

Florida Insurance Premium Installment Payment										DR-907 R. 01/18																					
FD/PM Date: / /										US Dollars										Cents											
FEIN										Florida Code										1. Premium tax payable											
																				2. Surcharge											
Business Partner Number																				a. commercial policies											
																				# _____ x \$4											
																				b. residential policies											
																				# _____ x \$2											
Payment Number 1 Tax Year																				3. Interest											
Due April 15																				4. Penalty											
Name																				5. Quarterly statement filing fee											
Address																				6. Amount due											
City/St/ZIP																															
<input type="checkbox"/> Check here if you made your payment electronically. Be sure to sign and date reverse side.										Do not write in the space below.																					

DR-907

**Do not write in the space below.**

Florida Insurance Premium Installation Payment										DR-907		
										R. 01/18		
FEIN		Florida Code								US Dollars		Cents
<div></div>		<div></div>								<div></div>		<div></div>
Business Partner Number												
<div></div>										<div></div>		<div></div>
Payment Number 2 Tax Year												
Due June 15 (Estimate premiums through June 30)												
Name												
Address												
City/St/ZIP												
1. Premium tax payable										<div></div>		<div></div>
2. Surcharge										<div></div>		<div></div>
a. commercial policies										<div></div>		<div></div>
# _____ x \$4										<div></div>		<div></div>
b. residential policies										<div></div>		<div></div>
# _____ x \$2										<div></div>		<div></div>
3. Interest										<div></div>		<div></div>
4. Penalty										<div></div>		<div></div>
5. Quarterly statement filing fee										<div></div>		<div></div>
6. Amount due										<div></div>		<div></div>
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<div>Business Partner Number</div>										<div>DR-907</div>										<div>1. Premium tax payable</div>										<div></div>																																																	
<div>Payment Number 3 Tax Year</div>										<div>Due October 15</div>										<div>2. Surcharge</div>										<div></div>																																																	
<div>Name</div>										<div>Address</div>										<div>City/St/ZIP</div>										<div>a. commercial policies</div>										<div></div>																																							
<div></div>										<div></div>										<div></div>										<div>#</div>										<div>x \$4</div>										<div></div>																													
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Signature of Officer

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Date

Complete each line using the line-by-line instructions.

- Line 1 Premium Tax Payable** — Enter the amount of installment payment due. See instructions.
- Line 2 Surcharge** — Enter the number of commercial policies on Line 2a and multiply by \$4.00. Enter the number of residential policies on Line 2b and multiply by \$2.00.
- Line 3 Interest** — Compute any interest due with this installment payment. Interest is calculated with a floating rate.
- Line 4 Penalty** — Compute any penalty due with this installment payment.
- Line 5 Quarterly Statement Filing Fee** — Enter your \$250 quarterly statement filing fee.
- Prepaid limited health service organizations, fraternal benefit societies, and legal expense insurance corporations must report and pay their quarterly/annual statement filing fees to the Office of Insurance Regulation.**

**Line 6 Amount Due** — Enter the total of Lines 1 through 5.  
Sign and date the form in the spaces provided above.

**Front of Form:** Verify the personalized information printed on the front of the form. If you are using a blank form, enter your FEIN and Florida Code in the spaces provided and print or type your name and address in the space under payment due date. Check the box if you made your payment electronically.

Mail form and payment to:  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE STREET  
TALLAHASSEE FL 32399-0150

Rule 12B-8.003  
Florida Administrative Code  
Effective XX/XX

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Signature of Officer

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Date

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