



MISSOURI DEPARTMENT OF INSURANCE,  
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
**CAPTIVE INSURANCE PREMIUM TAX RETURN**  
**FOR CALENDAR YEAR ENDED**

**MAIL REPORT TO:**  
 MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL  
 INSTITUTIONS & PROFESSIONAL REGISTRATION  
 P.O. BOX 690  
 JEFFERSON CITY, MO 65102

**RETURN DUE DATE: FEBRUARY 1**

PRINT OR TYPE COMPLETE NAME AND ADDRESS BELOW	DATE ORGANIZED
	UNDER THE LAWS OF THE STATE OF
	FEDERAL ID #
	DATE FIRST LICENSED TO DO BUSINESS IN MO

**COMPUTATION OF TAX DUE ON DIRECT INSURANCE**

1. Gross direct premiums collected or contracted for . . . . \$ . . . . .	1.
2. Other charges (please specify) . . . . \$ . . . . .	2.
3. TOTAL PREMIUMS (add Lines 1 & 2) . . . . \$ . . . . .	3.
4. Return Premiums . . . . \$ . . . . .	4.
5. NET TAXABLE PREMIUMS (subtract Line 4 from Line 3). . . . \$ . . . . .	5.
6. TAX on Direct Insurance Premiums (See Direct Rate Schedule on reverse side) . . . . \$ . . . .	6.
7. TAX on Reinsurance Premiums (from Line 16) . . . . \$ . . . . .	7.
8. TAX before license fee credit (add Lines 6 & 7)	
If the sum of Lines 6 & 7 is more than \$200,000, enter \$200,000	
If the sum of Lines 6 & 7 is less than \$7,500, enter \$7,500	
Otherwise, enter the sum of Lines 6 & 7 . . . . \$ . . . . .	8.
9. Less License Fee Credit. . . . \$ . . . . .	9.
10. TOTAL TAX DUE (subtract line 9 from line 8) . . . . \$ . . . . .	10.

**COMPUTATION OF TAX DUE ON REINSURANCE**

11. Assumed Reinsurance Premiums collected or contracted for . . . . \$ . . . . .	11.
12. Other charges (please specify) . . . . \$ . . . . .	12.
13. TOTAL ASSUMED REINSURANCE PREMIUMS (Add Lines 11 & 12). . . . \$ . . . . .	13.
14. Return premiums . . . . \$ . . . . .	14.
15. NET ASSUMED REINSURANCE PREMIUMS (subtract Line 14 from Line 13) . . . . \$ . . . .	15.
16. Enter amount due from Tax Rate Schedule (enter here and on Line 7) . . . \$ . . . . .	16.

**UNSIGNED RETURNS WILL BE RETURNED**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURE OF RESPONSIBLE OFFICER	PRINTED NAME	TITLE	DATE
SIGNATURE OF PREPARER OTHER THAN OFFICER	PRINTED NAME		DATE
TITLE/FIRM NAME	PREPARER'S TELEPHONE NUMBER	EMAIL ADDRESS	

## TAX RATE SCHEDULES

### *DIRECT RATE*

If Line 7 is \$20 million or less, multiply Line 7 by .0038

Over \$20 million but not more than \$40 million, tax rate for the excess over \$20 million is .00285.

Over \$40 million but not more than \$60 million, tax rate for the excess over \$40 million is .0019.

Over \$60 million tax rate for the excess over \$60 million is .00072.

### *ASSUMED RATE*

If Line 18 is \$20 million or less, multiply Line 18 by .00214.

Over \$20 million but not more than \$40 million, tax rate for the excess over \$20 million is .00143.

Over \$40 million but not more than \$60 million, tax rate for the excess over \$40 million is .00048.

Over \$60 million tax rate for the excess over \$60 million is .00024.

## INSTRUCTIONS

Two or more captive insurance companies under common ownership and control may file a single return and pay tax as a single captive insurance company (e.g., the minimum tax entered on line 8 of a combined return will be \$7,500.00; the maximum will be \$200,000.00). Attach a list of all captive insurance companies included on the return. Common ownership and control means, in the case of stock corporations, the direct or indirect ownership of 80% or more of the outstanding voting stock or two or more corporations by the same shareholder(s) and, in the case of mutual corporations, the direct or indirect ownership of 80% or more of the surplus and voting power of two or more corporations by the same member(s).

Special Purpose Life Reinsurance Captives do not collect or contract for direct premiums. Accordingly, a Special Purpose Life Reinsurance Captive should ignore Lines 1 through 6 of the return.

The disclosure of your SSN or FID# is mandatory, authorized by 42 U.S.C. §405(c)(2)© and used to identify taxpayers affected by Missouri tax laws.

Return premiums (see Lines 4 and 14) include dividends on unabsorbed premiums or premium deposits returned or credited to policyholders.

No reinsurance premium tax is payable in connection with the receipt of assets in exchange for the assumption of loss reserves and other liabilities of another insurer under common ownership and control if the transaction is part of a plan to discontinue the operations of that insurer and if the parties intend to renew or maintain such business with the captive insurance company.

All direct premiums written by a Missouri Captive regardless of their taxability in another state are subject to tax by Missouri.

Upon receipt of a return, the Director of the Department of Insurance, Financial Institutions and Professional Registration shall verify the return and certify the amount of tax due on the basis of and at the rates provided in the return to the Director of Revenue on or before March 31. The Director of Revenue shall immediately thereafter notify and assess each company the amount of tax due. Do not include tax payment checks with this filing you will be invoiced if any amount is due.

A SPLRC will have an application fee of \$10,000.00 and a license fee of \$7,500.00 for its first year of operation, for a combined tax credit of \$17,500.00, which may be carried forward for up to five years if it exceeds the \$7,500.00 minimum tax. After the first year, a SPLRC will only have a renewal fee of \$7,500.00 for which it may take a tax credit. Other captives will have a credit for only \$7,500.00 annually for either the license or renewal fee. If two or more captives file a single return (see above), the maximum credit will be \$7,500.00

For assistance call: (573) 522-2563