	Florida Departn Insurance Premium T For Calenda							ida Adm	inistra	DR-908 R. 01/17 12B-8.003 ative Code ctive 01/17
			POS							
FEIN	Florida Code	Business Par	tner N	lo.						
Name Address City/St/ZIP				Amen	nal Retu Ided Re or amen	turn		Final Re		
	Computation of Insurance Premium Taxes and Fed	25	I		–US D	ollars-			4	Cents
1.	Total Premium Tax Due (Schedule I)	L								
					┘ッ└──┘└ │┌──│┌		┘ッ└──┘└ ││──││]	
2. 3.	Credits Against the Tax (Schedule III) Net Premium Tax Due (If Line 1 minus Line 2	2.			Jg∟ L 1 ┌── 1 ┌		J ∮] L 1 [− − 1 []	
	equals less than zero, enter zero)] .	
4.	State Fire Marshal Regulatory Assessment (Schedule X)				J		╷╷╷			
5.	Wet Marine and Transportation Tax (Schedule XI)	5.],[],			
6.	Firefighters' Pension Trust Fund (Schedule XII)	6.								
7.	Municipal Police Officers' Retirement Trust Fund (Schedule XIII)						j_[
8.	Retaliatory Tax (Schedule XIV)	8.								
9.	Filing Fees (Note: Prepaid limited health service organizations, legal expense insurance benefit societies must report and pay all filing fees to the Office of Insurance Regulation).									
10.	Commercial/Residential Policy Surcharge (Schedule XVI) plus Payment Due from Refund (Schedule XVII)],],			
11.	Total Tax Due (Sum of Line 3 through Line 10)	11.][),			
If hand pri	Form DR-908 is a machine-readable form. Please follow the nting this document, print your numbers as shown	he hand print or mac If typing this document, type t								
and write	one number per box. Write within the boxes.	of your numbers together.						2345	678	
Pa	yment Coupon 2016 Insurance Premium Taxes and Fe				etach				Γ	DR-908 R. 01/17
Check	To ensure proper credit to your account, enclo here if you transmitted funds electronically	Return is d				maiii	ng.			
Enter	name and address, if not pre-addressed:	 _			US Dol	llars—			I	Cents
		Total amount due from Line 16							-	
Name		Overpayment to be Refunded from Line 17							. [
Address City/St/ZIP		FEIN Enter FEIN if not pre-addressed]				
Sigred ar		Business Partner Number								_
	Do not write in the space below.		[]] [┙└──┘└	[
		20169999 001	1.6.04	ודח	, 1, 7	2999	9999	ח פפו	חחר	. 2



12. Less: Installments Paid (include quarterly statement filing fees and surcharges). See instructions.

	1st Quarter	2nd Quarter	3rd Quarter	
	If amended return: Add amount paid	with the original return		Cents
		funded with the original return (
13.	Net Tax Due or Overpayment (Line 11 r	ninus Line 12)	Check here 13.	
14.	Penalty (10% Late Penalty)			
15.			15,,,	
16.				
	(Sum of Lines 13, 14, and 15. If less that	an zero, enter on Line 17)	16	
17.	Overpayment to be Refunded. Enter of	on payment coupon also		
Cor	ntact person	Phone number	Fax number	
E-n	nail address	State of domicile	Location of corporate books	
	All T	axpavers Are Required to Answer (Questions A and B Below as Appropriate.	
A.	Is the insurer a member of an affiliar made a timely election, which inclue salary credit calculation under secti	ted group whose parent company ded the insurer, for the alternative	B. Did you use the Department's address database or third party where the software company indicated that they used the De address database, when you sourced your premiums to the laboratory	partment's
	Statutes (F.S.)? (Refer to Schedule I	V instructions for more information.)	jurisdictions reported on Schedule XII and/or Schedule XIII? (Refer to
			Schedule XII and XIII instructions for more information.)	
	□ NO		Department's database	
			Software company's product where the software company's product where the software company	-
			indicated that they used the Department's address dat	abase
		I declare that I have examined this return, including n of preparer (other than taxpayer) is based on all inf	accompanying schedules and statements, and to the best of my knowledge and belief, it is tru formation of which preparer has any knowledge.	ue, correct,
Sig	gn here Signature of officer (must be an	original signature) Date	Title	
Pa	id Preparer's signature	Date	Preparer Preparer's PTIN PTIN	
on	eparers ly Firm's name (or yours if self-employed) —		FEIN	

- 1. Have you signed your check?
- 2. Have you signed your return?
- 3. Have you attached the Florida Business Page of the Annual Statement filed with the Florida Department of Financial Services?

Make check payable and mail to:

Florida Department of Revenue 5050 W Tennessee St Tallahassee FL 32399-0150 For refunds, mail to:

Florida Department of Revenue PO Box 6440 Tallahassee FL 32314-6440

Name ____

FEIN _____

_____ Taxable Year _____

SCHEDULE I

COMPUTATION OF INSURANCE PREMIUM TAX (Not To Be Used for Wet Marine and Transportation Tax) *** Include the Florida Business Page of Your Florida Annual Statement ***

	Types of Insurance	Total Premiums	Tax Rate	Tax Due
1.	Property/Casualty/Miscellaneous			
	a. Plus: Additional Taxable Premiums			
	b. Less: Excluded Premiums			
	c. Total Taxable Premiums		1.75%	
2.	Life			
	a. Plus: Additional Taxable Premiums			
	b. Less: Excluded Premiums			
	c. Total Taxable Premiums		1.75%	
3.	Accident and Health			
	a. Plus: Additional Taxable Premiums			
	b. Less: Excluded Premiums			
	c. Total Taxable Premiums		1.75%	
4.	Prepaid Limited Health Service Organizations		1.75%	
5.	Commercial Self-Insurance Funds		1.60%	
6.	Group Self-Insurance Funds		1.60%	
7.	Medical Malpractice Self-Insurance		1.60%	
8.	Assessable Mutual Insurers		1.60%	
9.	Corporation Not-for-Profit Self-Insurance Funds		1.60%	
10.	Public Housing Authorities Self-Insurance Funds (see instructions)		1.60%	
11.	Annuity Premiums (Schedule II, Line 3)			
12.	Total Premium Tax Due (Add Lines 1c, 2c, 3c, and 4 thr	ough 11. Enter here and on	Page 1, Line 1)*→	

* If zero or less, enter -0-

ANNUITY CONSIDERATION PREMIUMS

	Types of Insurance	Total Premiums	Tax Rate	Tax Due
1.	Annuity Premiums		1.00%	
2.	Premium Tax Savings Derived and Credited to the "Holde			
3.	Total Annuity Premiums Due (Line 1 minus Line 2. Enter here and on Schedule I, Line 11)*			

* If zero or less, enter -0-

SCHEDULE III

SCHEDULE II

CREDITS AGAINST THE PREMIUM TAX

1.	Workers' Compensation Administrative Assessment Credit (Schedule VI, Line 4)	
2.	Firefighters' Pension Trust Fund Credit (Schedule XII- B, Line 3, minus credit used Schedule XI, Line 6)	
3.	Municipal Police Officers' Retirement Trust Fund Credit	
3.	(Schedule XIII - B, Line 3 minus credit used Schedule XI, Line 7)	
4.	Eligible Corporate Income Tax Credit (Schedule V, Line 11)	
5.	Salary Tax Credit (Schedule V, Line 12)	
6.	Florida Life and Health Insurance Guaranty Association Credit (Schedule VII, Line 1)	
7	Community Contribution Credit (Total credits approved under s. 624.5105, F.S., minus credit used	
1.	Schedule XI, Line 8) (Enter here and include on Schedule XIV, Line 12, Column A)	
8.	Certified Capital Company (CAPCO) Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
9.	Capital Investment Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
10	Credit for Contributions to Nonprofit Scholarship Funding Organizations (Schedule V, Line 13), (Enter	
10.	here and include on Schedule XIV, Line 12, Column A)	
11.	New Markets Tax Credit (Enter here and include on Schedule XIV, Line 12, Column A)	
12.	Total Credits (Sum of Line 1 through Line 11. Enter here and on Page 1, Line 2) →	



