

MARINE INSURANCE TAX REPORT DOMESTIC AND FOREIGN MARINE INSURANCE

2011 REPORT

| Harrisburg PA 17128-0407 | | | | | COR | P TAX ACCOUNT I | D |
|---------------------------------------------------------------------------------------------------------------------|--------------|---------------|------------------------------------|----------------------------------|--------------|-----------------------------------|-----------------------------------|
| NAME | | | | | | artment Use Only) Received | |
| ADDRESS | | | | | Date | Received | |
| | | | | | FEDE | RAL ID (EIN) | |
| CITY | | STATE | ZIP CODE | | | | |
| ☐ Check to send all correspondence to pro | eparer. | | | | | Check to indicate | a change of address |
| ☐ First Report | ☐ Ame | ended Repor | t (See instructions | 5.) | | ☐ Last Re | port (See instructions.) |
| ANNUAL PAYMENTS | | X YEAR EN | 12/31 | - | | DUE DATE | 06/01/12 |
| Fill in corresponding self-assessed ta | x, prepa | ayments, ı | estricted credit | , remittance | amount | and grand total | ls. |
| TAX TYPE | TYPE BUDGET | | A. Tax Liability from Tax Repor | B. Estin Payments 8 on Dep | k Credits | C. Restricted Credit | Remittance A minus B minus C |
| DOMESTIC MARINE | 70 | 125161 | | | | | |
| FOREIGN MARINE | 70 | 125164 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| GRAND TOTALS | | | | | | | |
| PLEASE CHECK THIS BLOCK ONLY IF THE | TOTAL PAY | MENT SHOW | N ABOVE HAS BEEN | OR WILL BE PAI |) ELECTRO | ONICALLY. | |
| OVERPAYMENT INSTRUCTIONS | (Choose | only Option A | or Option B and write | the appropriate le | etter in the | box provided.) | |
| | | | | | | · | |
| By checking the "Amended Report" box on this form, the or three years from the filing of the original report, which | | | | | | | |
| I affirm under penalties prescribed by law that this reported and complete report and I am authorized to execute | t (including | any accompan | ying schedules and sta | tements) was exam | ined by me, | to the best of my know | rledge and belief is a true, cor- |
| Signature of Officer | | | Title | | | Date 1 | elephone Number |
| I affirm under penalties prescribed by law, this report true, correct and complete report. | (including a | nny accompany | ing schedules and stat | ements) has been | prepared by | me and to the best of | my knowledge and belief is a |
| PRINT Individual Preparer or Firm's Name | | | Signature | e of Preparer | | F (| ax Number |
| PRINT Individual or Firm's Street Address | | | Title | | | 1 (| elephone Number |
| City Stat | е | ZIP Code | e E-mail Ad | dress | | | , |

1540011101

SCHEDULE A MARINE PREMIUMS WRITTEN WITHIN THE U.S.

(Excluding premiums on business falling within the provisions of 72 P.S. § 2281 (c) imposing a state tax on marine insurance underwriting profits.)

| ITEMS | 1 LAST THREE CALENDAR YEARS | 2 GROSS PREMIUMS | 3 RETURN PREMIUMS | 4 NET PREMIUMS | 5 NET REINSURANCE | 6 NET PREMIUMS LESS NET REINSURANCE PREMIUMS |
|-------|-----------------------------------|------------------------|-------------------------|----------------------|-------------------------|-------------------------------------------------------|
| а | Year 2009 | | | | | |
| b | Year 2010 | | | | | |
| С | Year 2011 | | | | | |
| d | Totals | | | | | |

SCHEDULE B MARINE PREMIUMS WRITTEN WITHIN THE COMMONWEALTH OF PENNSYLVANIA

| ITEMS | 1 LAST THREE CALENDAR YEARS | 2 GROSS PREMIUMS | 3 RETURN PREMIUMS | 4 NET PREMIUMS | 5 NET REINSURANCE | 6 NET PREMIUMS LESS NET REINSURANCE PREMIUMS |
|-------|-----------------------------------|------------------------|-------------------------|----------------------|-------------------------|----------------------------------------------|
| а | Year 2009 | | | | | |
| b | Year 2010 | | | | | |
| С | Year 2011 | | | | | |
| d | Totals | | | | | |

SCHEDULE C PREMIUMS WRITTEN - ALL CLASSES OF BUSINESS - FOR THE LAST THREE CALENDAR YEARS WITHIN THE U.S.

| ITEMS | 1 LAST THREE CALENDAR YEARS | 2 GROSS PREMIUMS | 3 RETURN PREMIUMS | 4 NET PREMIUMS | 5 NET REINSURANCE | 6 NET PREMIUMS LESS NET REINSURANCE PREMIUMS |
|-------|-----------------------------------|------------------------|-------------------------|----------------------|-------------------------|-------------------------------------------------------|
| а | Year 2009 | | | | | |
| b | Year 2010 | | | | | |
| С | Year 2011 | | | | | |
| d | Totals | | | | | |

SCHEDULE D UNEARNED PREMIUMS ON OUTSTANDING MARINE INSURANCE CONTRACTS (WRITTEN WITHIN THE U.S.) AT CLOSE OF BUSINESS DEC. 31 FOR LAST FOUR CALENDAR YEARS.

