



Period Covered:
January 1 - December 31, 2024
Due Date: March 17, 2025

NOTE: If the Producer is filing, enter name (last, first, middle initial) and SSN; or, if the Agency is filing on behalf of the Producer, enter the Agency Name and EIN. Do not complete both Producer and Agency boxes.
Self-Procured filers: if individual, enter SSN; if entity, enter EIN. Do not enter producer's license number below.

CHECK ALL THAT APPLY:

Producer or Self-Procured Individual: Last Name, First name, MI, SSN
OR
Agency or Self-Procured Entity: Name, EIN
Mailing Address: City, State, ZIP Code
Contact Name, Company/Employer*
*Individual Producer's name of employer or agency.

- Initial return
Amended return
Made estimated payments during the year
Change of name/address

Check this box if reporting self-procured premiums on line 1. []

Tax Computation

Table with 3 columns: Line number, Description, Amount. Rows include: 1. Nonadmitted gross direct insurance premiums .00; 2. Deductions; 2a. Return premiums .00; 2b. Dividends paid .00; 3. Total deductions .00; 4. Amount taxable .00; 5. Maine premiums tax .00; 6. 2024 estimated payments .00; 7. Overpayment .00; 8. Line 6 minus line 7 .00; 9a. Amount due .00; 9b. Amount overpaid .00; 10. Underpayment of estimated tax .00; 11. Total amount due .00; 12. Overpayment .00; 13a. Credited to next year's estimated tax .00; 13b. Refunded .00



2432002

Affidavit and Signature

This return is made in compliance with the provisions of 36 M.R.S. § 2521-A. The amount of all nonadmitted insurance premiums on insurance subject to Maine tax for the above period 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: Phone #:

Must be signed by the Self-Procured Person or Producer with Nonadmitted Insurance Authority.

Date: Preparer's Signature: ID Number:

See instructions for the 2025 Estimated Payment of Tax requirements