Name ___

FEIN _____ Taxable Year _____

SCHEDULE IV COMPUTATION OF SALARY CREDIT

*** Include Your Florida Department of Revenue Forms RT-6 and RTS-71 if Claiming this Credit ***

1.	Total Premium Tax Due (Schedule I, Line 12)	
2.	Less: Firefighters' Pension Trust Fund Credit (Schedule XII - B, Line 3)	
3.	Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3)	
4.	Corporate Income Tax Paid (Florida Form F-1120, Line 13)	
5.	Total (Line 1 minus Line 2 through Line 4)*	
6.	Eligible Florida Salaries (See Instructions)	
7.	Multiply Line 6 by .15	
8.	Salary Credit - (Enter the lesser of Line 5 or Line 7 here and on Schedule V, Line 4)*	

* If zero or less, enter -0-

SCHEDULE V

CORPORATE INCOME, SALARY AND SFO CREDIT LIMITATION

1.	Total Corporate Income Tax Paid (Florida Form F-1120, Line 13)**	
2.	Less: Corporate Income Tax Credit Taken against Wet Marine and Transportation Insurance Tax (Schedule XI, Line 5)	
3.	Eligible Net Corporate Income Tax (Line 1 minus Line 2)	
4.	Salary Credit (Schedule IV, Line 8)	
5.	Total Premium Tax Due (Schedule I, Line 12)	
6.	Less: Workers' Compensation Administrative Assessment Credit (Schedule VI, Line 4)	
7.	Firefighters' Pension Trust Fund Credit (Schedule XII - B, Line 3)	
8.	Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3)	
9.	Premium Tax Due After Deductions (Line 5 minus Lines 6 through 8)	
10.	Corporate Income Tax and Salary Credit Limitation (Multiply Line 9 by .65)	
11.	Eligible Net Corporate Income Tax Credit (Enter the lesser of Line 3 or Line 10 here and on Schedule III, Line 4) [*] →	
12.	Salary Tax Credit (Enter the lesser of Line 4 or the difference between Lines 10 and 11 here and on Schedule III, Line 5)* A reduction to the salary credit may be required if the election under s. 624.509(5)(a)2., F.S., applies (See Instructions).	
13.	Credit for Contributions to Nonprofit Scholarship Funding Organizations [Enter the lesser of your 2016 eligible contributions plus approved carry forwards or the result of (Schedule V, Line 9 less Lines 11 and 12) here and on Schedule III, Line 10.] Attach copies of the certificates of contribution from each nonprofit scholarship funding organization.	

* If zero or less, enter -0-

** If you filed on a consolidated basis for corporate income tax, you MUST include a schedule showing how the credit is claimed by each subsidiary.



 Name
 FEIN
 Taxable Year

 SCHEDULE VI
 WORKERS' COMPENSATION ADMINISTRATIVE ASSESSMENT CREDIT LIMITATION

 *** Include Your Florida Carrier and Self Insurance Fund Quarterly Premium Reports if Claiming this Credit***

1.	Workers' Compensation Premiums Written (Annual Statement - Florida Business, Line 16)*	
2.	Multiply Line 1 by .0175 (Self Insurers multiply by .016)	
3.	Administrative Assessments Paid to Workers' Compensation Trust Fund (Florida Carrier and Self Insurance Fund Quarterly Premium Reports must be attached)	
	a. First Quarter Assessment b. Second Quarter Assessment	
	c. Third Quarter Assessment d. Fourth Quarter Assessment	
	Total Administrative Assessments Paid*	
4.	Workers' Compensation Administrative Assessment Credit (Enter the lesser of Line 2 or 3 here and on Schedule III, Line 1) [*] →	