| | 1 | TRIP (Or Voyag | ge) CONTRACTS | TERM CO | NTRACTS | ADVANCE PREMIUMS | 7 |
|-------|-----------------------------|--------------------------------------|---------------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|
| ITEMS | LAST FOUR CALENDAR YEARS | 2 PREMIUMS IN FORCE LESS REINSURANCE | 3 NET UNEARNED PREMIUMS 100% | 4 PREMIUMS IN FORCE LESS REINSURANCE | 5 NET UNEARNED PREMIUMS 50% | 6 NET UNEARNED PREMIUMS 100% | TOTAL NET UNEARNED PREMIUMS |
| a | Year 2008 | | | | | | |
| b | Year 2009 | | | | | | |
| С | Year 2010 | | | | | | |
| d | Year 2011 | | | | | | |

SCHEDULE E MARINE LOSSES INCURRED ON BUSINESS WRITTEN WITHIN THE U.S. FOR LAST THREE CALENDAR YEARS

| ITEMS | 1 LAST THREE CALENDAR YEARS | 2 GROSS LOSSES | 3 REINSURANCE | 4 SALVAGE | 5 TOTAL (Columns 3 and 4) | 6 NET (Column 2 minus Column 5) |
|-------|-----------------------------------|----------------------|------------------|--------------|---------------------------------|------------------------------------------|
| a | Year 2009 | | | | | |
| b | Year 2010 | | | | | |
| С | Year 2011 | | | | | |
| d | Totals | | | | | |

SCHEDULE F SPECIFIC MARINE EXPENSES INCURRED ON BUSINESS TRANSACTED WITHIN THE U.S.

| ITEMS | 1 LAST THREE CALENDAR YEARS | 2 AGENCY COMMISSIONS INCLUDING BROKERAGE | 3 AGENCY EXPENSES | 4 FEDERAL TAXES | 5 STATE & CITY TAXES & FEES | 6 LOSS ADJUSTMENT EXPENSE | 7 ALL OTHER EXPENSES | 8 TOTAL COLUMNS 2-7 |
|-------|--------------------------------------|------------------------------------------|-------------------------|-----------------------|-----------------------------------|------------------------------------|----------------------------|---------------------------|
| а | Year 2009 | | | | | | | |
| b | Year 2010 | | | | | | | |
| С | Year 2011 | | | | | | | |
| d | Totals | | | | | | | |

SCHEDULE G GENERAL EXPENSES NOT CHARGEABLE SPECIFICALLY TO ANY PARTICULAR CLASS OF BUSINESS

| ITEMS | 1 LAST THREE CALENDAR YEARS | 2 SALARIES OF OFFICERS & EMPLOYEES | 3 ADVERTISING & SUBSCRIP- TIONS | 4 FEDERAL TAXES | 5 RENTS | 6 PRINTING & STATIONERY | 7 ALL OTHER EXPENSES | 8 TOTAL COLUMNS 2-7 |
|-------|--------------------------------------|---------------------------------------------|---------------------------------------------|-----------------------|------------|-------------------------------|----------------------------|---------------------------|
| а | Year 2009 | | | | | | | |
| b | Year 2010 | | | | | | | |
| С | Year 2011 | | | | | | | |
| d | Totals | | | | | | | |

| e. | Three-year ratio of U.S. marine premiums (Schedule A, Column 4, Item d) to total net premiums for all classes of business within the U.S. (Schedule C, Column 4, Item d) | % |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| f. | Three-year ratio of net marine premiums written within Pennsylvania (Schedule B, Column 4, Item d) to total net marine premiums written within the U.S. (Schedule A, Column 4, Item d) | % |

Attach Copy of Pennsylvania Business Page of the Annual Report filed with the Pennsylvania Insurance Department.

NOTE: If the company is licensed to write ocean marine premiums in Pennsylvania, this report must be filed whether or not ocean marine premiums were written.

| | TOTAL UNDERWRITING PROFIT ON MARINE BUSINESS TRANSACTED WITHIN THE U.S. |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Net Premiums, less Net Reinsurance Premiums, written within the U.S. (Schedule A, Column 6, Item d) |
| 2. | Plus: Net Unearned Marine Premiums on U.S. business at beginning of four-year period (Schedule D, Column 7, Item a) |
| 3. | Total (Line 1 plus Line 2) |
| 4. | Less: Net Unearned Marine Premiums on U.S. business at end of four-year period (Schedule D, Column 7, Item d) |
| 5. | Net Marine Premiums Earned (Line 3 minus Line 4) |
| 6. | Net Marine Losses incurred on business written within the U.S. (Schedule E, Column 6, Item d) |
| 7. | Specific Marine Expenses incurred (Schedule F, Column 8, Item d) |
| 8. | Proportion of general expenses chargeable to U.S. Marine Premiums (Schedule G, Item e multiplied by Schedule G, Column 8, Item d) |
| 9. | Total Deductions (Line 6 plus Line 7 plus Line 8) |
| 10. | Net Marine Underwriting Profit on business written within the U.S. (Line 5 minus Line 9) |
| 11. | Net Marine Underwriting Profit on business written within Pennsylvania for three years (Line 10 multiplied by Schedule G, Item f) |
| 12. | Average Net Marine Underwriting Profit on business within Pennsylvania for one year (0.33 x Line 11) |
| 13. | Tax at 5 percent on Average Net Marine Underwriting Profit on business within Pennsylvania for one year (0.05 x Line 12) Enter this amount on Page 1, Column A (whole dollars only)\$ |
| IF / | ALIEN, GIVE NAME OF STATE IN WHICH PRINCIPAL U.S. OFFICE IS LOCATED |
| DA | TE BUSINESS COMMENCED IN PENNSYLVANIA |
| INC | CORPORATED OR ORGANIZED UNDER THE LAWS OF: |
| THI | IS REPORT IS MADE BY A STOCK COMPANY, ASSOCIATION, EXCHANGE, ETC. (PLEASE SPECIFY) |