



1240019105

Date Received (Official Use Only)

**RCT-124** 08-19 (FI) **PAGE 1 OF 4**  
**UNDERWRITING PROFITS TAX - DOMESTIC AND FOREIGN MARINE INSURANCE**

C

Revenue ID  Federal ID (FEIN)  Parent Corporation (FEIN)

Tax Year Begin:

Tax Year End: **12/31/20\_\_**

**Due Date: June 1**

Taxpayer Name   
First Line of Address   
Second Line of Address   
City  State  ZIP   
Phone   
Email

Check to Indicate a Change of Address   
Change in Ownership or Acquisition   
Amended Report (Include REV-1175.)   
First Report   
Payment Made Electronically   
Domestic or Foreign Marine (Required):  
Domestic = D Foreign = F   
Final Report (See Instructions.)   
Out of Existence Date:

**USE WHOLE DOLLARS ONLY**

- Marine Insurance Underwriting Profits Tax (Page 2, Line 14)
- Total Estimated Payments
- Total Payments Carried Forward From Prior Year Return
- Total "Restricted" Tax Credits
- Total Credit: (Line 2 plus Line 3 plus Line 4)
- Tax Due: (If Line 1 is more than Line 5, enter the difference here.)
- Remittance
- Overpayment: (If Line 5 is more than Line 1, enter the difference here.)
- Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)
- Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
10.	<input type="text"/>



**Corporate Officer Information:**

Officer Last Name	<input type="text"/>	Social Security Number of Officer	<input type="text"/>
Officer First Name	<input type="text"/>	Phone	<input type="text"/>
Title of Officer	<input type="text"/>	Email	<input type="text"/>

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

<b>Signature of Officer</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>

**RCT-124** 08-19 (F1) **PAGE 2 OF 4**  
**TOTAL UNDERWRITING PROFIT ON MARINE BUSINESS**  
**TRANSACTIONED WITHIN PENNSYLVANIA**

**USE WHOLE DOLLARS ONLY**

**C**

- |   |     |                      |
|---|-----|----------------------|
| 1. Net Marine Insurance Premiums, less Net Reinsurance Premiums, written within the U.S. (Schedule A, Column 6, Item d)               | 1.  | <input type="text"/> |
| 2. Plus: Net Unearned Marine Premiums on U.S. business at beginning of four-year period (Schedule D, Column 7, Item a)                | 2.  | <input type="text"/> |
| 3. Total (Line 1 plus Line 2)   | 3.  | <input type="text"/> |
| 4. Less: Net Unearned Marine Premiums on U.S. business at end of four-year period (Schedule D, Column 7, Item d)                      | 4.  | <input type="text"/> |
| 5. Net Marine Premiums Earned (Line 3 minus Line 4)   | 5.  | <input type="text"/> |
| 6. Net Marine Losses incurred on business written within the U.S. (Schedule E, Column 6, Item d)                                      | 6.  | <input type="text"/> |
| 7. Specific Marine Expenses incurred (Schedule F, Column 8, Item d)   | 7.  | <input type="text"/> |
| 8. Portion of general expenses chargeable to U.S. Marine Premiums (Schedule G, Item e multiplied by Schedule G, Column 8, Item d)     | 8.  | <input type="text"/> |
| 9. Total Deduction (Line 6 plus Line 7 plus Line 8)   | 9.  | <input type="text"/> |
| 10. Net Marine Underwriting Profit on business written within the U.S. (Line 5 minus Line 9)  | 10. | <input type="text"/> |
| 11. Apportionment (From Schedule G, Item f)   | 11. | <input type="text"/> |
| 12. Net Marine Underwriting Profit on business written within Pennsylvania for three years (Line 10 multiplied by Line 11)            | 12. | <input type="text"/> |
| 13. Average Net Marine Underwriting Profit on business within Pennsylvania for one year (Line 12 times one-third - See Instructions.) | 13. | <input type="text"/> |
| 14. Tax (Line 13 times tax rate - See Instructions.)  | 14. | <input type="text"/> |

**Preparer's Information:**



Firm Name

Firm FEIN

Address

City

State

ZIP

Individual Preparer Name

Phone

Email

Social Security Number or PTIN

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

<b>Signature of Preparer</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>

**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
a	Year					
b	Year					
c	Year					
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
a	Year					
b	Year					
c	Year					
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
a	Year					
b	Year					
c	Year					
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.**