* If zero or less, enter -0-

SCHEDULE VII FLORIDA LIFE & HEALTH INSURANCE GUARANTY ASSOCIATION CREDIT (FLAHIGA) *** Be Sure To Include Your FLAHIGA Certificates of Contribution if Claiming this Credit ***

Year	Total Class B and C Assessments Paid	- Refunds	= Total Assessments Paid	x Rate	= Credit Amount	Year
1983				.001		1983
1984				.001		1984
1985				.001		1985
1986				.001		1986
1987				.001		1987
1988				.001		1988
1989				.001		1989
1990				.001		1990
1991				.001		1991
1992				.001		1992
1993				.001		1993
1994		*		.001		1994
1995		^		.001		1995
1996				.001		1996
1997		*		.050		1997
1998		^		.050		1998
1999				.050		1999
2000				.050		2000
2001				.050		2001
2002				.050		2002
2003				.050		2003
2004				.050		2004
2005				.050		2005
2006				.050		2006
2007				.050		2007
2008				.050		2008
2009				.050		2009
2010				.050		2010
2011				.050		2011
2012				.050		2012
2013				.050		2013
2014				.050		2014
2014				.050		2014
	I AHIGA Credit (Enter her	I and on Schodula	L line 6) ⁽¹⁾			2010
i. iotai FL	ARIGA Credit (Enter her			→		

* In 2002, refunds were issued by FLAHIGA from the 1995 and 1998 assessments. These refunds must be subtracted from the original assessments to properly calculate the amount of FLAHIGA credit.

(1) If zero or less, enter -0-



Name _____

____FEIN _____

_____ Taxable Year _____

SCHEDULES VIII AND IX

NOT USED

SCHEDULE X STATE FIRE MARSHAL REGULATORY ASSESSMENT TAX/SURCHARGE

	Types of Fire Premiums	Total Premiums	Fire Percentage	Taxable Premiums
1.	Fire - Residential		93%	
2.	*Fire - Commercial	*	93%	
3.	*Commercial Multiple Peril (1)	*	15%	
4.	*Commercial Multiple Peril – Rental Condo Units (1)	*	25%	
5.	*Farmowners Multiple Peril	*	15%	
6.	*Crop	*	0%	
7.	Residential Allied Lines		5%	
8.	*Commercial Allied Lines	*	5%	
9.	Homeowners Multiple Peril		25%	
10.	Ocean Marine		10%	
11.	Inland Marine		12%	
12.	Earthquake		5%	
13.	Other			
14.	Total Taxable Premiums (Sum of Line 1 through Line 13)			
15.	State Fire Marshal Tax Due (Multiply Line 14 by .01) (2)		→	
16.	*Additional Premiums Subject to Surcharge (See Instruc	tions)		
17.	*Total Premiums Subject to Surcharge (See Instructions	3)		
18.	Surcharge Due (Multiply Line 17 by .001) (2)		→	
19.	Total State Fire Marshal Tax Due Plus Total Surcharge D (Enter here and on Page 1, Line 4)	ue (Line 15 plus Line 18)	->	

(1) Report the combined total for both the "non-liability" and "liability" portions.

(2) If zero or less, enter -0-

SCHEDULE XI

WET MARINE AND TRANSPORTATION TAX

1.	Net Premiums (See Instructions)	
2.	Less: Net Losses Paid	
3.	Gross Underwriting Profit (Line 1 minus Line 2)*	
4.	Wet Marine and Transportation Tax (Multiply Line 3 by .0075)	
5.	Corporate Income Tax Credit (Florida Form F-1120, Line 13. See Instructions)	
6.	Firefighters' Pension Trust Fund Credit (Schedule XII-B, Line 3. See Instructions)	
7.	Municipal Police Officers' Retirement Trust Fund Credit (Schedule XIII - B, Line 3. See Instructions)	
8.	Community Contribution Credit (Total credits approved under s. 624.5105, F.S. See Instructions)	
9.	Net Tax Due (Line 4 minus Lines 5 through 8. Enter here and on Page 1, Line 5)* →	

