MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION P.O. BOX 690 JEFFERSON CITY, MISSOURI 65102-0690

NAME OF COMPANY				
MAILING ADDRESS				
PREMIUM TAX CONTACT PERSON	TELEPHONE NUMBER	E-MAIL ADDRESS		
STATE OF INCORPORATION	NAIC NUMBER (GROUP-COMPANY)	IS YOUR COMPANY	PART OF A HOLDING COMPANY SYSTEM?	
	INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·		
Tax returns are due March 1. No authority payment of any of the quarterly tax asse Insurance, Financial Institutions and Profe should be sent to 301 West High Street, Rothe premium tax return. To ensure that you please securely staple or binder clip the doc	ssments. Only one copy of the inssional Registration at P.O. Box from 530, Jefferson City, MO 6510 at tax return and supporting docum	return needs to be filed with 690, Jefferson City, MO 6510 1. Be sure you have included entation remains together thr	the Missouri Department of 02-0690. Overnight deliveries your 9-digit NAIC number on rough mailing and processing,	
assessments per quarter - one for premiu quarterly payment for 2016 should be sent with copies of your completed March asses company in December. The June 1, Septem the due date. The 2015 annual tax reconcil	DO NOT send payment with this tax return. If your company writes workers' compensation premium, you will receive two assessments per quarter - one for premium and retaliatory tax, and one for workers' compensation administrative tax. The March 1 quarterly payment for 2016 should be sent to the Missouri Department of Revenue, P.O. Box 898, Jefferson City, MO 65105-0898 along with copies of your completed March assessment forms. A blank copy of the March assessment form will be sent electronically to your company in December. The June 1, September 1, and December 1 assessments will be sent to you electronically at least a month before the due date. The 2015 annual tax reconciling payment will be included on your June 2016 assessments. DO NOT make a payment of the remainder of your 2015 annual tax until you receive the June 2016 assessments. Only use the quarterly assessment forms			
Claims for refund of tax overpayment must	be filed with the Missouri Departr	nent of Revenue pursuant to	136.035 RSMo.	
See page 10 of this return for a checklist of to our website at www.insurance.mo.gov ; splease call 573-526-4986 or 573-751-1929	ee Industry/Forms/Tax Forms. If y			
THE FOLLOWING SECTION IS REQUIRED	TO BE COMPLETED AND NOTA	ARIZED		
NAME OF PRESIDENT	NAME OF S			
being duly sworn, on oath say that they are the PRESIDENT and the SECRETARY, respectively of the				
and that the attached is a true, full and correct statement of Missouri direct premiums received during the year of 2015 and include all policies and premiums wherever written covering property and interest in the State of Missouri without deductions except as therein set forth and the amount of all taxes, license fees, assessments and all other obligations due and/or paid to the respective states, and of Missouri credits for the stated year.				
SIGNATURE OF PRESIDENT	SIGNATURE	OF SECRETARY		
COUNTY (OR CITY OF ST. LOUIS)	STATE OF		NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	
	SUBSCRIBED AND SWORN BEFORE ME, T	HIS	+	

NOTARY PUBLIC NAME (TYPED OR PRINTED)

NOTARY PUBLIC SIGNATURE

DAY OF

YEAR
MY COMMISSION
EXPIRES

USE RUBBER STAMP IN CLEAR AREA BELOW.

COMPANY NAME	NAIC NO.

PREMIUM TAX - CHAPTER 148

Report for purposes of taxation, all Missouri direct premium received, whether in cash or in notes, during the year ending on the 31st day of December. Include all so-called premium deposits, membership fees, and service and finance charges. Commissions retained by agents shall also be included with your direct premium written.

. Total Direct Premiums to Agree with Missouri Page (Page 19 of Annual Statement) (148.370 RSMo)			\$
b. c. d.	Plus Finance, Service or Other Carrying Charges (148.370 R Less Workers' Compensation Premium (Do not include excess Less Dividends Paid or Credited (Do not include dividends paid Less Health Ins. Benefits (Complete Group Accid. & HIth Los (148.390.2 RSMo)	WC) (287.690.1 RSMo) to WC) (148.390 RSMo) s Report on pg. 8)	. \$. \$. \$
. Ne	et Premiums Subject to Taxation		. \$
. 2%	6 Tax on Net Premiums (Line 2 times 2%) (148.370 RSMo)		. \$
. Ne	et Tax to be Carried Forward to Line 15, Page 4 (Same as L	ine 3)	\$
. Cı	redits Allowed	Total Credit Available For Current Year	Amount Deducted On This Return
Fr 20 Re Mi Pe Mi Af Ne Ne Inf Lo Sr Yo C Mi Hi Aç Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne	come Tax (148.400 RSMo) anchise Carryover 2010-2014 (148.400 RSMo) anchise Tax - Paid in 2015 (148.	\$. \$

COMPANY NAME	NAIC NO.

