

Surplus Lines Association of Minnesota

Instructions for 2028 Semiannual Stamping Fee Report

****Attention**:** This form must be filed even if no fees are due for the period. You are required to file this report with the Surplus Lines Association. **In addition, you must still file the semiannual Form IG260(Surplus Lines Tax Report) with the MN Department of Revenue separately.**

For MN Surplus Lines Insurance Laws, see M. S. 2013, CH. 60A.195 to 60A.209 and CH. 2971.

Minnesota tax ID required

Surplus lines licensees are required to have their own Minnesota tax ID number. This is not a Social Security number or agency Minnesota tax identification number. If you don't have a MN tax ID number, you must register for one. Go to the Dept. of Revenue website www.revenue.state.mn.us and j qxgt"qxgt"Dwulpguugurlem "Register for a Tax 'ID'P wo dgt"

Note: During the process, be sure to select "Sole proprietor" as the type of legal organization. Use NAICS classification number 524210 for insurance agencies.

Due dates

Surplus Lines Stamping Fees are due and payable August 15 (for six month period ending June 30) and February 15 (for six month period ending December 31.)

The U.S. postmark date, or date recorded or marked by a designated delivery service, is considered the filing date (private postage meter marks are not valid).

Number of Surplus Lines Licenses per Form

One. Each individual Surplus Lines Licensee must complete a semiannual stamping fee report.

Electronic (ACH) Payments

We now offer an ACH payment option. Please contact our office for more info.

Payments by check

Payments are accepted by check

Checks are to be made

payable to: Surplus Lines

Association of MN. Please include your Surplus Lines License number on the memo of the check.

Mail Payments

All payments can be sent directly to:

Surplus Lines Association of MN
Post Office Box 86
Mora, MN 55051

Line Instructions

To generate a stamping transaction report Go to www.mnsla.com and click on the members menu. Click on Generate Transaction Reports in the Member Menu. When your license is verified, you can input a begin date and end date for your report. The report is generated based on the dates that transactions were **filed**. The report periods should be entered as either 01/01/YYYY to 06/30/YYYY OR 07/01/YYYY to 12/31/YYYY.

You can use the periodic report to total the entire premium subject to stamping fees filed for a time period and submit the semiannual stamping fee report and the payment to the Surplus Lines Association office.

The semiannual stamping fee form can be found on our website under the Documents tab, Resources category.

1. Total premiums subject to .0004 stamping fee rate.

Enter the total amount of premium for transactions **filed** in the given report period. This value can be acquired from your Excel transaction report as outlined in the instructions above.

2. Stamping fee rate

The stamping fee rate for all transactions effective on or after 10/1/2016 is .0004 of the policy premium.

3.Total Stamping Fees Due
Spreadsheet will calculate this value based on number entered in line 1.

4. Penalties

If your payment is late, the penalty is \$250 or 1% of the stamping fees, whichever is greater. Enter total on line 4.

5. Total Payment Due

Spreadsheet will calculate the total based on value from line 3 and the number entered on line 4.

If you need additional information or help in completing this form, call 320-679-4244 or email info@mnsla.com

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Name of surplus lines agent	Check if:
Agency name	Surplus lines license number
Agency street address (including state, zip)	Date Licensed
Contact person and daytime phone number	Email Address
Website address	Phone Number
For the period of (check one):	

Instructions	Fees Due
1. Total premiums subject to .0004 rate	
2. Stamping fee rate.	
3. Total Stamping Fees	
4. Penalties . . . (See Instructions).	
5. Total Payment Due	

Payment method by **Check or ACH**. Payable to Surplus Lines Association of MN
 Please write Surplus Lines License number on your check.

I declare that this stamping fee payment is correct and complete to the best of my knowledge and belief.

Signature of agent _____ Print or type name of agent and date _____

Mail signed form and payment to :
Surplus Lines Association of MN
Post office Box 86
Mora, MN 55051