* If zero or less, enter -0-



Name _____

_____FEIN ______Florida Code _____

SCHE	DULE XII - A	FIREFIGHTERS' PEN	FIREFIGHTERS' PENSION TRUST FUND			
Code	Municipality/ Fire Control District	Total Taxable Premiums	Code	Municipali		
015	Boca Grande Fire Control Dist.		296	Deerfield Bea		
017	Bonita Springs Fire Control Dist.		298	Deland		
021	Destin Fire Control District		301	Delray Beach		
023	East Lake Tarpon Fire Control Dist.		303	Deltona		
024	Greater Naples Fire Rescue District		316	Dunedin		
025	East Niceville Fire District		317	Dunnellon		
027	Englewood Area Fire Control Dist.		326	Eatonville		
029	Estero Fire Prot. & Resc. Svc. Dist.		331	Edgewater		
033	Holley-Navarre Fire Control District		349	Eustis		
043	Midway Fire District		359	Fernandina E		
047	North Bay Fire District		361	Flagler Beac		
050	North Collier Fire Ctrl & Rescue Dist.		371	Fort Lauderd		
053	North River Fire Control District		374	Fort Myers		
055	Ocean City-Wright Fire Control District		379	Fort Walton I		
057	Okaloosa Island Fire Control District		385	Fruitland Par		
060	Palm Harbor Special Fire Control Dist.		387	Gainesville		
064	San Carlos Park Fire Service Dist.		402	Golf		
067	South Walton Fire Control District		416	Greenacres		
069	Southern Manatee Fire & Resc. Dist.		427	Gulfport		
003	St. Lucie County Fire District		427	Gulf Stream		
073	West Manatee Fire & Rescue Dist.		431	Haines City		
118			431	Hallandale B		
	Apopka					
119	Arcadia		438	Havana		
128	Atlantic Beach		442	Hialeah		
129	Atlantis		446	Highland Be		
130	Auburndale		452	Hillsboro Bea		
134	Avon Park		458	Holly Hill		
140	Baldwin		459	Hollywood		
148	Bartow		464	Homestead		
167	Belleair		475	Hypoluxo		
171	Belleair Bluffs		477	Indialantic		
183	Boca Raton		480	Indian River		
191	Boynton Beach		491	Jacksonville		
192	Bradenton		492	Jacksonville		
198	Briny Breezes		502	Jupiter Inlet		
203	Brooksville		505	Key Biscayn		
210	Bunnell		506	Key Colony I		
222	Cape Coral		509	Key West		
229	Casselberry		515	Kissimmee		
238	Chattahoochee		521	LaBelle		
251	Clearwater		526	Lake Alfred		
253	Clermont		530	Lake City		
257	Сосоа		539	Lake Mary		
258	Cocoa Beach		544	Lake Wales		
265	Cooper City		545	Lake Worth		
268	Coral Gables		546	Lakeland		
270	Coral Springs		551	Lauderhill		
278	Crescent City		552	Lantana		
279	Crestview		553	Largo		
287	Dade City		554	Lauderdale-k		
288	Dania Beach		560	Leesburg		
292	Davie		579	Longwood		

