

STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2015

**Property and Casualty Insurers,**  
**Reciprocal Insurance Exchanges**

For returns that are not filed electronically through OPTins the following must be done:

<b>Must be attached to the tax return:</b> <ul style="list-style-type: none"><li>• Check made payable to Nebraska Dept. of Insurance</li></ul>	<b>Mail tax return and check to:</b> Nebraska Department of Insurance P. O. Box 82089 Lincoln, NE 68501-2089
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**COMPANY INFORMATION**

<b>NAIC Number</b>	<b>Contact Person</b>
<b>Federal Tax I.D. Number</b>	<b>E-Mail Address</b>
	<b>Telephone</b>

**Company Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Organized Under the Laws of** \_\_\_\_\_

**TYPE OF INSURER (Select One):**

\_\_\_\_\_ **Property and Casualty Company**

\_\_\_\_\_ **Reciprocal Insurance Exchange**

**SECTION I - SIGNATURE OF FISCAL OFFICER OF COMPANY**

**State of** \_\_\_\_\_ )  
\_\_\_\_\_ )ss

**County of** \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn on oath say that I am \_\_\_\_\_

of the \_\_\_\_\_ Insurance Company of the State of \_\_\_\_\_

and that the tax statement is correctly computed in accordance with the foregoing instructions.

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**FOR ALL 2015 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	.00	.00
2.	Credit (group) premiums received on Nebraska business	.00	.00
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 <b>Nebraska domiciled companies only</b>	.00	
4.	Dividends paid or credited to policyholders	.00	.00
5.	Other deductions applicable (Itemize on Line 5 - Other Deductions Applicable Schedule below) Documentation such as "other fees" or "other credits" is not acceptable.	.00	.00
6.	Net taxable premiums (Line 1 plus Line 2 plus Line 3 minus Line 4 minus Line 5)	.00	.00
7.	Tax rate applicable	.005	
8.	<b>Tax (Multiply Line 6 by Line 7)</b>	.00	.00

### CREDIT INDIVIDUAL & ALL OTHER ACCIDENT AND HEALTH PREMIUMS

9.	Gross direct premiums received on Nebraska business (Medicare Part D premiums not taxed)	.00	.00
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 <b>Nebraska domiciled companies only</b>	.00	
11.	Dividends paid or credited to policyholders	.00	.00
12.	Other deductions applicable (Itemize on Line 12 - Other Deductions Applicable Schedule below). Documentation such as "other fees" or "other credits" is not acceptable.	.00	.00
13.	Net taxable premiums (Line 9 plus Line 10 minus Line 11 minus Line 12)	.00	.00
14.	Tax rate applicable	.01	
15.	<b>Tax (Multiply Line 13 by Line 14)</b>	.00	.00

<b>ALL OTHER PREMIUMS</b>			
		<b>NEBRASKA BASIS</b>	<b>STATE OF DOMICILE BASIS</b>
16.	Gross direct premiums received on Nebraska business	.00	.00
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 <b>Nebraska domiciled companies only</b>	.00	
18.	Dividends paid or credited to policyholders	.00	.00
19.	Other deductions applicable (Itemize on Line 19 - Other Deductions Applicable Schedule below) Documentation such as "other fees" or "other credits" is not acceptable.	.00	.00
20.	Net taxable premiums (Line 16 plus Line 17 minus Line 18 minus Line 19)	.00	.00
21.	Tax rate applicable	.01	
22.	<b>Tax (Multiply Line 20 by Line 21)</b>	.00	.00
23.	<b>Premium tax (Sum of Line 8, Line 15 and Line 22)</b>	.00	.00
24.	If your state of domicile imposes a minimum tax, enter the amount in State of Domicile column.		.00
25.	<b>Enter the greater of line 23 or line 24</b>	.00	.00
26.	*Franchise Tax		.00
27.	Other taxes (Itemize on Line 27 - Other Taxes Schedule below). Documentation such as "other taxes" is not acceptable.	.00	.00
28.	This field was intentionally left blank.		
29.	This field was intentionally left blank.		
30.	<b>Total premium tax (Sum of Lines 25 through 27)</b>	.00	.00
31.	Tax Credits: (See Instructions)		
	A. Guaranty fund assessments	.00	.00
	B. Community development	.00	.00
	C. New Markets	.00	.00
	D. Job Creation ( <b>New Tax Credit for 2015 – See Instructions</b> )	.00	.00
	E. Other Tax Credits (Itemize on Line 31E- Other Tax Credits Schedule below)	.00	.00
32.	Total tax credits (Sum of Lines 31A through 31E)	.00	.00
33.	<b>NET PREMIUM TAX (LINE 30 MINUS LINE 32, IF LESS THAN ZERO, ENTER ZERO)</b>	.00	.00

