



MISSOURI INSURANCE TAXES FOR CALENDAR YEAR 2009
DUE MARCH 1, 2010

LIFE INSURANCE COMPANIES

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 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 2010 should be sent to the Missouri Department of Revenue, 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 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 2009 annual tax reconciling payment will be included on your June 2010 assessment. **DO NOT make a payment of the remainder of your 2009 annual tax until you receive the June 2010 assessment. Only use the quarterly assessment forms that are provided by the State of Missouri.**

Claims for refund of tax overpayment must be filed with the Missouri Department of Revenue pursuant to 136.035 RSMo.

See page 9 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.

THE FOLLOWING SECTION IS REQUIRED TO BE COMPLETED AND NOTARIZED

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 Missouri direct premiums received during the year of 2009 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 EMBOSSE OR BLACK INK RUBBER STAMP SEAL
USE RUBBER STAMP IN CLEAR AREA BELOW.	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

Report the amount of Missouri direct premiums received, either in cash or notes, or both, and report the amount of dividends allowed policyholders for the year ending December 31, 2009. Missouri does tax commission retained by agents. This must be included with your direct premiums written.

After January 1, 1987, Missouri no longer taxes annuities. Use Line 1b to report the annuity considerations received by your company, and line 2g to deduct this amount out of taxable premium. Companies that have a Flexible Premium Deferred Annuity account on which prior tax had been deferred must continue to file the FPDA report and make payment of tax due on that account with respect to annuity considerations received before January 1, 1987.

1. a. Amount of Direct Life Premiums Received, Cash or Notes, or Both	\$ _____
b. Amount of Direct Annuity Consideration	\$ _____
c. Amount of Accident and Health Premiums	\$ _____
d. SUBTOTAL of Direct Premiums	\$ _____
e. Flexible Payment Deferred Annuities Account	\$ _____
Total Premiums	\$ _____

2. Deductions from Direct Premiums: Life, Annuity, Accident and Health

a. Dividends on Accident and Health Business	\$ _____
b. Dividends Paid in Cash or Left on Deposit	\$ _____
c. Dividends Applied to Pay Renewal Premiums	\$ _____
d. Dividends Applied to Provide Paid-up Additions or Shorten the Endowment or Premium Paying Period (Must be included in Item No. 1)	\$ _____
e. Retirement, Profit Sharing or Pension Plans (non-annuity) (Include backup documentation with return)	\$ _____
f. Health Insurance Benefits (Losses) for Employer Groups and Union Groups (Complete Group Accident and Health Loss Report on Page 7)	\$ _____
g. Exempt Annuity Consideration (Same amount as line 1b)	\$ _____
h. _____	\$ _____
i. _____	\$ _____
j. Title XVIII Medicare premiums	\$ _____
Total Deductions	\$ _____

3. Net Premiums Subject to Tax

\$ _____

4. **2% Tax on Net Premiums**

\$ _____

COMPANY NAME	NAIC NO.
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For lines 5a thru 5g, and for the first 2 items on line 7, you must provide proof of payment in the form of copies of the invoices and cancelled checks, or a copy of a paid receipt, for each credit being requested. For the remaining credits on line 7, you must provide the appropriate credit receipts from the issuing agencies for each credit being requested. See the checklist on page 9 for further instructions.

5. Credits Allowed	Total Credit Available For Current Year	Amount Deducted On This Return
a. Income Tax (148.400 RSMo)		\$ _____
b. Franchise Tax (148.400 RSMo)		\$ _____
c. 2009 Examination Fees (148.400 RSMo)	\$ _____	\$ _____
d. Valuation Fees (148.400 RSMo)		\$ _____
e. Registration Fees - Paid in 2009 (148.400 RSMo)		\$ _____
f. MO Health Insurance Pool (376.975 RSMo)	\$ _____	\$ _____
g. Examination Fee Carryover 2004-2008 (148.400 RSMo) ..	\$ _____	\$ _____
6. Net Tax To Be Carried Forward To Line 13, Page 4		\$ _____

