



State of New Hampshire Insurance Department
21 South Fruit Street, Suite 14, Concord NH 03301

Premium Tax Report
Purchasing Groups
[RSA 405-A:9](#)

This report is to be filed with the New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord, New Hampshire 03301, **within sixty days** after the date on which such insurance is procured. Checks should be made payable to: **NH Insurance Department.**

Person or Organization Insured

Address (including Zip Code)

Name of Insurance Manager

Contact Email Address

Year-ending December 31, _____

Contract Number (1)	Effective Date (2)	Expiration Date (3)	Name and Address of Insurance Company (4)	Description of Type of Coverage (5)	Premium Charged (6)	Tax on Premium (7)

Premium Charged -Total Col. (6) \$ _____

Tax Due - Total Col. (7) \$ _____

Amount Enclosed \$ _____

The undersigned insured hereby acknowledges that the above listed insurance is not eligible for protection under the NH Insurance Guaranty Association.

SIGNED STATEMENT

By signing below, I swear or affirm that I am familiar with the information provided in this report, and that all information provided is true and accurate. I understand that submitting false information in a report may be prosecuted as unsworn falsification, pursuant to RSA 641:3.

Signature

Printed Name

Date