



**DELAWARE INSURANCE DEPARTMENT
QUARTERLY PREMIUM TAX REPORT
FOR THE CALENDAR QUARTER**

To be submitted by the
**SURPLUS LINES
BROKER**
FORM SL-1917
v. 06-01

_____, _____ through _____, _____

MAILING INSTRUCTIONS

The Delaware Insurance Department has established a lock-box operation with National City Bank for receipt of premium taxes and fees. Send this SL-1917 form, along with a check (if applicable) to one of the addresses listed below. **DO NOT** send this form or checks directly to the Department. **NOTE:** Premium tax filings must be received on or before the appropriate due date. The Insurance Department does not accept postmark dates. An administrative penalty will be assessed for filings received after the due dates.

Attach Check Here

<p align="center">If using U.S. Postal Service (regular mail):</p> <p align="center">Delaware Insurance Department c/o National City Bank 6610 Reliable Parkway Chicago, IL 60686</p>	<p align="center">If using Courier or Express Service (overnight):</p> <p align="center">Delaware Insurance Department c/o National City Bank Attention: Lockbox # 6610 5635 S. Archer Ave. Chicago, IL 60638-1656</p>
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REPORTING BROKER INFORMATION

SL Broker ID #: _____ Agency ID #: _____
 SL Broker Name: _____
 Agency Name: _____
 Mailing Address: _____

 Tax Contact Name: _____
 Email Address: _____

SELECT REPORT TYPE:

- | | | |
|--------------------------|-------------|----------------------|
| <input type="checkbox"/> | Q107 | Due April 30, 2007 |
| <input type="checkbox"/> | Q207 | Due July 30, 2007 |
| <input type="checkbox"/> | Q307 | Due October 30, 2007 |
| <input type="checkbox"/> | Q407 | Due January 30, 2008 |

Questions should be directed to:

Ann Fletcher
Premium Tax Coordinator
 E-mail: Ann.Fletcher@state.de.us

AFFIDAVIT AND PREMIUM TAX REPORT

KNOWN ALL MEN BY THESE PRESENT THAT _____, Agent / Broker, who being duly sworn, deposes and states that the contracts for insurance reported by me to the Delaware Insurance Department during the period indicated above represent all such business transacted by me for this period and were issued pursuant to Chapter 19, Title 18, Delaware Code, and are subject to the following conditions for export:

- (a) That as a surplus lines broker, duly licensed in the state of Delaware, I procured all policies referred to herein from eligible surplus lines insurers;
- (b) That the full amount of insurance required was not procurable, after diligent effort was made to do so, from among the insurers authorized to transact and actually writing that kind and class of insurance in this State, and the amount of insurance exported was only the excess over or other than the amount procurable from authorized insurers;
- (c) That the insurance was not exported for the purpose of obtaining a lower premium rate than would be accepted by an authorized insurer; and
- (d) That the terms of the insurance contracts are not more favorable than would be accepted by an authorized insurer.

CHECK HERE IF NO SURPLUS LINES BUSINESS WAS TRANSACTED DURING THIS CALENDAR QUARTER

Total premium reported for this quarter	\$	_____
Less premium returned to policyholder	-	_____
Total taxable premium for this quarter	\$	_____
Premium tax rate	X	_____ .02
Total premium tax due this quarter	\$	_____

Sign Here

Signature of Surplus Lines Broker

↑ PAY THIS AMOUNT ↑

Make check payable to "Delaware Insurance Department"

Sworn to and subscribed before me this _____ day of _____, A.D. _____

Notary Seal

Notary Signature _____

My Commission Expires _____