WORKERS' COMPENSATION ADMINISTRATIVE TAX - Chapter 287

(DO NOT Include Excess Workers' Compensation Premium)

Line 8 must agree with your Missouri Page 19 and also must be equal to the total of lines 9a, 10a, and 11a. A detailed listing is required for the amount on line 9a showing the years of Audited and/or Additional Premium (including Retrospective Adjustments) Collected on Policies with 2013 and Prior Effective, Renewal, or Anniversary Dates.

8.	Total Amount of Net Deposits, Net Premium, or Net Assessments Received, Wheth in Cash or Notes, in This State or on Account of Business Done in This State (287.)		\$
9.	a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Co with 2013 Effective, Renewal, or Anniversary Dates and Prior (287.690.1 RSMo		\$
	b. Less Dividends Paid or Credited (287.690.1 RSMo)		\$
	c. Administrative Surcharge is Now Reported on Page 5 Pursuant to Section 287.7	717.3 RSMo	\$ 0.00
	d. Total Amount		\$
	e. Tax at 1% (287.690.1 RSMo)		\$
10.	a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Co with 2014 Effective, Renewal, or Anniversary Dates (287.690.1 RSMo)		\$
	b. Less Dividends Paid or Credited (287.690.1 RSMo)		\$
	c. Administrative Surcharge is Now Reported on Page 5 Pursuant to Section 287.7	717.3 RSMo	\$ 0.00
	d. Total Amount		\$
	e. Tax at 1% (287.690.1 RSMo)		\$
11.	a. Total New, Audit and/or Additional Premium (including Retrospective Adjustment Policies with 2015 Effective, Renewal, or Anniversary Dates (287.690.1 RSMo)	•	\$
	b. Less Dividends Paid or Credited (287.690.1 RSMo)		\$
	c. Administrative Surcharge is Now Reported on Page 5 Pursuant to Section 287.	717.3 RSMo	\$ 0.00
	d. Total Amount		\$
	e. Tax at 1% (287.690.1 RSMo)		\$
12.	Tax Before Credits (Line 9e, plus 10e, plus 11e)		\$
13.	Net Tax to be Carried Forward to Line 16, Page 4 (Same as Line 12)		\$
14.	Credits Allowed		
	Income Tax (148.400 RSMo)	\$	
	Franchise Tax (148.400 RSMo)	\$	
	2015 Examination Fees (148.400 RSMo)	\$	
	Registration Fees - Paid in 2015 (148.400 RSMo)	\$	
	Personal Property Tax Credit - Paid in 2015 (148.400 RSMo)	\$	
15.	Total Credits to be deducted from Line 13		\$
16.	Net Missouri Workers' Compensation Administrative Tax Due (Line 13 less Li	ne 15)	\$

MO 375-0409 (11-15) PAGE 3

(Round to the nearest dollar)

COMPANY NAME	STATE OF DOMICILE

RETALIATORY COMPARISON (375.916 RSMo)

The retaliatory portion of the Missouri tax return compares the aggregate burden which would be placed upon your company by the State of Missouri to the aggregate burden which would be placed by your state of incorporation upon a hypothetical Missouri company writing the same amount of premium that your company is writing in Missouri.

The Agent information on line 4 should agree with your company's Insurance Producers Report form, which was due on or before February 10, 2016. Please show the fees charged by your state of incorporation for appointments, terminations and renewals. Additional lines are provided if different rates are charged for resident and non-resident agents.

Please include in the State of Incorporation column ALL taxes, fees, and assessments which a Missouri company operating in your state of incorporation would have been subject to during the 2015 calendar year. Include with the return a copy of the assessments, invoices, or tax documents along with the calculations based off of your Missouri premium amount.

The Annual Renewal Fee for 2015 was due July 1, 2015. The annual renewal fee for Foreign Property & Casualty Companies, and also Foreign Title Companies is \$1,500. The annual renewal fee for Foreign Risk Retention Groups is \$100. Show these amounts on the State of Missouri column, line 1.

