



Federal EIN	NAIC ID Number	Period Covered	Due Date
		January 1 - December 31, 2024	March 17, 2025

Business Name (Line 1) _____ Business Name (Line 2) _____ Street Address and/or Post Office Box _____ City State ZIP Code			CHECK ALL THAT APPLY: <input type="checkbox"/> Initial return <input type="checkbox"/> Amended return <input type="checkbox"/> Final return Enter closing date: _____ MM DD YYYY <input type="checkbox"/> Change of name/address
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**Computation of Tax on Fire Premiums**

1. Amount of premiums allocated to fire (See instructions)	A	B	C	D	E	F
Line of Business	Gross Premiums (Less Return Premiums and Premiums on Policies not Taken)	Dividends Paid or Credited on Direct Business	Total Net Taxable Premiums	Percent of Premiums Allocated to Fire	Amount of Premiums Allocated to Fire (column D x column E)	
1a. Fire .....	\$	\$	\$	100.00%		.00
1b. Inland Marine .....	\$	\$	\$	26.56%		.00
1c. Aircraft Physical Damage.....	\$	\$	\$	Actual*		.00
<b>Auto Physical Damage:</b>						
1d. Private Passenger..	\$	\$	\$	2.16%		.00
1e. Commercial .....	\$	\$	\$	7.28%		.00
<b>Multiple Peril:</b>						
1f. Farmowner's Multiple Peril.....	\$	\$	\$	67.05%		.00
1g. Homeowners Multiple Peril.....	\$	\$	\$	44.11%		.00
1h. Commercial Multiple Peril (non-liability)...	\$	\$	\$	47.43%		.00
1i. All Other Fire Related.....	\$	\$	\$	100.00%		.00
2. Total amount of premiums allocated to fire (add column F, lines 1a through 1i) .....					2.	.00
3. <b>Tax liability.</b> Line 2 multiplied by 1.4% (0.014). (Do not enter an amount less than zero.) .....					3.	.00
4. Estimated payments and payments made with original return.....					4.	.00
5. If this is an amended return, enter overpayment, if any, on original return. ....					5.	.00
6. Line 4 minus line 5. (If negative, enter a minus sign to the left of number.) .....					6.	.00

\*Line 1c only: Enter in column F the premiums actually received on fire risks located in Maine.



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\*2431101\*

7. <b>Tax due.</b> If line 3 is greater than line 6, subtract line 6 from line 3.....	7.	<input type="text"/>	.00
8. <b>Overpayment.</b> If line 6 is greater than line 3, subtract line 3 from line 6. ....	8.	<input type="text"/>	.00
9. <b>Underpayment of estimated tax.</b> See instructions.....	9.	<input type="text"/>	.00
10. <b>Total amount due.</b> If you completed line 7, add line 7 and line 9. Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102.....	10.	<input type="text"/>	.00
11. <b>Overpayment to be refunded.</b> If you completed line 8, subtract line 9 from line 8. Note: If negative, enter as amount due on line 10. ....	11.	<input type="text"/>	.00

### Affidavit and Signature

This return is made in compliance with the provisions of 25 M.R.S. § 2399. The amount of all gross direct premiums or assessments for fire risks written by this insurer on risks located in, or received from risks resident of, the State of Maine during the year ending December 31, 2024 has been reported. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Date:  Signature:  Telephone #:

Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer or Attorney-in-fact of a reciprocal insurer.

Date:  Preparer's Signature:  ID Number:

Use the Maine Tax Portal at [revenue.maine.gov](https://revenue.maine.gov) to file, pay, correspond with MRS, and manage your tax account.

