

STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2018

Fraternal Insurers

COMPANY INFORMATION	
NAIC Number	
Contact Person	
E-Mail Address	
Federal Tax I.D. Number	
Telephone	
Company Name	
Street Address	
City	
State	
Zip Code	
Organized Under the Laws of	

TYPE OF INSURER:	Fraternal Insurer
-------------------------	-------------------

SECTION I - FEES		
	NEBRASKA BASIS	STATE OF DOMICILE BASIS
1	Renewal of Certificate of Authority	50
2	Filing Annual Statement	200
3	Insurance Fraud Fee	
4	Other fees	
5	Total fees (Sum of Lines 1 through 4)	250
		0

FOR ALL 2018 TAX FILINGS - ALL NUMERIC FIELDS MUST CONTAIN A NUMERIC VALUE. IF A PARTICULAR FIELD IS NOT APPLICABLE PLEASE ENTER THE NUMBER 0 (ZERO).

SECTION II – SUMMARY OF TAXES AND FEES

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
6	Premium tax		
7	Fees (Line 5)	250	0
8	Total taxes and fees (Sum of Lines 6 and 7)	250	0
9	Total taxes and fees applicable (Greater of Nebraska basis or state of domicile basis, Line 8)		250
10	Prepayments (April 15, June 15, September 15 payments and applied credits)		
11	Unapplied credit balance		
12	Other fees previously paid to the NE Department of Insurance. These fees are only for and must be included in Section I – Fees, Line 4.		
13	Total prepayments, unapplied credits, and other fees (Sum of Lines 28 through Line 30)		0
14	Balance due (If Line 9 is greater than Line 13, enter amount. Enclose payment for this amount).		250
15	Overpayment (If Line 13 is greater than Line 9, enter amount here)		0
16	Amount to be refunded		
17	Amount to be credited to 2019 prepayment		0

NE2018FRATERNALV1