# 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 ammended by Act 6287 to exempt annuities from payment of premium tax.

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