

Louisiana Department of Insurance Tax Division P. O. Box 94214 Baton Rouge, LA 70804-9214 Phone (225) 342-1012 Fax (225) 342-9708 http://www.ldi.state.la.us

Form 1071 2024 Quarterly Tax Statement

(Check One)

First Quarter (Due April 15, 2024) ☐ Second Quarter (Due July, 15, 2024) ☐ Third Quarter (Due October 15, 2024) ☐

| | | | | | |
|-------------------|-------------|----------------|----------------|-----|------|
| Company Name | | | | | |
| Mailing Address | | | | | |
| Box or Suite | | | | | |
| City, State, Zip | | | | | |
| Contact Person | | E-Mail Address | | | |
| Telephone Number | Fax Number | | State of Domic | ile | |
| Federal ID Number | NAIC Number | | LDI Number | | |
| | | | | | |

| Quarterly Tax Calculation | Amount |
|--|----------------|
| 1. 2023 net tax liability | |
| [From 2023 Form 1061, Item E Line 1] | |
| 2. Quarterly premium tax due. [Line 1 x .25] | |
| 3. Carry forward credit from previous year/quarter, if any. | |
| 4. Penalty as provided by L.R.S. 22§846, if applicable. | |
| 5. Total amount due. [Line 2 - Line 3 + Line 4] | |
| Attach a payment for the amount due to the Commissioner of Insurance, State of Louisiana, and record method the funds were remitted in the space provided below. | the amount and |
| Tax and Penalty Due [Equal to Line 5] | |
| Payment method (check one): Check □ Bank Wire □ ACH Credit □ Not A | pplicable □ |

| Filing Instructions | | | | |
|--------------------------|---|--|--|--|
| Who Must File This Form? | All insurance companies required to pay a license tax by the Louisiana Insurance Code - Title 22 must file this form and pay the appropriate taxes. This form is not applicable to surplus lines insurers or producers. | | | |
| Due Date: | The due dates of this report are listed at the top of the page. | | | |
| Late Filings: | Any tax payment not postmarked or received by the due date, will be penalized in accordance with L.R.S. 22§846. The penalty is 5% per month of the amount of tax due. In no event shall the penalty exceed twenty-five percent (25%) of the total amount of the tax due nor be less than twenty-five dollars (\$25). A penalty will be assessed if either of the following occurs: a. The U.S. Postal Service Postmark on the payment is after the due date; or, b. The date the payment is received by the Louisiana Department of Insurance is more than one day after the due date, if sent through any carrier other than the U.S. Postal Service. | | | |
| Filing Address: | Mail tax statement to the address listed at the top of this page. | | | |
| Payment Methods | All payments must include the NAIC number and full name of the company. Payments may be made by check or ACH credit. Checks must be made payable to Commissioner of Insurance, State of Louisiana. Bank Wire payments may be sent to the Louisiana Department of Insurance - Revenue account # 7900406317 at JPMorgan Chase Bank, National Association, ABA #065400137. See special instructions for the ACH credit method, Form LDOI-OMF-TD-EFT-Instructions for addenda record requirements. Payments through an electronic funds transfer must be posted to the Department of Insurance's account on or before the fifteenth day of the month following the end of a calendar quarter, to avoid any penalties. Do not consolidate tax payments into a single group payment for companies within a group. | | | |
| Payment Notice | The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check. | | | |
| How to contact us: | You may call us at (225) 342-1012, fax us at (225) 342-9708, or email us at taxdivision@ldi.la.gov . Also, visit our website at http://www.ldi.la.gov . | | | |