motorist Fund and the Virginia Fair Plan Premium in your Schedule T Premium, do not include it as an adjustment on the Adjustments to Schedule T Premium.**

MAILING ADDRESS FOR THE ASSESSMENT FORM AND PAYMENT

(DO NOT SEND ANNUAL STATEMENTS OR LICENSE RENEWAL FILINGS TO THESE ADDRESSES)

Filings stamped by an individual metering machine that do not reflect a postmark date will be recorded on the date received. You will be subject to penalties and interest if received after the due date.

REGULAR MAIL

State Corporation Commission
P. O. Box 759064
Baltimore, MD 21275-9064

OVERNIGHT OR EXPRESS MAIL

State Corporation Commission
Lockbox 759064
7175 Columbia Gateway Drive
Columbia, MD 21046

COMPUTER GENERATED FORMS

IF YOU ARE USING APPROVED COMPUTER GENERATED FORMS YOU MUST determine if the FIRE PROGRAMS ASSESSMENT, FLOOD ASSESSMENT, HEAT ASSESSMENT and FRAUD ASSESSMENT are required to be paid by your company. In order to make that determination, you **MUST** go to www.scc.virginia.gov/boi/co/assess/filing.aspx (the Bureau of Insurance's website). The filing must be made if a number shows in the Form ID box for that assessment. (N/A is shown in the Form ID box for assessments not required.) Make sure the Form ID numbers from the website match the Form ID numbers shown on the computer generated form. Failure to follow this procedure may result in an erroneous payment being made that **WILL NOT** be refunded or the calculation of penalty and interest on a required payment that was not made. Also, if an assessment has been required in the past that is not shown on the current Virginia Assessment Report & Voucher, you should contact the Administrative Revenue Management Division at (804)-371-9239 or (804)-371-9333 to ascertain whether the assessment is still required.

The Bureau has approved forms generated by the following companies.

TriTech Software Development Corp.
1205 S. Greenville Ave.
Allen, TX 75002

Eagle Technology Management, Inc.
5825 Council Street, NE
Cedar Rapids, IA 52410-1100

Corptax LLC
1751 Lake Cook Road, Suite 200
Deerfield, IL 60015

DIRECT GROSS PREMIUM INCOME

Includes:

all premiums, assessments, dues and fees collected, received or derived, or obligations taken therefore, from business in the Commonwealth of Virginia during the calendar year 2017. Reciprocal or inter-insurance exchanges shall include in this report the gross premium or deposit income collected, received or derived from and credited to the accounts of subscribers from business in Virginia during 2017, decreased by all returns for cancellation and all amounts returned to subscribers or credited to their accounts as savings.

Finance and Service Charges shown on Schedule T that are not included in direct written premium.

Uninsured Motorist Fund distribution as shown in the Annual Statement as automobile liability premium. It will be necessary to manually adjust the Annual Statement if this distribution was received after December 31st. The UM Fund premium is to be shown on the Virginia Assessment Report & Voucher in the space provided as Included in Schedule T premium or on the Adjustment form as Added. Penalty and interest **will be due** if this amount is not shown and has to be added as additional premium during the audit.

Fair Plan Premium as reported to you by the Virginia Property Insurance Association. This premium must be shown on the Virginia Assessment Report & Voucher in the space provided as Included in Schedule T premium or on the Adjustment form as Added. It will be necessary to manually adjust the Annual Statement if this distribution was received after December 31st. Penalty and interest **will be due** if this amount is not shown and has to be added as additional premium during the audit.

Excess Workers' Compensation Insurance premiums shown on Line 17.3 of Page 19 of the Annual Statement. In the absence of such proper segregation of premiums, a reconciliation is required to be shown on each report it affects, accounting for excess liability premiums.

Cash Surrender Values used to purchase replacement policies are included as direct gross premium income. In the absence of proper reporting of such premiums, a reconciliation is required to be shown on each report it affects, accounting for cash surrender values.

A Total Assessable Premium that is negative should be treated as zero. Negative premiums do not result in a refund.

Excludes:

premiums received for reinsurance assumed from licensed insurance companies; premiums that provide life, accident and sickness insurance issued on a group basis insuring your employees, agents and representatives; annuity premiums; Federal Employee Health Benefit Plan premiums; federally reinsured crop insurance premiums; federal flood insurance premiums; Medicare Part D premium and Medicare Advantage premium. If Medicare premium is reported as Accident and Sickness premium, it should be deducted as an Other adjustment.

Deductions:

cannot be taken for dividends paid nor on any other account except for premiums returned on canceled policies or on account of a reduction in rates or a reduction in the amount insured. Mutual insurers, other than life companies, may deduct refunds or returns made to policyholders otherwise than for losses.

FRAUD ASSESSMENT REPORT

The Fraud Assessment is equal to 0.05 of 1% of **written premium, including finance & service charges**, for all property and casualty lines, except title. For Workers Compensation Group Self-Insurance Associations, this assessment is calculated on Manual Premium.

ASSESSMENT ADDRESS AND CONTACT INFORMATION

The CONTACT INFORMATION must now be updated on-line. Click on the [Update Assessment Address and Contact Information](#) link in the Insurance Company: Assessment Filing Information area of the website. Enter your company's Login Code (which has been provided to you in the letter sent earlier). The CONTACT INFORMATION currently on file will appear. If you wish to change the current information, click YES to the question at the bottom of the screen. Enter the revised information and click UPDATE CONTACT INFORMATION. A one (1) line street address of no more than 40 characters is now required. An e-mail confirming the change, displaying both the old and new information, will be sent to the e-mail address entered.

The contact should be the person responsible for answering questions regarding information stated on the assessment forms. The Assessment Contact Information must be kept current. Failure to change this information, as necessary, could result in the misdirection of critical information, which may cause penalties and/or interest to be assessed.

ADDITIONAL INFORMATION

The check submitted **MUST** match the total amount shown on the Virginia Assessment Report & Voucher. At the present time, the Bureau of Insurance does not have the capability to accept any Electronic Funds Transfer (EFT) assessment payment transactions. Notification will be sent to all companies if this capability becomes available.

If you have questions regarding any of the above information or any of the forms provided, please contact the Administrative Revenue Management Division at (804) 371-9239 or (804) 371-9333, or via e-mail, Keith.Kelley@scc.virginia.gov prior to filing the forms.

Links are provided for relative statutes of the Code of Virginia and an assessment rate chart. Forms can be filled out on-line, but must be printed and mailed to the address given in these instructions. We **DO NOT ACCEPT** electronic filings of the assessment report or ACH or electronic payments.

I have read these instructions in their entirety and wish to proceed to download the annual Virginia Assessment Report & Voucher.