ITEMS	1 LAST FOUR CALENDAR YEARS	TRIP (Or Voyage) CONTRACTS		TERM CONTRACTS		ADVANCE PREMIUMS	7 TOTAL NET UNEARNED PREMIUMS
		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%	
a	Year						
b	Year						
c	Year						
d	Year						

**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					
b	Year					
c	Year					
d	Totals					

**SCHEDULE F  
SPECIFIC MARINE EXPENSES INCURRED ON BUSINESS TRANACTED 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 THROUGH 7
a	Year							
b	Year							
c	Year							
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 THROUGH 7
a	Year							
b	Year							
c	Year							
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). Calculate to six decimal places . . . . . \_\_\_\_\_

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). Calculate to six decimal places . . . . . \_\_\_\_\_

**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.



# Instructions for RCT-124

## Underwriting Profits Tax - Domestic & Foreign Marine Insurance

### GENERAL INFORMATION

#### REMINDER

- All payments of \$1,000 or more must be made electronically or by certified or cashier's check remitted in person or by express mail courier.
- Use only whole dollars when preparing tax reports.
- Taxpayers may request a 60-day extension to file this report by filing REV-426.



**NOTE:** The automatic PA extension provided by Act 52 of 2013 to those with valid federal extensions DOES NOT apply to this tax.

- The penalty imposed for failure to file timely reports is a minimum of \$500, regardless of the determined tax liability, plus an additional 1 percent of any determined tax liability over \$25,000.
- RCT-124 is available as a fill-in form on the department's website at [www.revenue.pa.gov](http://www.revenue.pa.gov). Use **ONLY** the most current, non-year-specific tax form and instructions for filing ALL years. **If an amended report must be filed, taxpayers must use the most current, non-year-specific tax form, completing all sections of the form. REV-1175, Schedule AR (explanation for amending), must be included when filing an amended report.**
- One extension coupon, REV-426, will be used for all specialty taxes. The coupons and the tax report will no longer be mailed. These forms are available as fill-in documents on the department's website [www.revenue.pa.gov](http://www.revenue.pa.gov). The REV-423 and REV-426 coupons can be filed electronically through e-TIDES at [www.etides.state.pa.us](http://www.etides.state.pa.us). However, electronic filing of the tax report is not available. The report should be completed using the computer-based fill-in form, printed and submitted by mail to the department. The form can be saved electronically for your records.

#### ANNUAL REPORT CHECKLIST

Make sure you include the following to file your annual report properly and completely:

- Negative amounts must be written using a minus sign preceding the number. Do not use parentheses.
- Complete RCT-124, Domestic and Foreign Marine Insurance Tax Report.
- Copy of the Pennsylvania Business Page and Schedule T of the annual report filed with the PA Insurance Department.
- Corporate officer's signature on Page 1 and preparer's signature and PTIN on Page 2 (if applicable).

#### IMPOSITION, BASE AND RATE

This tax is imposed under the Act of May 13, 1927, (P.L. 998, No. 486) at the rate of 5 percent on marine insurance companies' underwriting profits attributable to Pennsylvania business transactions.

#### REVENUE ID, FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN), PARENT CORPORATION FEIN, NAME AND ADDRESS

The Revenue ID number, FEIN, name and complete mailing address must be provided. If the taxpayer is a subsidiary of a corporation, the parent corporation's FEIN must be provided. Also provide the telephone number and email address of the taxpayer.

#### TAX YEAR

Enter month, day and year (MMDDYYYY) for the tax year beginning and year (YY) for the tax year end.

#### REPORT DUE DATE

This report is due on June 1 for the preceding year ended Dec. 31. If June 1 falls on a Saturday, Sunday or holiday, the report is due the next business day. The penalty imposed for failure to file timely reports is now a minimum of \$500, regardless of the determined tax liability, plus an additional 1 percent of any determined tax liability over \$25,000.

#### ADDRESS CHANGE

Enter "Y" in the block on Page 1 if the address of the corporation has changed from prior tax periods. The current mailing address should be reflected on the report.

#### CHANGE IN OWNERSHIP OR ACQUISITION

Check this box if there was a change in ownership or if the taxpayer made any acquisitions during the tax year. Include a statement with an explanation and dates of the transaction(s) as well as the identity, including FEINs, of the party or parties involved in the transactions(s).

#### AMENDED REPORT

Enter "Y" in the block on Page 1 if you are filing an amended report to add, delete or adjust information. Provide documentation to support all changes being made. An amended report should only be filed if an original report was filed previously for the same period.

