

**2019 ANNUAL PREMIUM TAX FILING INFORMATION
INTERGOVERNMENTAL RISK MANAGEMENT POOLS**
(For year ending December 31, 2019)

**The Department highly encourages electronic filing through OPTins.
Instructions for electronic filing can be found at www.optins.org**

If you file a paper premium tax return, please send filing, required documentation, original signature page, and payment to the address below:

Overnight Mail: Use Street Address

Nebraska Department of Insurance
1135 M St, Suite 300
Lincoln, NE 68508

Postal Service Address:

Nebraska Department of Insurance
P. O. Box 82089
Lincoln, NE 68501-2089

1. **ANNUAL STATEMENT:** The annual report is required to be filed with this Department on or before March 1, 2019, unless the Director has given approval for a different twelve-month period in order to correspond with the applicable fiscal year established by the pool per Nebraska Revised Statute 44-4310.
2. **RECONCILIATION OF CALENDAR YEAR TAXES:** Must complete reconciliation of calendar taxes schedule and attach to annual tax return.
3. **PAYMENT:** All checks must be made payable to the **NEBRASKA DEPARTMENT OF INSURANCE**. Separate checks must be submitted for each company within a group. The NAIC number must appear on the company check.
4. **QUESTIONS:** If you have questions, please direct them to Martha Hettenbaugh at Martha.hettenbaugh@nebraska.gov or (402) 471-2201.

Reconciliation of Calendar Year Taxes

In the event that the fiscal year-end financial report of the intergovernmental risk pool is as of a date other than December 31st, then this schedule should be completed in order to reconcile the information as being shown in the calendar year tax return to the information as found in the last annual financial statement filed with the Nebraska Department of Insurance.

Name of Intergovernmental Risk Pool _____
 Last filed financial report was as of fiscal year ending _____
 This schedule for the tax year of _____

GROSS DIRECT CONTRIBUTIONS (PREMIUMS):

Reported figure in filed fiscal year-end financial report _____
 Less: Previously reported in prior fiscal year end report _____ -
 Plus: To be included in next year's fiscal year-end report _____ +
 Equals amount in current calendar year *tie to Section II line 1 or 8 or 14* _____

AMOUNT PAID FOR EXCESS OR AGGREGATE INSURANCE:

Reported figure in filed fiscal year-end financial report _____
 Less: Previously reported in prior fiscal year end report _____ -
 Plus: To be included in next year's fiscal year-end report _____ +
 Equals amount in current calendar year *tie to Section II line 3 or 9 or 15* _____

DIVIDENDS AND CONTRIBUTIONS PAID OR CREDITED TO POLICYHOLDERS:

Reported figure in filed fiscal year-end financial report _____
 Less: Previously reported in prior fiscal year end report _____ -
 Plus: To be included in next year's fiscal year-end report _____ +
 Equals amount in current calendar year *tie to Section II line 4 or 10 or 16* _____

GROSS DIRECT CONTRIBUTIONS (PREMIUMS) ON WORKERS COMPENSATION:

Reported figure in filed fiscal year-end financial report _____
 Less: Previously reported in prior fiscal year end report _____ -
 Plus: To be included in next year's fiscal year-end report _____ +
 Equals amount in current calendar year *tie to Section III line 21* _____

WORKERS COMPENSATION PAID LOSSES:

Annual paid WC losses as reported in filed fiscal year-end financial report _____
 Less: paid WC losses included in prior fiscal year end report _____ -
 Plus: paid WC losses to be included in next year's fiscal year-end report _____ +
 Equals total WC paid losses in current calendar *tie to Section IV line 26* _____