

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

**Title Insurers,**  
**Risk Retention Groups**

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):

- \_\_\_\_\_ Title Insurer  
\_\_\_\_\_ Risk Retention Group

**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

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
1.	Gross direct premiums received on Nebraska business	.00	.00
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 <b>Nebraska domiciled companies only</b>	.00	
3.	Dividends paid or credited to policyholders	.00	.00
4.	Other deductions applicable (Itemize on Line 4 - Other Deductions Schedule below) Documentation such as "other fees" or "other credits" is not acceptable.	.00	.00
5.	Net taxable premiums (Line 1 plus Line 2 minus Line 3 minus Line 4)	.00	.00
6.	Tax rate applicable	.01	
7.	<b>Tax (Multiply Line 5 by Line 6)</b>	.00	.00
8.	If your state of domicile imposes a minimum tax, enter the amount in State of Domicile column.		.00
9.	<b>Enter the greater of line 7 or line 8</b>	.00	.00
10.	*Franchise Tax		.00
11.	Other taxes (Itemize on Line 11 - Other Taxes Schedule below). Documentation such as "other taxes" is not acceptable.	.00	.00
12.	This field was intentionally left blank.		
13.	This field was intentionally left blank.		
14.	<b>Total premium tax (Sum of Lines 9 through 11)</b>	.00	.00
15.	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 15E - Other Tax Credits Schedule below)	.00	.00
16.	Total tax credits (Sum of Lines 15A through 15E)	.00	.00
17.	<b>NET PREMIUM TAX (LINE 14 MINUS LINE 16, 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 - 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)	.00	.00
19.	Filing Annual Statement	200.00	.00
20.	Insurance Fraud Fee (Title Insurers enter \$100 for Nebraska Basis, Risk Retention Groups enter \$0 for Nebraska Basis)	.00	.00
21.	Other fees (Itemize on Line 21 - Other Fees Schedule below)	.00	.00
22.	This field was intentionally left blank.		
23.	Total fees (Sum of Lines 18 through 21)	.00	.00

### SECTION IV – SUMMARY OF TAXES AND FEES

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
24.	Premium tax (Line 17)	.00	.00
25.	Fees (Line 23)	.00	.00
26.	Total taxes and fees (Sum of Line 24 and Line 25)	.00	.00
27.	Total taxes and fees applicable (Greater of Nebraska basis or state of domicile basis, Line 26)		.00
28.	Prepayments (April 15, June 15, September 15 payments and applied credits)		.00
29.	Unapplied credit balance		.00
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.		.00
31.	Total prepayments, unapplied credits, and other fees (Sum of Lines 28 through Line 30)		.00
32.	Balance due (If Line 27 is greater than Line 31, enter amount. Enclose payment for this amount).		.00
33.	Overpayment (If Line 31 is greater than Line 27, enter amount here)		.00
34.	Amount to be refunded		.00
35.	Amount to be credited to 2016 prepayment		.00

**LINE 4 - OTHER DEDUCTIONS APPLICABLE**

Do not include tax deductions 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) <b>Transfer totals to line 4</b>		

**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) <b>Transfer totals to line 11</b>		

**LINE 15E - OTHER TAX CREDITS**

	DESCRIPTION	NEBRASKA BASIS
15E(a)		
15E(b)		
15E(c)		
15E(d)		
	Total Other Tax Credits Applicable (Sum of Lines 15E(a) through 15E(d)) <b>Transfer totals to line 15E</b>	

**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) <b>Transfer totals to line 21</b>		