Code	Municipality/ Fire Control District	Total Taxable Premiums
296	Deerfield Beach	
298	Deland	
301	Delray Beach	
303	Deltona	
316	Dunedin	
317	Dunnellon	
326	Eatonville	
331	Edgewater	
349	Eustis	
359	Fernandina Beach	
361	Flagler Beach	
371	Fort Lauderdale	
374	Fort Myers	
379	Fort Walton Beach	
385	Fruitland Park	
387	Gainesville	
402	Golf	
416	Greenacres	
427	Gulfport	
428	Gulf Stream	
431	Haines City	
432	Hallandale Beach	
438	Havana	
442	Hialeah	
446	Highland Beach	
452	Hillsboro Beach	
458	Holly Hill	
459	Hollywood	
464	Homestead	
475	Нуроluxo	
477	Indialantic	
480	Indian River Shores	
491	Jacksonville (Consol.)	
492	Jacksonville Beach	
502	Jupiter Inlet Colony	
505	Key Biscayne	
506	Key Colony Beach	
509	Key West	
515	Kissimmee	
521	LaBelle	
526	Lake Alfred	
530	Lake City	
539	Lake Mary	
544	Lake Wales	
545	Lake Worth	
546	Lakeland	
551	Lauderhill	
552	Lantana	
553	Largo	
554	Lauderdale-by-the-Sea	
560	Leesburg	
579	Longwood	
Subto	otal	

Name _

FEIN _____ Florida Code _____

SCHE	DULE XII - B				
Code	Municipality/ Fire Control District	Total Taxable Premiums	Code	Municipa	
590	Lynn Haven		844	Safety Harb	
595	Madison		846	St. Augustin	
596	Maitland		849	St. Cloud	
602	Mangonia Park		855	St. Petersbu	
603	Marathon		856	St. Pete Bea	
604	Marco Island		865	Sanford	
607	Marianna		869	Sarasota	
620	Melbourne		870	Satellite Bea	
626	Miami		871	Sea Ranch	
627	Miami Beach		874	Sebring	
640	Milton		875	Seminole	
645	Miramar		896	South Pasa	
649	Monticello		900	Starke	
655	Mount Dora		909	Sunrise	
666	Naples		916	Tallahassee	
671	Neptune Beach		918	Tampa	
675	New Port Richey		919	Tamarac	
676	New Smyrna Beach		920	Tarpon Spri	
687	North Miami Beach		921	Tavares	
690	North Port		925	Temple Terra	
691	North Redington Beach		926	Tequesta	
693	Oakland Park		930	Titusville	
695	Ocala		938	Valparaiso	
698	Ocean Ridge		941	Venice	
701	Ocoee		944	Vero Beach	
706	Okeechobee		946	Village of No	
709	Oldsmar		966	West Palm I	
722	Orange Park		978	Wilton Man	
725	Orlando		980	Windermere	
728	Ormond Beach		984	Winter Gard	
736	Oviedo		985	Winter Have	
743	Palatka		986	Winter Park	
744	Palm Bay				
	Palm Beach Gardens		In a	ddition to co	
747	Palm Beach Shores		Que	stion B on P	
748	Palm Coast				
754	Panama City		Sub	total from Pa	
755	Panama City Beach				
761	Parkland		Sub	total from Pa	
770	Pembroke Pines				
773	Pensacola			al Tax	
776	Perry			e 1 plus Line 2	
787	Pinellas Park		Ente	er here and on	
789	Plantation				
790	Plant City				
796					
	Pompano Beach				
801	Port Orange		Us	e the physic	
811	Punta Gorda				
816	Quincy		1	ocating pre	
824	Redington Beach		mu	municipality.	
825	Redington Shores			ormation, s	
831	Riviera Beach			Simation, S	
836	Bockledge	1			

836 Rockledge

Code	Municipality/ Fire Control District	Total Taxable Premiums
844	Safety Harbor	
846	St. Augustine	
849	St. Cloud	
855	St. Petersburg	
856	St. Pete Beach	
865	Sanford	
869	Sarasota	
870	Satellite Beach	
871	Sea Ranch Lakes	
874	Sebring	
875	Seminole	
896	South Pasadena	
900	Starke	
909	Sunrise	
916	Tallahassee	
918	Tampa	
919	Tamarac	
920	Tarpon Springs	
921	Tavares	
925	Temple Terrace	
926	Tequesta	
930	Titusville	
938	Valparaiso	
941	Venice	
944	Vero Beach	
946	Village of North Palm Beach	
966	West Palm Beach	
978	Wilton Manors	
980	Windermere	
984	Winter Garden	
985	Winter Haven	
986	Winter Park	
Que: Subt	Idition to completing Schedule XII, y stion B on Page 2. cotal from Page 71.	vou must answer
	1 Tax	
	1 plus Line 2 times 1.85% (.0185). here and on Page 1, Line 6] (If zero or le	ess, enter 0)