	State of Missouri Basis	State of Incorporation Basis
1.	Filing Annual Statement/Annual Filing Fee	\$
2.	Filing Renewal Application for Certificate of Authority	\$
3.	Filing Any Other Paper Required to be Filed	\$
4.	Agents: Missouri Appointments@ state of incorp. rate \$ (Res Non-Res Both)	\$
	Missouri Terminations@ state of incorp. rate \$ (Res Non-Res Both)	\$
	Total Missouri Renewals@ state of incorp. rate \$ (Res Non-Res Both)	\$
	@ state of incorp. rate \$ (Res Non-Res Both)	\$
	@ state of incorp. rate \$ (Res Non-Res Both)	\$
	@ state of incorp. rate \$ (Res Non-Res Both)	\$
PR	REMIUM TAX CREDITS SHOULD NOT BE INCLUDED IN THE RETALIATORY TAX CALCULATION	IS.
5.	Municipal License Fees	\$
6.	Other \$	\$
7.	Other \$	\$
8.	Other \$	\$
9.	Other \$	\$
10.	Other \$	\$
11.	Fire Marshal Tax	\$
12.	Ocean Marine Tax	\$
13.	Maintenance Taxes	\$
14.	Other Taxes (Specify)	\$
		\$
		\$
15.	Premium Tax (MO column from Line 4, Page 2)	\$
16.	Workers' Compensation Tax (MO from Line 13, Page 3)	\$
17.	TOTAL TAXES, LICENSES AND FEES(a) \$	(b) \$
18.	Retaliatory Tax Amount Before Credits [Subtract Line 17(a) from Line 17(b)]	\$
19.	Credit Allowed - New Market	\$
20.	Retaliatory Tax Amount (Round to nearest whole dollar)	\$

COMPANY NAME	NAIC NO.

WORKERS' COMPENSATION ADMINISTRATIVE SURCHARGE (287.717.3 RSMo)

Pursuant to Section 287.717.3 RSMo, you are required to report the amount of premium that would have been paid for the deductible credit portion of the workers' compensation policies with deductible options. NOTE: The deductible credit portion of the policy is the "difference" between the premium that would be generated for a standard, guaranteed cost policy where no deductible option is offered and the premium that is actually generated when the deductible credit is applied to the policy. The total of Lines 2a, 3a, and 4a must agree with the amount actually reported on Line 1. A detailed listing is required for the amount on line 2a showing the years of Audited and/or Additional Premium (including Retrospective Adjustments) Collected with 2013 and Prior Effective, Renewal, or Anniversary Dates.

You will need to submit any/all algorithm(s) you are using for premium calculation, unless you are using the approved algorithm filed by the NCCI.

In the annual statement packet sent in December, you should have received a Quarterly Administrative Surcharge Report Form for the 2016 calendar year. You will need to make copies of this form to submit to the Missouri Department of Revenue with your payment of any estimated quarterly administrative surcharge installments for 2016. The estimated quarterly installments are due to the Missouri Department of Revenue by March 1, June 1, September 1, and December 1. Please circle the appropriate reporting period on the form. You may obtain a copy of this form on our website at www.insurance.mo.gov; see Industry/Forms/Tax Forms.

NO PAYMENT IS DUE with the tax return. You will receive a Notice of Workers' Compensation Administrative Surcharge Balance Due/Overpayment around the first of May. The Balance Due will need to be submitted by June 1, 2016, to the Missouri Department of Revenue along with a copy of the Notice of Workers' Compensation Administrative Surcharge Balance Due/Overpayment form. Overpayments may be applied according to RSMo 287.717.4.

1.	Total Amount of Premium Applicable to the Deductible Credit Portion of Policies in the 2015 Calendar Year	\$
2.	 a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Applicable to the Deductible Credit Portion of Policies with 2013 Effective, Renewal, or Anniversary Dates and Prior (287.716.2 RSMo) 	\$
	b. Workers' Comp Administrative Surcharge Rate at 1% (287.716.2 RSMo)	\$
3.	a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Applicable to the Deductible Credit Portion of Policies with 2014 Effective, Renewal, or Anniversary Dates (287.716.2 RSMo)	\$
	b. Workers' Comp Administrative Surcharge Rate at 1% (287.716.2 RSMo)	\$
4.	Total New, Audit and/or Additional Premium (including Retrospective Adjustments) Applicable to the Deductible Credit Portion of Policies with 2015 Effective, Renewal, or Anniversary Dates (287.716.2 RSMo)	\$
	b. Workers' Comp Administrative Surcharge Rate at 1% (287.716.2 RSMo)	\$
5.	Net Workers' Compensation Administrative Surcharge Due (Line 2b, plus 3b, plus 4b)	\$ und to the nearest dollar)