\*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 - FIRE INSURANCE TAX

A	B	C	D	E	F	G	H
Line of Business	Total Direct Premiums	Less Dividends	Net Direct Premiums	Nebraska Percent of Fire	Nebraska Fire Tax Premium	Domicile Percent of Fire	State of Domicile Fire Tax Premium
Fire	.00	.00	.00	100%	.00	%	.00
Crop Hail	.00	.00	.00	1%	.00	%	.00
Farmowners M.P.	.00	.00	.00	45%	.00	%	.00
Homeowners M.P.	.00	.00	.00	34%	.00	%	.00
Commercial M.P. (See Note 1 Below)	.00	.00	.00	50%	.00	%	.00
Ocean Marine	.00	.00	.00	10%	.00	%	.00
Inland Marine	.00	.00	.00	15%	.00	%	.00
Auto Physical Damage	.00	.00	.00	8%	.00	%	.00
Aircraft	.00	.00	.00	10%	.00	%	.00
Other	.00	.00	.00	%	.00	%	.00

**Note 1: Line 5.1 from the Direct Business Page (non-liability portion)**

34.	Total taxable premium	.00		.00
35.	Tax rate applicable If state of domicile is Nebraska, enter .00375 in column F, all others enter .0075 in column F. Enter state of domicile rate in column H.			
36.	Fire insurance tax (Multiply Line 34 by Line 35)	.00		.00
37.	Other fire taxes (Itemize on Line 37 - Other Fire Taxes Schedule below). Documentation such as "other fire taxes" is not acceptable.	.00		.00
38.	This field was intentionally left blank.			
39.	This field was intentionally left blank.			
40.	<b>TOTAL FIRE INSURANCE TAX (SUM OF LINES 36 THROUGH 37, IF LESS THAN ZERO, ENTER ZERO)</b>	.00		.00

## SECTION IV – WORKERS’ COMPENSATION COURT CASH FUND TAX

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
41.	Gross Direct Premiums Workers Compensation	.00	.00
42.	Tax rate applicable	.01	
43.	<b>TAX (MULTIPLY LINE 41 BY LINE 42, <u>IF LESS THAN ZERO, ENTER ZERO</u>)</b>	.00	.00

## SECTION V – WORKERS’ COMPENSATION COURT TRUST FUND

	<b>This assessment is not subject to retaliation.</b>	NEBRASKA BASIS
44.	The entry from annual statement page 19, line 16, column 5 (workers’ compensation paid losses)	Assessment Not
45.	Losses paid under deductible forms that are not included in Line 44 (explanation below)	Applicable for filing year
46.	Sum of Lines 44 and 45	2015
47.	Rate applicable	
48.	<b>TAX (MULTIPLY LINE 46 BY LINE 47, <u>IF LESS THAN ZERO, ENTER ZERO</u>)</b>	

**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 45 show the amount of these reimbursed and to-be-reimbursed losses that were paid during the taxable year. Assessment is not applicable for filing year 2015.

## SECTION VI - FEES

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
49.	Renewal of Certificate of Authority	100.00	.00
50.	Filing Annual Statement	200.00	.00
51.	Insurance Fraud Fee	100.00	.00
52.	Other fees (Itemize on Line 52 - Other Fees Schedule below)	.00	.00
53.	This field was intentionally left blank.		
54.	Total fees (Sum of Lines 49 through 52)	.00	.00

## SECTION VII – SUMMARY OF TAXES AND FEES

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
55.	Premium tax (Line 33)	.00	.00
56.	Fire insurance tax (Line 40)	.00	.00
57.	Workers' Compensation Court Cash Fund Tax (Line 43)	.00	.00
58.	Fees (Line 54)	.00	.00
59.	Total taxes and fees (Sum of Lines 55 through 58)	.00	.00
60.	Total taxes and fees applicable (Greater of Nebraska basis or state of domicile basis, Line 59)		.00
61.	Workers' Compensation Court Trust Fund Assessment (Line 48)		.00
62.	Total taxes, fees, and assessments (Sum of Line 60 and 61)		.00
63.	Prepayments (April 15, June 15, September 15 payments and applied credits)		.00
64.	Unapplied credit balance		.00
65.	Other fees previously paid to the NE Department of Insurance. These fees are only for and must be included in Section VI – Fees, Line 52.		.00
66.	Total prepayments, unapplied credits, and other fees (Sum of Lines 63 through Line 65)		.00
67.	Balance due (If Line 62 is greater than Line 66, enter amount. Enclose payment for this amount).		.00
68.	Overpayment (If Line 66 is greater than Line 62, enter amount here)		.00
69.	Amount to be refunded		.00
70.	Amount to be credited to 2016 prepayment		.00

<b>LINE 5 - OTHER DEDUCTIONS APPLICABLE</b>			
<b>Do not include tax credits applicable under Line 31.</b>			
	<b>DESCRIPTION</b>	<b>NEBRASKA BASIS</b>	<b>STATE OF DOMICILE BASIS</b>
5a			
5b			
5c			
5d			
	Total Other Deduction Applicable (Sum of Lines 5a through 5d) <b>Transfer totals to line 5</b>		

<b>LINE 12 - OTHER DEDUCTIONS APPLICABLE</b>			
<b>Do not include tax credits applicable under Line 31.</b>			
	<b>DESCRIPTION</b>	<b>NEBRASKA BASIS</b>	<b>STATE OF DOMICILE BASIS</b>
12a			
12b			
12c			
12d			
	Total Other Deduction Applicable (Sum of Lines 12a through 12d) <b>Transfer totals to line 12</b>		

<b>LINE 19 - OTHER DEDUCTIONS APPLICABLE</b>			
<b>Do not include tax credits applicable under Line 31.</b>			
	<b>DESCRIPTION</b>	<b>NEBRASKA BASIS</b>	<b>STATE OF DOMICILE BASIS</b>
19a			
19b			
19c			
19d			
	Total Other Deduction Applicable (Sum of Lines 19a through 19d) <b>Transfer totals to line 19</b>		

<b>LINE 27 - OTHER TAXES</b> Must include calculations on a separate attached schedule			
	<b>DESCRIPTION</b>	<b>NEBRASKA BASIS</b>	<b>STATE OF DOMICILE BASIS</b>
27a			
27b			
27c			
27d			
	Total Other Taxes Applicable (Sum of Lines 27a through 27d) <b>Transfer totals to line 27</b>		

**LINE 31 E - OTHER TAX CREDITS**

	DESCRIPTION	NEBRASKA BASIS
31E(a)		
31E(b)		
31E(c)		
31E(d)		
	Total Other Tax Credits Applicable (Sum of Lines 31E(a) through 31E(d)) <b>Transfer totals to line 31E.</b>	

**LINE 37 - OTHER FIRE TAXES Must include calculations on a separate attached schedule**

	DESCRIPTION	NEBRASKA BASIS	STATE OF DOMICILE BASIS
37a			
37b			
37c			
37d			
	Total Other Fire Taxes Applicable (Sum of Lines 37a through 37d) <b>Transfer totals to line 37</b>		

**LINE 52 - OTHER FEES**

	DESCRIPTION	NEBRASKA BASIS	STATE OF DOMICILE BASIS
52a			
52b			
52c			
52d			
	Total Other Fees Applicable (Sum of Lines 52a through 52d) <b>Transfer totals to line 52</b>		