Use the physical location of the property when allocating premiums to the fire control district or municipality. Do NOT use ZIP codes. For more information, see instructions.



Name ___

FEIN_____Florida Code _____

SCHEDULE XIII - A MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND **Total Taxable** Code Municipality Premiums 106 Altamonte Springs Apopka Arcadia Atlantic Beach Auburndale Aventura Avon Park Bal Harbour Village Bartow

151	Bay Harbor Island	1
167	Belleair	1
169	Belleview	1
183	Boca Raton	1
191	Boynton Beach	1
192	Bradenton	1
203	Brooksville	1
212	Bushnell	1
222	Cape Coral	1
229	Casselberry	1
251	Clearwater	1
253	Clermont	1
257	Сосоа	1
258	Cocoa Beach	1
265	Cooper City	1
268	Coral Gables	1
270	Coral Springs	1
278	Crescent City	1
279	Crestview	1
287	Dade City	1
288	Dania Beach	1
292	Davie	1
293	Daytona Beach	1
296	Deerfield Beach	1
298	Deland	1
301	Delray Beach	1
317	Dunnellon	1
326	Eatonville	
331	Edgewater	
349	Eustis	
359	Fernandina Beach	
361	Flagler Beach	
371	Fort Lauderdale	
374	Fort Myers	
377	Fort Pierce	
379	Fort Walton Beach	
384	Frostproof	
387	Gainesville]
400	Golden Beach	
415	Green Cove Springs	
416	Greenacres]
425	Gulf Breeze]
427	Gulfport]
431	Haines City]

Oada		Total Taxable
Code	Municipality	Premiums
432	Hallandale Beach	
442	Hialeah	
443	Hialeah Gardens	
458	Holly Hill	
459	Hollywood	
461	Holmes Beach	
464	Homestead	
472	Howey-in-the-Hills	
477	Indialantic	
479	Indian Harbour Beach	
480	Indian River Shores	
481	Indian Shores	
491	Jacksonville (Consol.)	
492	Jacksonville Beach	
501	Jupiter	
505	Key Biscayne	
509	Key West	
515	Kissimmee	
524	Lady Lake	
526	Lake Alfred	
530	Lake City	
536	Lake Helen	
539	Lake Mary	
544	Lake Wales	
545	Lake Worth	
546	Lakeland	
551	Lauderhill	
552	Lantana	
553	Largo	
560	Leesburg	
579	Longwood	
590	Lynn Haven	
595	Madison	
596	Maitland	
604	Marco Island	
607	Marianna	
618	Medley	
620	Melbourne	
621	Melbourne Beach	
626	Miami	
627	Miami Beach	
628	Miami Shores Village	
629	Miami Springs	
640	Milton	
645	Miramar	
649	Monticello	
655	Mount Dora	
666	Naples	
671	Neptune Beach	
675	New Port Richey	
676	New Smyrna Beach	
686	North Miami	
Subto	tal	



