

Department of Consumer and Business Services Division of Financial Regulation

P.O. Box 14480, Salem, OR 97309-0405 350 Winter St. NE, Salem, Oregon 97301-3883 Phone: 503-947-7845, Fax: 503-947-7862 Email: orinstax.ins@dcbs.oregon.gov dfr.oregon.gov

Remit with payment to:

Fiscal Services Section Oregon Department of Consumer and Business Services P.O. Box 14610, Salem, OR 97309-0445

> Ocean Marine Report by Foreign or Alien Insurers

| E 1 1 1' D 21 20 | | 1 | | | | | |
|---|---------|--------------|----------------|----------------------------|-------------------|-----------------------|---------------------|
| For calendar year ending Dec. 31, 20 | | | | | _ | 2.4 | |
| Name | | | | | State of domicile | | |
| | | | | | ~ | | |
| | | | | | Certifi | cate of authority nur | nber |
| N. '1' 11 | | | | | NIAIC | 1 | |
| Mailing address | | | | | NAIC | number | |
| 0.4 | C4 4 | | ZIP co | 1 | г 1 | 1 1 ID - 1 | |
| City | State | | ae | Federal employer ID number | | | |
| Contact manage | Dhono | | | Email | | | |
| Contact person | Phone | number | | | Elliali | | |
| | | | | | | | |
| Name or address change \Box | | | This is | an amended | return | | |
| | | | | Ocean Marii | ne Insu | rance Business — cu | rrent calendar vear |
| | | | | Total | iic iiigu | Written outside | Written within |
| | | | | 10001 | | United States | United States |
| | | | | | | | (1)-(2) |
| | | | | (1) | | (2) | (3) |
| 1. Net premiums earned | | | | | | | \$0 |
| 2. Net losses incurred | | | | | | | \$0 |
| 3. Expenses incurred. Column (3) shall not exceed | | | | | | | |
| 40 percent of Line 9, Column (3). | | | | | | | #DIV/0! |
| 4. Underwriting profit, current calendar year. | | | | | Φ0 | 0.0 | //D.T.Y./0.1 |
| Line 1 minus Lines 2 and 3. | | • 61 (1 |) 4 1 4 | 1.66 6 | \$0 | \$0 | #DIV/0! |
| Attach reconciliation for any an | | | | differ from a | mount | s in Insurance Exp | ense Exhibit. |
| 5. Underwriting profit, last preceding calendar year, U.S. business | | | | | | | |
| 6. Underwriting profit, second preceding of | | | | C CI. | 1.5 | 1.6 | //DTX//01 |
| 7. Total underwriting profit, preceding three calendar years, U.S. business. Sum of Lines 4, 5, and 6. | | | | | | | #DIV/0! |
| 8. Average annual underwriting profit, preceding three calendar years, U.S. business. 1/3 of Line 7. Calendar years(s) | | | | | | #DIV/0! | |
| | | Second prece | dina | Last preced | | Current | Preceding three |
| | | Second prece | aing | Last preced | nng | Current | _ |
| | | (1) | | (2) | | (2) | (1) + (2) + (3) |
| 9. Gross premiums less return premiums, | 00000 | (1) | | (2) | | (3) | (4) |
| marine insurance written within U.S. | ocean | | | | | | \$0 |
| 10. Gross premiums less return premiums, | ocean | | | | | | ψ0 |
| marine insurance written within Oregon | | | | | | | \$0 |
| 11. Ratio of ocean marine premiums, Orego | #DIV/0! | | | | | | |
| 12. Oregon proportion, average annual underwriting profit, preceding three calendar years. Line 11 times Line 8. | | | | | | | #DIV/0! |
| 13. Tax on Oregon ocean marine insurance underwriting profit. 5 percent of Line 12. | | | | | | #DIV/0! | |
| 14. Additional tax to equal domiciliary state basis. Furnish details of calculation. (If negative, enter zero.) | | | | | | | |
| 15. Total taxes and fees due, sum of Lines 13 and 14. | | | | | #DIV/0! | | |
| | | | | | | (92065/1151) | |



Affidavit

| State of | | | County of | | SS. |
|----------|----------------------|---|-----------|----------|-----|
| | (Name, please print) | , | | (Title)* | |
| | (Name, please print) | , | | (Title)* | |

of the above named insurer, being duly sworn, each for himself/herself declares:

- 1. That he/she is familiar with the matters to which the above report refers;
- 2. That he/she is duly authorized to make, and does make, the following declaration on behalf of the insurer; and
- 3. That the above report is a full and true statement of the matters described therein, according to his/her best knowledge, information, and belief.

| (Signature) *At least one sign | (Signature) natory must be an officer of the insurer. |
|--|---|
| Please use notary seal in this area ONLY | Subscribed and sworn to before me this day of |
| | (Notary signature) |

Definitions

Filing due dates

Continuation of Certificate of Authority
Oregon Insurance Tax Return
Ocean Marine Tax Report

April 1
June 15

Postmarks will be accepted as being filed by the due date.

Return completed forms to:

Fiscal Services Section Oregon Department of Consumer and Business Services P.O. Box 14610, Salem, OR 97309-0445

Extensions

The Division of Financial Regulation does not grant extensions. Tax forms are due by the filing due date. The Oregon Insurance Tax Return cannot be extended even if the federal income tax or Oregon excise tax returns are extended.

Internet address:

dfr.oregon.gov

If you have questions, contact:

Oregon Insurance Taxes & Assessments orinstax.ins@dcbs.oregon.gov

[&]quot;Ocean marine insurance" means "wet marine and transportation insurance" as defined in the Oregon Insurance Code. "Net premiums earned," "net losses incurred," and "expenses incurred" are as defined by the Fire and Casualty Annual Statement blank and the Insurance Expense Exhibit thereof.