The taxpayer has three (3) years after the due date of the original report to file an amended report. If the original report was properly extended, then the taxpayer has three (3) years after the extended due date to file an amended report. The department may adjust the tax originally reported based on information from the amended report. The taxpayer must consent to extend the assessment period. If the amended report is timely filed and the taxpayer consented to extend the assessment period, the time period in which to assess

tax will be the greater of three years from the filed date of the original report or one year from the filed date of the amended report.

Regardless of the tax year being amended, taxpayers must use the most current non-year-specific tax form, completing all sections of the report. This includes those sections originally filed and those sections being amended. All tax liabilities should be recorded on Page 1. Taxpayers must check the Amended Report check box on Page 1 and include Schedule AR, REV-1175, with the report.

#### FIRST REPORT

Enter "Y" in the block on Page 1 if this is the taxpayer's first PA underwriting profits tax filing.

#### ELECTRONIC PAYMENT

Enter "Y" in the block on Page 1 if the taxpayer has made any electronic payments using e-TIDES.

#### FINAL REPORT

- Enter "Y" in the block on Page 1 if this report will be the final report filed with the department. Indicate the effective date of the event as MMDDYYYY.
- Include information from the Pennsylvania Insurance Department verifying the taxpayer's insurance license expired, was cancelled or not renewed.
- Include a copy of the regulatory authority's approval of the merger, dissolution, plan of reorganization and/or articles of merger.
- Provide the Revenue ID and FEIN of the surviving entity, if applicable.

#### CORPORATE OFFICER INFORMATION

A corporate officer must sign and date the tax report. The signature must be original; photocopies or faxes will not be accepted. Print the first and last name, title, Social Security number, telephone number and email address of the corporate officer.

#### PREPARER'S INFORMATION

Paid preparers must sign and date the tax report. If the preparer works for a firm, provide the name, FEIN and address of the firm along with the name, telephone number, email address and PTIN/SSN of the individual preparing the report. If the preparer is an individual without any association to a firm, provide the name, address, telephone number, email address and PTIN/SSN of the individual preparing the report.

#### EXTENSION REQUEST DUE DATE

To request a due date extension of up to 60 days to file the annual report, you must file an extension request, REV-426, by the original report due date. However, an extension of time to file does not extend the deadline for payment of tax, and an extension request must be accompanied by payment of taxes owed for the taxable year for which the extension is requested.

Mail the extension coupon separately from all other forms. A taxpayer using an electronic method to make payment with an extension request should not submit the extension coupon. Do not use the extension coupon to remit other unpaid liabilities within the account.

#### PAYMENT AND MAILING INFORMATION

All payments of \$1,000 or more must be made electronically or by certified or cashier's check remitted in person or by express mail courier. Returns may also be filed by express mail courier. Mail payments and returns to the following address:

**PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND  
DOCUMENT MANAGEMENT  
1854 BROOKWOOD ST  
HARRISBURG PA 17104**

Payments under \$1,000 may be remitted by mail, made payable to the PA Department of Revenue. Mail payments, extension requests and returns to the following address:

**PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND  
DOCUMENT MANAGEMENT  
PO BOX 280407  
HARRISBURG PA 17128-0407**

Failure to make a payment by an approved method will result in the imposition of a 3 percent penalty of the tax due, up to \$500. For more information on electronic filing options, visit [www.etides.state.pa.us](http://www.etides.state.pa.us).

#### CURRENT PERIOD OVERPAYMENT


If an overpayment exists on Page 1 of the RCT-124, the taxpayer must instruct the department to refund or transfer overpayment as indicated below.

#### REFUND

Identify the amount to refund from the current tax period overpayment. Prior to any refund, the department will offset current period liabilities and other unpaid liabilities within the account.

#### TRANSFER

Identify the amount to transfer from the current tax period overpayment to the next tax period. Prior to any transfer, the department will offset current period liabilities and other unpaid liabilities within the account.

 **NOTE:** If no option is selected, the department will automatically transfer any overpayment to the next tax year after offsetting current period liabilities and other unpaid liabilities within the account.

A tax period overpayment summary will be mailed to the taxpayer confirming the disposition of the credit.

#### REQUESTS FOR REFUND OR TRANSFER OF AVAILABLE CREDIT

Requests for refund or transfer of available credit from prior periods can be requested on company letterhead, signed by an authorized representative, and emailed to [RA-CORP\\_ACC\\_FAX@PA.GOV](mailto:RA-CORP_ACC_FAX@PA.GOV).

Please do not duplicate requests for refund and/or transfer by submitting both RCT-124 and written correspondence.

