

**Insurance Commission of the Bahamas**

**Long-term Insurance**

**Name of Company:**

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**Annual Reconciliation of Premiums**

**Year end December** \_\_\_\_\_

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Individual Life insurance					
Group Life insurance					
Individual Health					
Group Health					
Annuities					
Other classes:					
a _____					
b _____					
c _____					
d _____					

**Total Premiums**

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**Premium Taxes - 3%**

**Amount Paid**

**Payment date**

(dd/mm/yy)


**Outstanding**

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**Reconciliation to annual financial statements**

If total premiums used for premium taxes do not agree to the total premiums in the annual financial statements, please provide details of reconciling differences: