

STATE OF NEBRASKA  
 DEPARTMENT OF INSURANCE  
 ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2020

Domestic Intergovernmental Risk Management Pools

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	NE

TYPE OF INSURER:	Pools
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FOR ALL 2020 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		
1	Gross direct premiums received on Nebraska business	
2	Credit (group) premiums received on Nebraska business	
3	Less amount paid for excess or aggregate insurance	
4	Dividends paid or credited to policyholders	
5	Net taxable premiums (Line 1 plus Line 2 minus Line 3 minus Line 4)	0
6	Tax rate applicable	0.005000
7	Tax (Multiply Line 5 by Line 6)	0

CREDIT INDIVIDUAL & ALL OTHER ACCIDENT AND HEALTH PREMIUMS		
8	Gross direct premiums received on Nebraska business (Medicare Part D premiums not taxed)	
9	Less amount paid for excess or aggregate insurance	
10	Dividends paid or credited to policyholders	
11	Net taxable premiums (Line 8 minus Line 9 minus Line 10)	0
12	Tax rate applicable	0.010000
13	Tax (Multiply Line 11 by Line 12)	0

ALL OTHER PREMIUMS		
14	Gross direct premiums received on Nebraska business	
15	Less amount paid for excess or aggregate insurance	
16	Dividends paid or credited to policyholders	
17	Net taxable premiums (Line 14 minus Line 15 minus Line 16)	0
18	Tax rate applicable	0.010000
19	Tax (Multiply Line 17 by Line 18)	0
20	Net premium tax (Line 7 plus Line 13 and Line 19)	0

SECTION III – WORKERS’ COMPENSATION COURT CASH FUND TAX		
21	Gross Direct Premiums Workers Compensation	
22	Tax rate applicable	0.010000
23	TAX (MULTIPLY LINE 21 BY LINE 22, IF LESS THAN ZERO, ENTER ZERO)	0

SECTION IV – WORKERS’ COMPENSATION COURT TRUST FUND - Assessment Not Applicable for filing year 2020		
24	The entry from annual statement page 19, line 16, column 5 (workers’ compensation paid losses)	
25	Losses paid under deductible forms that are not included in Line 24 (explanation below)	
26	Sum of Lines 24 and 25	0
27	Rate applicable	0.020000
28	ASSESSMENT (MULTIPLY LINE 26 BY LINE 27, IF LESS THAN ZERO, ENTER ZERO)	0

Explanation: Two types of workers’ compensation forms involving deductibles are allowed under Nebraska workers’ compensation law. One form is for small medical claims with deductible options up to \$5,000. The other form is large deductibles applying to medical and indemnity losses combined, with a minimum deductible amount of \$50,000. Under both of these forms the insurer is obligated to pay these claims on behalf of the employer and then seek reimbursement from the employer. These reimbursed and to-be-reimbursed losses are not included in losses shown on the annual statement state page but remain part of the basis of taxation for the Trust Fund. (They are also reported to the National Council on Compensation Insurance and used for experience rating.) On line 25 show the amount of these reimbursed and to-be-reimbursed losses that were paid during the taxable year.

SECTION V – SUMMARY OF TAXES		
29	Premium tax (Line 20)	0
30	Workers’ Compensation Court Cash Fund Tax (Line 23)	0
31	Workers’ Compensation Court Trust Fund Assessment (Line 28)	0
32	Total taxes (Sum of Lines 29 through 31)	0
33	Prepayments (April 15, June 15, September 15; payments and applied credits)	
34	Unapplied credit balance	
35	Total prepayments and unapplied credits (Line 33 plus Line 34)	0
36	Balance due (If Line 32 is greater than Line 35, enter amount. Enclose payment of this amount).	0
37	Overpayment (If Line 35 is greater than Line 32, enter amount here)	0
38	Amount to be refunded	
39	Amount to be credited to 2021 prepayment	0

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