MISSOURI INSURANCE TAXES FOR CALENDAR YEAR 2016 DUE MARCH 1, 2017



CHAPTER 380 MISSOURI MUTUAL COMPANIES MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

			JEFFERSON CITY	/, MISSOURI 65102-0690
NAME OF COMPANY				
MAILING ADDRESS				
CONTACT PERSON	TELEPHONE NUMBER		E-MAIL ADDRESS	3
NAIC NUMBER (GROUP-COMPANY) OR DIFP NUMBER				
	INSTRU	JCTIONS		
Tax returns are due March 1. No authority of payment of any of the quarterly tax asses Insurance, Financial Institutions, and Profes should be sent to 301 West High Street, Roo the premium tax return. To ensure that your please securely staple or binder clip the docu	esments. Only one cop ssional Registration at om 530, Jefferson City, tax return and support	by of the return nee P.O. Box 690, Jeffe MO 65101. Be sure ing documentation r	eds to be filed wit erson City, MO 65 e you have include emains together th	th the Missouri Department of 102-0690. Overnight deliveries ed your 9-digit NAIC number on nrough mailing and processing,
DO NOT send payment with this tax retu Revenue, at P.O. Box 898, Jefferson City, M of the March assessment form will be sent assessments will be sent to you electronica included on your June 2017 assessment. Do June assessment. Only use the quarterly	IO 65105-0898 along v to your company elec ally at least a month be D NOT make a payme	vith a copy of your of tronically in Decemb fore the due date. Int of the remainde	completed March a per. The June 1, 5 The 2016 annual t r of your 2016 an	assessment form. A blank copy September 1, and December 1 tax reconciling payment will be nual tax until you receive the
Claims for refund of overpayment of tax mu	st be filed with the Miss	souri Department of	Revenue pursuan	it to 136.035 RSMo.
See page 3 of this return for a checklist of r to our website at <u>www.insurance.mo.gov;</u> se please call 573-526-4986 or 573-751-1929.	-			
THE FOLLOWING SECTION IS REQUIRED	TO BE COMPLETED	AND NOTARIZED		
NAME OF PRESIDENT		NAME OF SECRETARY		
			a ativa ha af tha	
being duly sworn, on oath say that they are t	ne PRESIDENT and the	e SECRETARY, resp	ectively of the	
attached is a true, full and correct statement of wherever written covering property and intere taxes, license fees, assessments and all other	st in the State of Misso	uri without deduction	s except as thereir	n set forth and the amount of all
SIGNATURE OF PRESIDENT		SIGNATURE OF SECRET	ARY	
•		•		
COUNTY (OR CITY OF ST. LOUIS)	STATE OF			NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL
	SUBSCRIBED AND SWORN E			
USE RUBBER STAMP IN CLEAR AREA BELOW.	_	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	1	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYP	ED OR PRINTED)		_

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 I 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) (14	\$		
	c. Less Federally Reinsured Multiple Peril Crop Insurance (7	\$		
	d. Less first \$1,000,000 Exempted Premiums/Assessments (1	-		
_	Net Premiums/Assessments Subject to Taxation			
2.	Amount of Premiums/Assessments Written between \$1,000,00	0 and \$5,000,000	\$	
3.	Tax at 1% of Line 2 (148.376 RSMo)		\$	
4.	Amount of Premiums/Assessments Written in Excess of \$5,000	0,000	\$	
5.	Tax at 2% of Line 4 (148.376 RSMo)		\$	
6.	Missouri Premium Tax (Line 3 plus Line 5)		\$	
	Credits Allowed	Total Credit Available	Amount Deducted	
		For Current Year	On This Return	
	Income Tax (148.400 RSMo)		\$	
	Franchise Tax (148.400 RSMo)		\$	
	2016 Examination Fees (148.400 RSMo)	\$	\$	
	Examination Fee Carryover 2011-2015 (148.400 RSMo)		\$	
	Registration Fees - Paid in 2016 (148.400 RSMo)		\$	
	Personal Property Tax - Paid in 2016 (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		\$	
Q	OTHER Net Missouri Tax (Round to nearest whole dollar)		\$ \$	

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			
2013		33.2%*				
2014		33.4%				
2015		33.4%				
TOTAL						
* <u>LESSER</u> OF 33.4% OR REMAINING BALANCE						

PREMIUM TAX RETURN CHECK LIST

Please verify that the following items have been completed, or are being submitted with your 2016 Premium Tax Return, which is due March 1, 2017. 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, ar	nd that it is signed	and notarized.
_	mane bare the north page	/ io iiiioa oat	oomprotory, a	la that it io orginoa	

	Send a	а сору	of page	2	of	your	company	/'s	annual	statement	t.
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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 2016, 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 2016.
- 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 2016.

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

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