

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

Prepaid Insurers

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

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

COMPANY INFORMATION

| | |
|--------------------------------|-----------------------|
| NAIC Number | Contact Person |
| Federal Tax I.D. Number | E-Mail Address |
| | Telephone |

Company Name _____
Street Address _____
City _____ State _____ Zip Code _____
Organized Under the Laws of _____

TYPE OF INSURER (Select One):
_____ Legal Service Company
_____ Prepaid Dental Service Corporation
_____ Prepaid Limited Health Service Organization

SECTION I - SIGNATURE OF FISCAL OFFICER OF COMPANY

State of _____)
County of _____)ss

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. | 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 | .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. | Tax (Multiply Line 6 by Line 7) | .00 | .00 |

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 Nebraska domiciled companies only | .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. | Tax (Multiply Line 13 by Line 14) | .00 | .00 |

| ALL OTHER PREMIUMS | | | |
|---------------------------|--|-----------------------|--------------------------------|
| | | NEBRASKA BASIS | STATE OF DOMICILE BASIS |
| 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 Nebraska domiciled companies only | .00 | |
| 18. | This field was intentionally left blank. | | |
| 19. | Dividends paid or credited to policyholders | .00 | .00 |
| 20. | Other deductions applicable (Itemize on Line 20 - Other Deductions Applicable Schedule below) Documentation such as "other fees" or "other credits" is not acceptable. | .00 | .00 |
| 21. | Net taxable premiums (Line 16 plus Line 17 minus Line 19 minus Line 20) | .00 | .00 |
| 22. | Tax rate applicable | .01 | |
| 23. | Tax (Multiply Line 21 by Line 22) | .00 | .00 |
| 24. | Premium tax (Sum of Line 8, Line 15 and Line 23) | .00 | .00 |
| 25. | If your state of domicile imposes a minimum tax, enter the amount in State of Domicile column. | | .00 |
| 26. | Enter the greater of line 24 or line 25 | .00 | .00 |
| 27. | *Franchise Tax | | .00 |
| 28. | Other taxes (Itemize on Line 28 - Other Taxes Schedule below). Documentation such as "other taxes" is not acceptable. | .00 | .00 |
| 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. | TOTAL PREMIUM TAX (SUM OF LINES 26 THROUGH 28), <u>IF LESS THAN ZERO, ENTER ZERO</u> | .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 - 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) | .00 | .00 |
| 35. | Filing Annual Statement (Prepaid limited health services organizations, enter \$50 in Nebraska Basis column, all others \$200 in Nebraska Basis column.) | .00 | .00 |
| 36. | Insurance Fraud Fee (if applicable) | .00 | .00 |
| 37. | Other fees (Itemize on Line 37 - Other Fees Schedule below) | .00 | .00 |
| 38. | This field was intentionally left blank. | | |
| 39. | Total fees (Sum of Lines 34 through 37) | .00 | .00 |

SECTION IV – SUMMARY OF TAXES AND FEES

| | | NEBRASKA BASIS | STATE OF DOMICILE BASIS |
|-----|--|----------------|-------------------------|
| 40. | Premium tax (Line 33) | .00 | .00 |
| 41. | Fees (Line 39) | .00 | .00 |
| 42. | Total taxes and fees (Sum of Lines 40 and 41) | .00 | .00 |
| 43. | Total taxes and fees applicable (Greater of Nebraska basis or state of domicile basis, Line 42) | | .00 |
| 44. | Prepayments (April 15, June 15, September 15 payments and applied credits) | | .00 |
| 45. | Unapplied credit balance | | .00 |
| 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. | | .00 |
| 47. | Total prepayments, unapplied credits, and other fees (Sum of Lines 44 through Line 46) | | .00 |
| 48. | Balance due (If Line 43 is greater than Line 47, enter amount. Enclose payment for this amount). | | .00 |
| 49. | Overpayment (If Line 47 is greater than Line 43, enter amount here) | | .00 |
| 50. | Amount to be refunded | | .00 |
| 51. | Amount to be credited to 2016 prepayment | | .00 |

| LINE 5 - OTHER DEDUCTIONS APPLICABLE | | | |
|---|---|-----------------------|--------------------------------|
| | DESCRIPTION | NEBRASKA BASIS | STATE OF DOMICILE BASIS |
| 5a | | | |
| 5b | | | |
| 5c | | | |
| 5d | | | |
| | Total Other Deduction Applicable (Sum of Lines 5a through 5d) Transfer totals to line 5 | | |

| LINE 12 - OTHER DEDUCTIONS APPLICABLE | | | |
|--|--|-----------------------|--------------------------------|
| | DESCRIPTION | NEBRASKA BASIS | STATE OF DOMICILE BASIS |
| 12a | | | |
| 12b | | | |
| 12c | | | |
| 12d | | | |
| | Total Other Deduction Applicable (Sum of Lines 12a through 12d) Transfer totals to line 12 | | |

| LINE 20 - OTHER DEDUCTIONS APPLICABLE | | | |
|--|--|-----------------------|--------------------------------|
| | DESCRIPTION | NEBRASKA BASIS | STATE OF DOMICILE BASIS |
| 20a | | | |
| 20b | | | |
| 20c | | | |
| 20d | | | |
| | Total Other Deduction Applicable (Sum of Lines 20a through 20d) Transfer totals to line 20 | | |

LINE 28 - OTHER TAXES Must include calculations on a separate attached schedule

| | DESCRIPTION | NEBRASKA BASIS | STATE OF DOMICILE BASIS |
|-----|--|----------------|-------------------------|
| 28a | | | |
| 28b | | | |
| 28c | | | |
| 28d | | | |
| | Total Other Taxes Applicable (Sum of Lines 28a through 28d) Transfer totals to line 28 | | |

LINE 37 - OTHER FEES

| | DESCRIPTION | NEBRASKA BASIS | STATE OF DOMICILE BASIS |
|-----|---|----------------|-------------------------|
| 37a | | | |
| 37b | | | |
| 37c | | | |
| 37d | | | |
| | Total Other Fees Applicable (Sum of Lines 37a through 37d) Transfer totals to line 37 | | |