#### CONTACT INFORMATION

- For additional information regarding electronic payments visit the departments Online Customer Service Center at [www.revenue.pa.gov](http://www.revenue.pa.gov).

- Questions regarding payments or refunds, email **RA-CORP\_ACC\_FAX@PA.GOV**.
- General business tax questions, visit the department's On-line Customer Service Center at **www.revenue.pa.gov**.
- Business taxpayers and tax practitioners have the ability to receive and view department issued electronic statement of accounts and correspondence electronically, visit e-TIDES at **www.etides.state.pa.us** and select the Document Center option for more information.

### LINE INSTRUCTIONS

**RCT-124 should be completed in the following order:**  
(Page instructions start with Page 3 below.)

#### STEP 1

Complete the taxpayer information section and any applicable questions at the top of Page 1.

#### STEP 2

Indicate the type of insurance company on Page 1, Domestic or Foreign. This information is required.

#### STEP 3

Enter the Revenue ID and other taxpayer information in the designated fields at the top of each page.

#### STEP 4

Complete Page 3, Schedules A-D.

#### STEP 5

Complete Page 4, Schedules E-G.

#### STEP 6

Complete Page 2, Calculation of Tax.

#### STEP 7

Complete Page 1, Lines 1 through 10.

#### STEP 8

Complete the corporate officer information section, sign and date at the bottom of Page 1.

#### STEP 9

Complete the preparer information section, sign and date at the bottom of Page 2, if applicable.

#### STEP 10

Mail the completed report and any supporting schedules to the PA Department of Revenue.

### PAGE 3

### SCHEDULE A

Marine Premiums Written Within the U.S.

### SCHEDULE B

Marine Premiums Written in the Commonwealth of Pennsylvania

### SCHEDULE C

Premiums Written- All Classes of Business for the Last Three Calendar Years Within the U.S.



**NOTE:** Schedules A, B, and C include the following information for items a through c:

### COLUMN 1

#### LAST THREE CALENDAR YEARS

Enter the years in chronological order. (earliest in Item a, etc.)

### COLUMN 2

Enter the Gross Premiums.

### COLUMN 3

Enter the Return Premiums.

### COLUMN 4

#### NET PREMIUMS

Enter the difference of Column 2 minus Column 3.

### COLUMN 5

Enter the Net Reinsurance.

### COLUMN 6

#### TOTAL NET PREMIUMS

Enter the difference of Column 4 minus Column 5.

**Enter the totals of Columns 2 through 6 on Item d.**

### SCHEDULE D

Unearned Premiums on Outstanding Marine Insurance Contracts Written Within the U.S. at the Close of Business Dec. 31 for the Last Four Calendar Years



**NOTE:** Schedule D includes the following information for items a through d:

### COLUMN 1

#### LAST FOUR CALENDAR YEARS

Enter the years in chronological order. (earliest in Item a, etc.)

#### TRIP (OR VOYAGE) CONTRACTS

### COLUMN 2

Enter the Premiums in Force Less Reinsurance.

### COLUMN 3

Enter the Net Unearned Premiums 100%.

#### TERM CONTRACTS

### COLUMN 4

Enter the Premiums in Force Less Reinsurance.

### COLUMN 5

Enter the Net Unearned Premiums 50%.

**COLUMN 6**

**ADVANCE PREMIUMS**

Enter the Net Unearned Premiums 100%.


**COLUMN 7**

Enter the Total Net Unearned Premiums for each year. (Column 3 plus Column 5 plus Column 6)

**PAGE 4**

**SCHEDULE E**

Marine Losses Incurred on Business Written Within the U.S. for the Last Three Calendar Years

 **NOTE:** Schedule E includes the following information for items a through c:

**COLUMN 1**

**LAST THREE CALENDAR YEARS**

Enter the years in chronological order. (earliest in Item a, etc.)

**COLUMN 2**

Enter the Gross Losses.

**COLUMN 3**

Enter the Reinsurance.

**COLUMN 4**

Enter the Salvage.

**COLUMN 5**

**TOTAL OF REINSURANCE AND SALVAGE**

Enter the sum of Column 3 plus Column 4.

**COLUMN 6**


**NET LOSSES**

Enter the difference of Column 2 minus Column 5.

**Enter the totals of Columns 2 through 6 on Item d.**

**SCHEDULE F**

Specific Marine Expenses Incurred on Business Transacted Within the U.S.

 **NOTE:** Schedule F includes the following information for items a through c:

**COLUMN 1**

**LAST THREE CALENDAR YEARS**

Enter the years in chronological order. (earliest in Item a, etc.)

