P.O. BOX 690 JEFFERSON CITY, MISSOURI 65102-0690

MAILING ADDRESS							
CONTACT PERSON	TELEPHONE NUMBER		E-MAIL ADDRESS				
NAIC NUMBER (GROUP-COMPANY) OR DIFP NUMBER							
The state of the s							
INSTRUCTIONS							
Tax returns are due March 1. No authority exists for granting extensions of time for filing the annual premium tax return, or for making payment of any of the quarterly tax assessments. Only one copy of the return needs to be filed with the Missouri Department of Insurance, Financial Institutions, and Professional Registration at P.O. Box 690, Jefferson City, MO 65102-0690. Be sure you have included your 9-digit NAIC number on the premium tax return and on ALL quarterly assessment forms. DO NOT file a copy of this return with the Missouri Department of Revenue.							
DO NOT send payment with this tax return. The March 1 quarterly payment for 2014 should be sent to the Missouri Department of Revenue, at P.O. Box 898, Jefferson City, MO 65105-0898 along with a copy of your completed March assessment form. A blank copy of the March assessment form will be sent to your company electronically 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 2013 annual tax reconciling payment will be included on your June 2014 assessment. DO NOT make a payment of the remainder of your 2013 annual tax until you receive the June assessment. Only use the quarterly assessment forms that are provided by the State of Missouri.							
Claims for refund of overpayment of tax must be filed with the Missouri Department of Revenue pursuant to 136.035 RSMo.							
See page 3 of this return for a checklist of necessary items to be included with this return. For frequently asked questions or forms, go to our website at www.insurance.mo.gov ; see Industry/Forms/Tax Forms. If you have any questions concerning this premium tax return, please call 573-526-4986, 573-751-1929 or 573-526-1589.							
NAME OF PRESIDENT		NAME OF SECRETARY					
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							
wherever written covering property and interest taxes, license fees, assessments and all other							
SIGNATURE OF PRESIDENT		SIGNATURE OF SECRETA		our ordens for the dialog years			
<u>'</u>		•					
COUNTY (OR CITY OF ST. LOUIS)	STATE OF			NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL			
	SUBSCRIBED AND SWORN BEFORE ME, THIS						
USE RUBBER STAMP IN CLEAR AREA BELOW.		DAY OF	YEAR				
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES				
	NOTARY PUBLIC NAME (TYPE	D OR PRINTED)					

NAME OF COMPANY

NAIC NO.

Report all Missouri direct premiums or assessments 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, service and finance charges. Commissions retained by agents shall also be included with your direct premium written.

1.	Total Direct Premiums or Assessments to Agree with Missouri F of Your Annual Statement (Column 1) (148.376 RSMo)						
	a. Plus Finance, Service or Other Carrying Charges (148.376	RSMo)	\$				
b. Less Dividends Paid or Credited or Refunds (Column 3) (148.376 RSMo) \$							
	c. Less Federally Reinsured Multiple Peril Crop Insurance (7 U.S.C. 1511)						
	d. Less first \$1,000,000 Exempted Premiums/Assessments (148.376 RSMo)\$						
		·					
	Net Premiums/Assessments Subject to Taxation						
2.	Amount of Premiums/Assessments Written between \$1,000,000 and \$5,000,000 \$						
3.	B. Tax at 1% of Line 2 (148.376 RSMo)\$						
4.	4. Amount of Premiums/Assessments Written in Excess of \$5,000,000 \$						
5.	Tax at 2% of Line 4 (148.376 RSMo)						
6.	Missouri Premium Tax (Line 3 plus Line 5)		\$				
	Credits Allowed	Total Credit Available					
٠.	Ordano Anomeu	For Current Year	On This Return				
	Income Tax (148.400 RSMo)		\$				
	Franchise Tax (148.400 RSMo)		\$				
	2013 Examination Fees (148.400 RSMo)	\$	\$				
	Examination Fee Carryover 2008-2012 (148.400 RSMo)		\$				
	Registration Fees - Paid in 2013 (148.400 RSMo)		\$				
	Personal Property Tax - Paid in 2013 (148.400 RSMo)	\$	\$				
	Missouri P & C Ins. Guaranty Assn. (375.774 RSMo)	\$	\$				
	Affordable Housing (32.111 RSMo)	\$	\$				
	Neighborhood Development (32.105 RSMo)	\$	\$				
	Neighborhood Assistance (32.115 RSMo)	\$	\$				
	Infrastructure Development (100.286 RSMo)	\$	\$				
	Enterprise Zone/Urban Redevelopment (135.225 RSMo)	\$	\$				
	Low Income Housing (135.352 RSMo)	\$	\$				
	Small Business Investment (135.403 RSMo)	\$	\$				
	Youth Opportunities (135.460 RSMo)	\$	\$				
	CAPCO Investment (135.503 RSMo)	\$	\$				
	Neighborhood Preservation (135.535 RSMo)	\$	\$				
	Domestic Violence Shelters (135.550 RSMo)	\$	\$				
	Maternity Home Facilities (135.600 RSMo)	\$	\$				
	Historic Structure Rehabilitation (253.550 RSMo)	\$	\$				
	Agricultural Utilization (348.430 RSMo)	\$	\$				
	New Generation Cooperative Incentive (348.432 RSMo)		\$				
	New Enterprise Creation (620.650 RSMo)		\$				
	OTHER		\$				
_	OTHER		\$				
8.	Net Missouri Tax (Round to nearest whole dollar)						

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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. Please complete the following information to support the credit amount shown on line 7 for premium tax credit.							
ASSESSMENT YEAR	ASSESSMENT AMOUNT	PERCENT	CREDIT				
2010		33.2%*					
2011		33.4%					
2012		33.4%					
TOTAL							
* <u>LESSER</u> OF 33.4% OR REMAINING BALANCE							

NAIC NO.

COMPANY NAME

PREMIUM TAX RETURN CHECK LIST

Please verify that the following items have been completed, or are being submitted with your 2013 Premium Tax Return, which is due March 1, 2014. Make sure the front page is filled out completely, and that it is signed and notarized. Send a copy of page 2 of your company's annual statement. Send copies of invoices and cancelled checks for any exam fees taken as a 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 2013, 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 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 2013. Send copies of Certificates of Contribution for any Missouri Guaranty Association credits taken. Complete the information on the top of this page, listing the credits under the appropriate years. Send approved credit receipts from the issuing agencies for credits taken on page 2, line 7 (See item below for further instructions 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 the invoices are in your company's name, and that the proof of payment documentation shows payment during 2013.

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

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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 page 2.

DATE PAID PAYEE AMOUNT PAID

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