The following tax credits can be split prop show the percentages below that were use			
,	,		EAREST WHOLE PERCENT)
	TOTAL	%*	%**
		Premium	Work. Comp.
Income Tax (148.400 RSMo)			
Franchise Tax (148.400 RSMo)			
2015 Examination Fees Only (148.400 RSMo)			
Registration Fees (148.400 RSMo)			
Personal Property Tax (148.400 RSMo)			
* Amounts in this column should be inclu	ded on Lines 3 and 5, page 2.		
** Amounts in this column should be inclu	ded on Lines 13 and 15, page 3.		
CREDITS FOR GUARANTY ASSOCI Credits for Missouri Life and Health assessment. Only class B assessments made by the 20% for five years. You must include copies of your cert appropriate year and type; do not comb	Insurance Guaranty Association as Missouri Life and Health Guaranty ificates of contribution for guaranty	assessments begin t Association are dedu	uctible from premium tax at
Please complete the following informati		wn on Page 2, line 5	for premium tax credit.
ASSESSMENT YEAR	ASSESSMENT AMOUNT	PERCENT	CREDIT
2010 HEALTH		20%	
2011 HEALTH		20%	
2012 HEALTH		20%	
2013 HEALTH		20%	
2014 HEALTH		20%	

NAIC NO.

PAGE 6

COMPANY NAME

TAX CREDITS CLAIMED (148.400 RSMo)

TOTAL

MO 375-0409 (11-15)

COMPANY NAME	NAIC NO.

CREDITS FOR GUARANTY ASSOCIATION ASSESSMENTS (375.774.3 RSMo)

Credits for Missouri Property and Casualty Insurance Guaranty Association assessments begin the year after the year of assessment. Credits are 33 1/3% for three years.

Copies of your Certificates of Contribution from the guaranty association must be included for each assessment. Please list credit under appropriate year and type; do not combine amounts.

Please complete the following information to support the credit amount shown on Page 2, line 5 for premium tax credit.

ASSESSMENT	ASSESSMENT AMOUNT	PERCENT	CREDIT
2012 AUTO		33.2%*	
2012 OTHER		33.2%*	
2012 WORK. COMP.		33.2%*	
2013 AUTO		33.4%	
2013 OTHER		33.4%	
2013 WORK. COMP.		33.4%	
2014 AUTO		33.4%	
2014 OTHER		33.4%	
2014 WORK. COMP.		33.4%	
TOTAL			

^{*} LESSER OF .334 OR REMAINING BALANCE

COMPANY NAME	NAIC NO.

GROUP ACCIDENT AND HEALTH LOSS REPORT (148.390 RSMo)

1 LINE OF BUSINESS	2 DIRECT PREMIUM WRITTEN	3 DIRECT PREMIUM EARNED	4 DIVIDENDS PAID OR CREDITED	5 DIRECT LOSSES PAID	6 DIRECT LOSSES INCURRED	7 DIRECT LOSSES UNPAID
GROUP ACCIDENT AND	HEALTH POLICIE	S				
1. EMPLOYER GROUPS						
2. UNION GROUPS						
3. MULTIPLE EMPLOYER TRUSTS						
4. ASSOCIATION GROUPS						
5. FICTITIOUS GROUP TRUSTS						
6. BLANKET GROUPS						

Section 148.390 RSMo, allows health benefits paid "for the benefit of some or all of the employees of one or more employers or for the benefit of the members of a union or unions, whether or not such benefits are payable through a trustee" to be deducted from the gross amount of premiums received on those policies. This deduction does not include all group business. Only lines 1, 2 and 3 above will be considered for benefit deductions.

- 1) Employer groups the master policy is issued to the employer and the coverage extends to employees of that employer or employees of recognized subsidiaries of the employer.
- 2) Union groups the master policy is issued to the Union Board of Directors or a designated trustee. Coverage extends to dues-paying members of the trade or labor union.
- 3) Multiple Employers Trusts the group exists under a trust agreement. The trustee holds the master policy and certificates of coverage are issued to employees of small employers. Usually the employer will be a business with five (5) or less employees. Such trusts may have numerous small businesses participating in the insurance plan.
- 4) Association groups this group consists of dues paying members of a recognized association. The association has by-laws and exists for reasons other than obtaining insurance.
- 5) Fictitious group trusts this group has no real nexus and is used only for the purpose of obtaining or distributing insurance. The master policy is issued to a trustee pursuant to a contract with the underwriting insurer. Certificates are then issued to any individual who applies to the trust for insurance.
- 6) Blanket groups a blanket policy is issued to a single policyholder. The policy insures all individuals meeting the eligibility requirements set out in the policy. The insurer may not receive a name list of insureds. The group consists only of the class subject to the hazard insured against in the policy (i.e. student accident, sports teams, scout troops).

