

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

**Title Insurers,
Risk Retention Groups**

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) :	
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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

ALL OTHER PREMIUMS

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
1	Gross direct premiums received on Nebraska business		
2	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		
3	Dividends paid or credited to policyholders		
4	Other deductions applicable (Itemize on Line 4 - Other Deductions Applicable Schedule on rows 112-115) Documentation such as "other fees" or "other credits" is not acceptable.	0	0
5	Net taxable premiums (Line 1 plus Line 2 minus Line 3 minus Line 4)	0	0
6	Tax rate applicable	0.010000	
7	Tax (Multiply Line 5 by Line 6)	0	0
8	If your state of domicile imposes a minimum tax, enter the amount in State of Domicile column.		
9	Enter the greater of line 7 or line 8	0	0
10	*Franchise Tax		
11	Other taxes (Itemize on Line 11 - Other Taxes Schedule on rows 121-124). Documentation such as "other taxes" is not acceptable.	0	0
12	This field was intentionally left blank.		
13	This field was intentionally left blank.		
14	Total premium tax (Sum of Lines 9 through 11)	0	0
15	Tax Credits: (See Updated Instructions)		
	A. Guaranty fund assessments		0
	B. Community development		0
	C. New Markets		0
	D. Job Creation		0
	E. Affordable Housing		0
	F. Other Tax Credits (Itemize on Line 15 - Other)	0	0
	This field was intentionally left blank.		
16	Total tax credits (Sum of Lines 15A through 15F)	0	0
17	NET PREMIUM TAX (LINE 14 MINUS LINE 16, IF LESS THAN ZERO, ENTER ZERO)	0	0

****Tax Credits - Do not enter more credits than tax due, the form will not calculate a credit****

***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
18	Renewal of Certificate of Authority (Title Insurers enter \$100 for Nebraska Basis, Risk Retention Groups enter \$0 for Nebraska Basis)		
19	Filing Annual Statement	200	
20	Insurance Fraud Fee (Title Insurers enter \$100 for Nebraska Basis, Risk Retention Groups enter \$0 for Nebraska Basis)		
21	Other fees (Itemize on Line 21 - Other Fees Schedule on rows 139-142)	0	0
22	This field was intentionally left blank.		
23	Total fees (Sum of Lines 18 through 21)	200	0

SECTION IV – SUMMARY OF TAXES AND FEES			
		NEBRASKA BASIS	STATE OF DOMICILE BASIS
24	Premium tax (Line 17)	0	0
25	Fees (Line 23)		
		200	0
26	Total taxes and fees (Sum of Lines 24 and 25)	200	0
27	Total taxes and fees applicable (Greater of Nebraska basis or state of domicile basis, Line 26)		200
28	Prepayments (April 15, June 15, September 15 payments and applied credits)		
29	Unapplied credit balance		
30	Other fees previously paid to the NE Department of Insurance. These fees are only for and must be included in Section III – Fees, Line 21.		
31	Total prepayments, unapplied credits, and other fees (Sum of Lines 28 through Line 30)		0
32	Balance due (If Line 27 is greater than Line 31, enter amount. Enclose payment for this		200
33	Overpayment (If Line 31 is greater than Line 27, enter amount here)		0
34	Amount to be refunded		
35	Amount to be credited to 2020 prepayment		0

LINE 4			
OTHER DEDUCTIONS APPLICABLE Do not include tax credits applicable under Line 15.			
	DESCRIPTION	NEBRASKA BASIS	STATE OF DOMICILE BASIS
4a			
4b			
4c			
4d			
Total Other Deduction Applicable (Sum of Lines 4a through 4d)		0	0
Transfer totals to line 4			

LINE 11			
OTHER TAXES Must include calculations on a separate attached schedule			
	DESCRIPTION	NEBRASKA BASIS	STATE OF DOMICILE BASIS
11a			
11b			
11c			
11d			
Total Other Taxes Applicable (Sum of Lines 11a through 11d)		0	0
Transfer totals to line 11			

LINE 15F		
OTHER TAX CREDITS		
	DESCRIPTION	NEBRASKA BASIS
15F(a)		
15F(b)		
15F(c)		
15F(d)		
Total Other Tax Credits Applicable (Sum of Lines 15F(a) through 15F(d))		0
Transfer totals to line 15F.		

LINE 21			
OTHER FEES			
	DESCRIPTION	NEBRASKA BASIS	STATE OF DOMICILE BASIS
21a			
21b			
21c			
21d			
Total Other Fees Applicable (Sum of Lines 21a through 21d)		0	0
Transfer totals to line 21			