

Georgia Firefighters' Pension Fund

2024 ANNUAL PREMIUM TAX RETURN

DUE ONE OR BEFORE APRIL 1, 2025

Payment method:
 Check
 Electronic Payment
 No Payment Due

Insurance Company Name: _____

Street Address _____ City _____ State _____ Zip _____

Company: Contact Name _____ Phone Number _____ E-mail address _____
 NAIC # _____

Chartered by the State of _____

Gross Direct Premiums written shown on this form should be derived from data on Statutory Page 14, of the Company's Annual Exhibit of Premiums and Losses, as filed with the Office of the Commissioner of Insurance, State of Georgia, for the year January 1 through December 31, 2024. Supporting documentation must be attached to the tax return for data entered as (b) Class 10 (Unprotected) exclusion, which discloses specifically the Annual Sate Line, Policy Number, and Unprotected Premiums Written, and sums to the amounts applied for a reduction to Gross Direct Premiums Written. The statutes of Georgia provide an exclusion concerning premiums written for risks in Class 10 (Unprotected) locations exclusively; there are no other authorized reductions to tax assessments paid to the Pension Fund.

Gross Direct Premiums Written on: TAXABLE PREMIUM TAX DUE

Fire Insurance (Line 1)

(a) Class 1-9 (Protected) _____ x .01 \$ _____

(b) Class 10 (Unprotected) \$ _____ (EXEMPT)

Allied Lines (Line 2.1)

(a) Class 1-9 (Protected) _____ x .005 \$ _____

(b) Class 10 (Unprotected) \$ _____ (EXEMPT)

Homeowner's Multiple Peril (Line 4)

(a) Class 1-9 (Protected) _____ x .0065 \$ _____

(b) Class 10 (Unprotected) \$ _____ (EXEMPT)

Commercial Multiple Peril (Line 5.1)

(a) Class 1-9 (Protected) _____ x .01 \$ _____

(b) Class 10 (Unprotected) \$ _____ (EXEMPT)

Inland Marine (Line 9.1) _____ x .003 \$ _____

Private Passenger Automobile (Line 21.1) _____ x .0012 \$ _____

Commercial Automobile (Line 21.2) _____ x .0012 \$ _____

TOTAL PREMIUM TAX DUE \$ _____

REPORTING OPTIONS: Please either submit form electronically **OR** by mail **NOT BOTH**

Paper submission: Mail completed form and check to address below.

Electronic submission: Send email to PREMTAX@GFPF.ORG for EFT/wire payment and form submittal instructions.

Completed by: _____ Company: _____ Phone: _____