

STATE OF MISSOURI

DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

QUARTERLY ADMINISTRATIVE SURCHARGE REPORT

ABCECY.	
Please make copies for your future quarterly payments or you may access this form at www.insurance.mo.gov under Industry/Forms/Tax Forms. Check corresponding reporting period:	
☐ March 1, 2015 ☐ June 1, 2015 ☐ September 1, 2015 ☐ December 1,	2015
COMPANY NAME	
COMPANY ADDRESS	
NAIC NUMBER (9 DIGITS)	
Pursuant to sections 287.310.9 and 287.717 workers' compensation policies with the policyholder of such policy on the deductible credit portion of the policy. NOTE "difference" between the premium that would be generated for a standard, gooffered and the premium that is actually generated when the deductible crewriting the workers' compensation policy with the deductible option shall collect the collection and shall remit the surcharge amount to the Department of Revenue. The current year and shall remit 25% of the annual amount to the Department of Revenue of the current year. Upon completion of the annual Administrative Surcharge on Pfollowing year), any unpaid balance of the Administrative Surcharge will be invoice of Workers' Compensation Administrative Surcharge Balance Due/Overpayment are by June 1, 2015, to the Missouri Department of Revenue along with a copy of the nobe credited against future Administrative Surcharge amounts due.	E: The deductible credit portion of the policy is the paranteed cost policy where no deductible option is dit is applied to the policy. The insurance company surcharge from the policyholder at the time of premium insurer shall estimate the annual surcharge due for the nue on March 1, June 1, September 1 and December 1 age 5 of the Premium Tax Return (due March 1 of the d to your company. Your company will receive a Notice bund the first of May. Payment will need to be submitted
 Report the annual estimated Administrative Surcharge due for 2015 (2015 Work Comp Rate is 1%) 	\$
2. Remit 25% of the above amount to the Department of Revenue with a copy of	this form. = \$
If paying after the due date, please add:	
3. Interest on late payment of 1½% per month or fraction of a month x line 2.	+ \$
4. Add lines 2 and 3 = Total Quarterly Administrative Surcharge Due with Interest on Late Payment = \$	
Please remit this form with payment to: Missouri Department of Revenue P.O. Box 898 Jefferson City, MO 65105-0898 (573) 751-2326	Questions may be addressed to: Missouri Department of Insurance, Financial Institutions and Professional Registration P.O. Box 690 Jefferson City, MO 65102-0690 (573) 526-4986 or (573) 751-1929
Make check or money order payable to "Missouri Department of Revenue". If you pay by check, you authorize the Missouri Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.	