

STATE OF OREGON Department of Consumer and Business Services Insurance Division **Retaliatory Tax Calculation**

For Non-Domestic Legal Expense Organizations

Year ending Dec. 31,

Name				State of domicile		
				Certificate of authority number		
Mailing address						
City	State	ZIP code		Federal employer ID number		
Contact person	Phone number		E-mail			
Name or address change	This is an amen	ded return				
Realiatory Tax	per ORS 75	50.705 and ORS	5 731.854			
 HOME STATE BASIS: Annual or continuation fee Filing annual statement Agent appointment fees paid by insurer State fraud fees or assessments Other fees: Total fees (add Lines 1 through 6) Premium or privilege tax Income or excise tax 10. Other taxes: Other taxes: Total taxes (add Lines 8 through 11) Total Home State Basis (add Lines 7 an 						
OREGON BASIS: 14. Oregon Corporation Excise Tax (Form 2 15. Certificate of Authority renewal fee (par 16. Total Oregon Basis (add Lines 14 and 1 17. Retaliatory Tax (Line 13 minus Line 16	id on anniversary of registrat 5)	tion)		\$350	estimated	\$350
Return completed forms to:		<u>Our str</u>	eet address is	<u>):</u>		
Oregon Insurance Division – 4			Oregon Insurance Division – 4			

P.O. Box 14480 Salem, OR 97309-0405 Oregon Insurance Division – 4 350 Winter Street NE, 3rd floor Salem, OR 97301-3883

This form need to be filed by non-domestic legal expense organizations registered in Oregon.

Filing Due Dates

Retaliator Tax Calculation for Non-domestic Legal Expense Organizations: April 1. Postmark is accepted as the filing date.

Checks: should be made out to **Department of Consumer and Business Services** Internet address: www.insurance.oregon.gov Blank forms are available on the Web site.

OR

Questions on renewals and other required filings:

Finacial Regulation 503-947-7982

Questions on retaliatory tax:

Lynette Hadley, insurance tax analyst 503-947-7046 lynette.m.hadley@state.or.us 440-4879 (2/10/COM/WEB) Shannon O'Shea, insurance tax analyst 503-947-7218 shannon.oshea@state.or.us