Not all policies reported on line 13 of the annual statement Missouri page 19 have benefits paid that are eligible under section 148.390 RSMo. Only benefits payments "on policies or contracts providing health insurance benefits for the benefit of some or all of the employees of one or more employers or for the benefit of the members of a union or unions" are eligible for section 148.390 credit. For example, benefits paid under credit disability and disability income (benefit payments are not health insurance benefits) are not eligible for section 148.390 credit.

A COPY OF YOUR SUPPLEMENT TO MO PAGE 19 MUST BE ATTACHED IN ORDER TO ALLOW THIS DEDUCTION.

MO 375-0409 (11-15)

COMPANY NAME	NAIC NO.

RECEIPT SCHEDULE

Complete the following receipt schedule and attach copies of receipts in order to support credits taken for items shown on pages 2, 3 and 4.

DATE PAID PAYEE AMOUNT PAID

PREMIUM TAX RETURN CHECK LIST

Please verify that the following items have been completed, or are being submitted with your 2015 Premium Tax Return, which is due March 1, 2016. To ensure that your tax return and supporting documentation remains together through mailing and processing, please securely staple or binder clip the documentation.

Make sure the front page is filled out completely, and that it is signed and notarized.
Send a copy of your Schedule T.
Send a copy of your Missouri Page 19.
Send a copy of your Missouri Supplement to Page 19. If needed, a blank supplement form and instructions can be found on our website at www.insurance.mo.gov ; see Industry/Forms/Statistics. For questions pertaining to the Missouri Supplement, you may call (573) 751-3163. A copy of your Missouri Supplement to Page 19 is required, along with completing page 8 of the tax return, if you are taking the deduction for Health Insurance Benefits (Losses) for Employer Groups and Union Groups on page 2, line 1d.
Send copies of invoices and cancelled checks for any exam fees taken as credit (both current year and carryover amounts).
Send a copy of your company's annual Missouri Secretary of State Registration Fee invoice, along with proof of payment during 2015, to receive this credit. Late payment penalties are not allowed to be included in the credit taken on the return. If you have any questions regarding the filing and payment of your annual registration fee, you can contact the Missouri Secretary of State's Office at (866) 223-6535.
Send copies of receipts and cancelled checks for any Missouri Health Insurance Pool credit taken.
Send copies of paid personal property tax receipts, or send copies of tax receipts with supporting cancelled check copies for any personal property tax taken as a credit. The tax receipts must be in your company's name, and show that it was paid in 2015.
Send copies of Certificates of Contribution for any Missouri Property and Casualty Guaranty Association credits taken. Complete page 7 of the tax return, listing the credits under the appropriate years and types.
Send approved credit receipts from the issuing agencies for credits taken on page 2, line 5 (See item below for Low Income Housing Credit). Discrepancies in reporting credits on the appropriate lines may delay the use of the credits.
Submit K-1's, eligibility statements, Form 8609's (first year) and Schedule A's/Form 8609A's in order to take the Low Income Housing credit on your premium tax return. You will also need to submit a spreadsheet listing each low income housing credit and how it is distributed for each building. DO NOT round the amounts distributed to each company or individual to the nearest dollar (round to the nearest penny). If the information is not complete with signatures and dates, the credit will be disallowed.
Send copies of receipts and cancelled checks for any other credits taken on the premium tax return. Make sure that invoices are in your company's name, and that the proof of payment documentation shows payment during 2015.
Send copies of receipts and cancelled checks for any amounts reported on the Missouri column of the Retaliatory Comparison page.
For all taxes, fees, and assessments which a hypothetical Missouri company operating in your domicile state would be subject to, you need to submit copies of invoices, assessments, or tax documents along with your calculations based on your Missouri premium. This information will be used in the retaliatory comparison.
Send a copy of your state of incorporation's tax return completed using your Missouri premium amount/mix to show what a hypothetical Missouri company would pay for premium tax in your domicile state. If information required for completing your state of incorporation return is not available until a later date, (i.e. NY CT33, NY CT33M, IL1120) please note this on your return, and then submit the necessary documentation as soon as it is available.
Your company's 2015 Insurance Producers Report form was due by February 10, 2016. If this has not yet been submitted, please send the completed form now with your tax return.

If the above stated documentation is not submitted for credits claimed, the credits will be disallowed.