**COLUMN 2**

Enter Agency Commissions Including Brokerage.

**COLUMN 3**

Enter Agency Expenses.

**COLUMN 4**

Enter Federal Taxes.

**COLUMN 5**

Enter State & City Taxes and Fees.

**COLUMN 6**

Enter Loss Adjustment Expense.

**COLUMN 7**

Enter all Other Expenses.

**COLUMN 8**


**TOTAL MARINE EXPENSES**

Enter the sum of Columns 2 through 7.

**Enter the totals of Columns 2 through 8 on Item d.**

**SCHEDULE G**

General Expenses Not Chargeable Specifically to Any Particular Class of Business

 **NOTE:** Schedule G includes the following information for items a through c:

**COLUMN 1**

**LAST THREE CALENDAR YEARS**

Enter the years in chronological order. (earliest in Item a, etc.)

**COLUMN 2**

Enter Salaries of Officers and Employees.

**COLUMN 3**

Enter Advertising and Subscription Expenses.

**COLUMN 4**

Enter Federal Tax Expenses.

**COLUMN 5**

Enter Rent Expenses.

**COLUMN 6**

Enter Printing and Stationery Expenses.

**COLUMN 7**

Enter all Other Expenses.

**COLUMN 8**

**TOTAL GENERAL EXPENSES**

Enter the sum of Columns 2 through 7.


**Enter the totals of Columns 2 through 8 on Item d.**

**ITEM E**

Three year ratio of U.S. Marine Premiums to Total Net Premiums for All Classes of Business Within the U.S.




Enter the result of Schedule A, Column 4, Item d divided by Schedule C, Column 4, Item d.

 **NOTE:** Calculate to six decimal places.


**ITEM F**

Three year ratio of Net Marine Premiums Written Within Pennsylvania to Total Net Marine Premiums Written Within the U.S.

Enter the result of Schedule B, Column 4, Item d divided by Schedule A, Column 4, Item d.

 **NOTE:** Calculate to six decimal places.

**Attach Copy of the Pennsylvania Business Page and Schedule T 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 in Pennsylvania for that particular year.

**PAGE 2**

**CALCULATION OF TAX**

**LINE 1**

**NET MARINE INSURANCE PREMIUMS**

Enter the amount from Schedule A, Column 6, Item d.

**LINE 2**

**NET UNEARNED MARINE PREMIUMS ON U.S. BUSINESS (BEGINNING OF 4 YEAR PERIOD)**

Enter the amount from Schedule D, Column 7, Item a.

**LINE 3**

**TOTAL**

Enter the total of Lines 1 and 2.

**LINE 4**

**NET UNEARNED MARINE PREMIUMS ON U.S. BUSINESS (END OF 4 YEAR PERIOD)**

Enter the amount from Schedule D, Column 7, Item d.

**LINE 5**

**NET MARINE PREMIUMS EARNED**

Enter the difference of Line 3 minus Line 4.

**LINE 6**

**NET MARINE LOSSES INCURRED ON BUSINESS WRITTEN WITHIN THE UNITED STATES**

Enter the amount from Schedule E, Column 6, Item d.

**LINE 7**

**SPECIFIC MARINE EXPENSES INCURRED**

Enter the amount from Schedule F, Column 8, Item d.

**LINE 8**

**PORTION OF GENERAL EXPENSES CHARGEABLE TO U.S. MARINE PREMIUMS**

Multiply Schedule G, Item e by Schedule G, Column 8, Item d.

**LINE 9**

**TOTAL DEDUCTIONS**

Enter the total of Line 6 through 8.

**LINE 10**

**NET MARINE UNDERWRITING PROFIT ON BUSINESS WRITTEN WITHIN THE U.S.**

Enter the difference of Line 5 minus Line 9.

**LINE 11**

**APPORTIONMENT**

Enter the amount from Schedule G, Item f. This figure is to be expressed as a decimal (x.xxxxxx)

**LINE 12**

**NET MARINE UNDERWRITING PROFIT ON BUSINESS WRITTEN WITHIN PENNSYLVANIA FOR THREE YEARS**

Multiply Line 10 by Line 11. If Line 10 is negative, enter zero.

**LINE 13**

**AVERAGE NET MARINE UNDERWRITING PROFIT ON BUSINESS WITHIN PENNSYLVANIA FOR ONE YEAR**

Multiply Line 12 by one third.

**LINE 14**

**TAX**

Multiply Line 13 by 5 percent (0.05). Carry the tax to RCT-124, Page 1, Line 1.