



MISSOURI DEPARTMENT OF INSURANCE
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

SELF-PROCURED INSURANCE TAX REPORT - APPENDIX 4

REPORTING TAX YEAR _____

Under provisions of the Surplus Line Law, Chapter 384 RSMo this report is hereby made for premiums paid during the twelve (12) month period ending December 31, _____ for insurance self-procured and placed in companies not admitted to do business in the State of Missouri. This report must be received **before** March 2 of the year next succeeding the year in which the insurance was so procured.

ALL FIELDS REQUIRED FOR ACCEPTANCE.

CONTACT NAME (LAST, FIRST, MIDDLE)		CONTACT TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		CONTACT EMAIL ADDRESS	
NAME OF INSURED		FEDERAL ID NUMBER	
ADDRESS			
NAME OF INSURER (INSURANCE COMPANY)			
ADDRESS			
TYPE OF INSURANCE PROCURED	GROSS PREMIUM	\$	
GENERAL DESCRIPTION OF COVERAGE	LESS RETURN PREMIUM		
POLICY NUMBER	NET PREMIUM		
EFFECTIVE DATE	TOTAL NET PREMIUM	\$	

If the home State of the insured is Missouri, there is levied upon an insured who procures insurance pursuant to the Surplus Line Law, Chapter 384 RSMo, other than through a surplus line broker, a tax at the rate of five (5) percent of the entire gross direct written premium.

TAX DUE ON NET PREMIUM (5%) \$

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

NAME AND TITLE OF SELF-PRODUCER	DATE
---------------------------------	------

Mail copy of this form before March 2nd
To: Missouri Department of Insurance
Financial Institutions and Professional Registration
PO Box 690
Jefferson City, MO 65102

Mail copy of this form and payment before April 16th
To: Missouri Department of Revenue
PO Box 898
Jefferson City, MO 65105-0898