Name

869

870

873

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909

911

912

916

918

919

920

921

Sarasota

Sebastian

Sebring

Shalimar

Starke

Sunrise

Surfside

Tampa

Tamarac

Tavares

Sweetwater

Tallahassee

Tarpon Springs

South Miami

Satellite Beach

_____FEIN _____FIorida Code _____

SCHEDULE XIII - B MUNICIPAL POLICE OFFICERS' RETIREMENT TRUST FUND **Total Taxable** Code Municipality Premiums North Miami Beach 687 North Port 690 Oakland Park 693 695 Ocala 701 Ocoee 706 Okeechobee 722 Orange Park 725 Orlando 728 Ormond Beach 736 Oviedo 743 Palatka 744 Palm Bay 746 Palm Beach Gardens 752 Palmetto 754 Panama City 755 Panama City Beach 761 Parkland 770 Pembroke Pines 773 Pensacola 776 Perry 787 **Pinellas Park** 789 Plantation 790 Plant City 796 Pompano Beach 801 Port Orange 807 Port St. Lucie 811 Punta Gorda 816 Quincy 831 Riviera Beach 836 Rockledge 839 Royal Palm Beach 846 St. Augustine 849 St. Cloud 855 St. Petersburg 856 St. Pete Beach 865 Sanford 867 Sanibel

Code	Municipality	Total Taxable Premiums
925	Temple Terrace	
926	Tequesta	
930	Titusville	
936	Umatilla	
938	Valparaiso	
941	Venice	
944	Vero Beach	
946	Village of North Palm Beach	
947	Village of Palm Springs	
954	Wauchula	
963	West Melbourne	
966	West Palm Beach	
976	Williston	
978	Wilton Manors	
984	Winter Garden	
985	Winter Haven	
986	Winter Park	
Total [Line	otal from Page 102.	ss, enter 0)
	Use the physical locat the property when allo premiums. Do NOT us codes. For more inform see instructions.	cating se ZIP

Name ___

______FEIN ______Taxable Year ______

SCHEDULE XIV

RETALIATORY	ΤΑΧ	COMPUTATION

		Column A State of Florida*	Column B State of Incorporation*
1.	Net Premium Tax Due (Page 1, Line 3 plus Line 5. See note below)		
2.	80% of Salary Tax Credit Taken (Page 3, Schedule III, Line 5)		
3.	Total Corporate Income Tax (See note below)		
4.	Intentionally Left Blank		
5.	Firefighters' Pension Trust Fund		
6.	Municipal Police Officers' Retirement Trust Fund		
7.	Florida Insurance Guaranty Association (FIGA) (Assessments on the Property Portion of Insurance Premiums only)		
8.	Fire Marshal Taxes		
9.	Annual and Quarterly Statement Filing Fees		
10.	Annual License Tax and Certificate of Authority		
11.	Agents' Fees		
12.	Other Taxes and Fees (Include Schedule)		
13.	Workers' Compensation Credit		
14.	Total (Sum of Lines 1 through Line 13)		
15.	Retaliatory Tax Due [Line 14, Column B (State of Incorporation) minus Line 14, Column A (State of Florida). Enter here and on Page 1, Line 8.]*		

NOTE: Compute Column B using the state of incorporation's tax law to determine tax owed using Florida premiums, personnel, and property. Attach all applicable returns and schedules.

* If zero or less, enter -0-

SCHEDULE XV

NOT USED

SCHEDULE XVI

SURCHARGE ON COMMERCIAL/RESIDENTIAL POLICIES

	Type of Policy	Policies Subject to Surcharge (sum of 4 quarters)	Rate	Surcharge Due
А.	Commercial		X \$ 4.00	Α.
В.	Residential		X \$ 2.00	В.
	I Surcharge Due for the Ca total from Schedule XVII.	lendar Year (Total A + B). *Enter here and include o	n Page 1, Line 10	

* The Total Surcharge Due should be greater than the sum of the first three quarters reported on Forms DR-907.

SCHEDULE XVII PAYMENT DUE FROM FLORIDA LIFE AND HEALTH **INSURANCE GUARANTY ASSOCIATION (FLAHIGA) REFUND**

1.	Total payment due from FLAHIGA refunds received this year, if any, and previously claimed as credit.
	Enter here and include on Page 1, Line 10 with total from Schedule XVI. (See Instructions)

