



**REQUEST FOR REFUNDABLE CREDIT FOR
RETALIATORY TAXES PAID BY DOMESTIC INSURERS**

This document is exempt from public records law under LA. R.S. 44:4

Company Name: _____ NAIC #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Company Contact: _____

Contact Email: _____ Contact Phone: _____

Contact Signature _____ Date _____

Summary of Retaliatory Taxes Paid to Foreign States

For each entry below, attach supporting evidence of retaliatory taxes paid (tax returns, invoices, copies of checks, etc.). Add additional pages as necessary.

State	Amount of Retaliatory Taxes Paid
TOTAL Amount of Requested Refundable Credit	

FORM DUE BY:

April 15, 2025

MAIL FORM TO:

**Louisiana Department of Insurance
ATTN: Revenue Services Division
P.O. Box 94124
Baton Rouge, LA 70804-9214**