STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2019

Prepaid 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 (Select One):	

FOR ALL 2019 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 - PREMIUM TAX

GROUP ACCIDENT AND HEALTH PREMIUMS		NEBRASKA BASIS	STATE OF DOMICILE BASIS
1	Gross direct group premiums received on Nebraska business		
2	This field was intentionally left blank.		
3	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority **Nebraska domiciled companies only**		
4	Dividends paid or credited to policyholders		
5	Other deductions applicable (Itemize on Line 5 - Other Deductions Applicable Schedule on rows 127-130) Documentation such as “other fees” or “other credits” is not acceptable.	0	0
6	Net taxable premiums (Line 1 plus Line 2 plus Line 3 minus Line 4 minus Line 5)	0	0
7	Tax rate applicable	0.005000	
8	**Tax (Multiply Line 6 by Line 7)**	0	0

CREDIT INDIVIDUAL & ALL OTHER ACCIDENT AND HEALTH PREMIUMS		NEBRASKA BASIS	STATE OF DOMICILE BASIS
9	Gross direct premiums received on Nebraska business (Medicare Part D premiums not taxed)		
10	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority **Nebraska domiciled companies only**		
11	Dividends paid or credited to policyholders		
12	Other deductions applicable (Itemize on Line 12 - Other Deductions Applicable Schedule on rows 136-139). Documentation such as “other fees” or “other credits” is not acceptable.	0	0
13	Net taxable premiums (Line 9 plus Line 10 minus Line 11 minus Line 12)	0	0
14	Tax rate applicable	0.010000	
15	**Tax (Multiply Line 13 by Line 14)**	0	0

ALL OTHER PREMIUMS			
		NEBRASKA BASIS	STATE OF DOMICILE BASIS
16	Gross direct premiums received on Nebraska business		
17	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority **Nebraska domiciled companies only**		
18	This field was intentionally left blank.		
19	Dividends paid or credited to policyholders		
20	Other deductions applicable (Itemize on Line 20 - Other Deductions Applicable Schedule on rows 145-148) Documentation such as “other fees” or “other credits” is not acceptable.	0	0
21	Net taxable premiums (Line 16 plus Line 17 minus Line 19 minus Line 20)	0	0
22	Tax rate applicable	0.010000	
23	**Tax (Multiply Line 21 by Line 22)**	0	0
24	**Premium tax (Sum of Line 8, Line 15 and Line 23)**	0	0
25	If your state of domicile imposes a minimum tax, enter the amount in State of Domicile column.		
26	**Enter the greater of line 24 or line 25**	0	0
27	*Franchise Tax		
28	Other taxes (Itemize on Line 28 - Other Taxes Schedule on rows 153-156). Documentation such as “other taxes” is not acceptable.	0	0
29	This field was intentionally left blank.		
30	This field was intentionally left blank.		
31	This field was intentionally left blank.		
32	This field was intentionally left blank.		
33	**NET PREMIUM TAX (SUM OF LINES 26 THROUGH 28), IF LESS THAN ZERO, ENTER ZERO**	0	0

*FRANCHISE TAX – Those companies whose state of domicile imposes a franchise tax in addition to premium tax or in lieu of a premium tax, attach on a separate schedule the tax form and/or computation of the franchise tax.

SECTION III - FEES			
		NEBRASKA BASIS	STATE OF DOMICILE BASIS
34	Renewal of Certificate of Authority **(Prepaid limited health service organizations, enter $-0- in Nebraska Basis column , all others $100 in Nebraska Basis column)**		
35	Filing Annual Statement **(Prepaid limited health services organizations, enter $50 in Nebraska Basis column, all others $200 in Nebraska Basis column.)**		
36	Insurance Fraud Fee (if applicable)		
37	Other fees (Itemize on Line 37 - Other Fees Schedule on rows 161-164)	0	0
38	This field was intentionally left blank.		
39	Total fees (Sum of Lines 34 through 37)	0	0

SECTION IV – SUMMARY OF TAXES AND FEES			
		NEBRASKA BASIS	STATE OF DOMICILE BASIS
40	Premium tax (Line 33)	0	0
41	Fees (Line 39)	0	0
42	Total taxes and fees (Sum of Lines 40 and 41)	0	0
43	Total taxes and fees applicable (Greater of Nebraska basis or state of domicile basis, Line 42)		0
44	Prepayments (April 15, June 15, September 15 payments and applied credits)		
45	Unapplied credit balance		
46	Other fees previously paid to the NE Department of Insurance. These fees are only for and must be included in Section III – Fees, Line 37.		
47	Total prepayments, unapplied credits, and other fees (Sum of Lines 44 through Line 46)		0
48	Balance due (If Line 43 is greater than Line 47, enter amount. Enclose payment for this amount).		0
49	Overpayment (If Line 47 is greater than Line 43, enter amount here)		0
50	Amount to be refunded		
51	Amount to be credited to 2020 prepayment		0

LINE 5 - OTHER DEDUCTIONS APPLICABLE Do not include tax deductions applicable under Line 31.			
		NEBRASKA BASIS	STATE OF DOMICILE BASIS
5a			
5b			
5c			
5d			
	Total Other Deduction Applicable (Sum of Lines 5a through 5d)	0	0

LINE 12 - OTHER DEDUCTIONS APPLICABLE Do not include tax deductions applicable under Line 31.			
		NEBRASKA BASIS	STATE OF DOMICILE BASIS
12a			
12b			
12c			
12d			
	Total Other Deduction Applicable (Sum of Lines 12a through 12d)	0	0

LINE 20 - OTHER DEDUCTIONS APPLICABLE Do not include tax deductions applicable under Line 31.			
		NEBRASKA BASIS	STATE OF DOMICILE BASIS
20a			
20b			
20c			
20d			
	Total Other Deduction Applicable (Sum of Lines 20a through 20d)	0	0

LINE 28 - OTHER TAXES Must include calculations on a separate attached schedule			
		NEBRASKA BASIS	STATE OF DOMICILE BASIS
28a			
28b			
28c			
28d			
	Total Other Taxes Applicable (Sum of Lines 28a through 28d)	0	0

LINE 37 - OTHER FEES			
		NEBRASKA BASIS	STATE OF DOMICILE BASIS
37a			
37b			
37c			
37d			
	Total Other Fees Applicable (Sum of Lines 37a through 37d)	0	0