7. Credits Allowed		
Personal Property Tax - Paid in 2009 (148.400 RSMo)		\$ _____
Missouri Life & Health Guaranty Assn. (376.745 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 (135.200 RSMo)	\$ _____	\$ _____
Low Income Housing (135.352 RSMo)	\$ _____	\$ _____
Small Business Investment (135.403 RSMo)	\$ _____	\$ _____
Youth Opportunities (135.460 RSMo)	\$ _____	\$ _____
CAPCO Investment (135.500 RSMo)	\$ _____	\$ _____
Neighborhood Preservation (135.535 RSMo)	\$ _____	\$ _____
Domestic Violence Shelters (135.550 RSMo)	\$ _____	\$ _____
Maternity Home Facilities (135.600 RSMo)	\$ _____	\$ _____
Historic Structure Rehabilitation (253.557 RSMo)	\$ _____	\$ _____
Agricultural Utilization (348.430 RSMo)	\$ _____	\$ _____
New Generation Cooperative Incentive (348.432 RSMo)	\$ _____	\$ _____
New Enterprise Creation (620.650 RSMo)	\$ _____	\$ _____
OTHER _____	\$ _____	\$ _____
OTHER _____	\$ _____	\$ _____
OTHER _____	\$ _____	\$ _____

8. Net Missouri Tax (Round to nearest whole dollar) **\$ _____**

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, 2010. 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 2009 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 2009 was due July 1, 2009. The Annual Renewal Fee amount for Foreign Life Companies has been preprinted on line 1 in the Missouri column.

	State of Missouri Basis	State of Incorporation Basis
1. Filing Annual Statement/Annual Filing Fee	\$ <u>1,500</u>	\$ _____
2. Filing Renewal Application for Certificate of Authority		\$ _____
3. Filing Any Other Paper Required to be Filed - \$50 Each		\$ _____
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)		\$ _____
5. Registration Fee - Paid in 2009 (Secretary of State)	\$ _____	\$ _____
6. Valuation Fees	\$ _____	\$ _____
7. Municipal License Fees	\$ _____	\$ _____
8. Income Tax	\$ _____	\$ _____
9. Franchise Tax	\$ _____	\$ _____
10. 2009 Examination Fees	\$ _____	\$ _____
11. Other (List) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
12. Other Taxes (Specify) _____	XXXXXXXXXXXXX	\$ _____
_____	XXXXXXXXXXXXX	\$ _____
_____	XXXXXXXXXXXXX	\$ _____
13. Premium Tax, (MO column from Line 6, Page 3)	\$ _____	\$ _____
14. TOTAL TAXES, LICENSES AND FEES	(a) \$ _____	(b) \$ _____
15. Retaliatory Tax Amount Before Credits [Subtract Line 14 (a) from Line 14 (b)]		\$ _____
16. Credit Allowed - New Market		\$ _____
17. Retaliatory Tax Amount (Round to nearest whole dollar)		\$ _____

COMPANY NAME	NAIC NO.
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CREDITS FOR GUARANTY ASSOCIATION ASSESSMENTS

Credits for Missouri Life and Health Insurance Guaranty Association assessments begin the year after the year of assessment.

Only class B assessments made by the Missouri Life and Health Guaranty Association are deductible from premium tax at 20% for five years.

You must include copies of your certificates of contribution for guaranty association credit. Please list credits under appropriate year and type; do not combine assessments.

Please complete the following information to support the credit amount shown on line 7 for Missouri Life & Health Guaranty Association Credit.

ASSESSMENT YEAR	ASSESSMENT AMOUNT	PERCENT	CREDIT
2004 ANNUITY		20%	
2004 HEALTH		20%	
2004 LIFE		20%	
2005 ANNUITY		20%	
2005 HEALTH		20%	
2005 LIFE		20%	
2006 ANNUITY		20%	
2006 HEALTH		20%	
2006 LIFE		20%	
2007 ANNUITY		20%	
2007 HEALTH		20%	
2007 LIFE		20%	
2008 ANNUITY		20%	
2008 HEALTH		20%	
2008 LIFE		20%	
TOTAL			

COMPANY NAME	NAIC NO.
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REPORT OF FLEXIBLE PAYMENT DEFERRED ANNUITIES UNDER REGULATION 20 CSR 200-3.010

The 1986 Missouri Legislature amended Section 148.390 RSMo. to exempt all annuities written and renewals collected after January 1, 1987, from Missouri premium tax.

However, companies that have deferred payment of tax on flexible payment deferred annuities under Regulation 20 CSR 200-3.010 prior to January 1, 1987, will still be required to pay the tax on amounts in the FPDA account until the account has been reduced to zero. DO NOT ADD ADDITIONAL ANNUITY PREMIUMS TO THIS ACCOUNT BUT DO CONTINUE TO ADD DIVIDENDS AND INTERESTS EARNED TO THESE AMOUNTS IN THE "FROZEN" ACCOUNT.

If you wish to pay tax on the entire account balance, please state that this is your intention and report the entire account balance on line 1e.

Show NONE if you did not utilize Regulation 20 CSR 200-3.010.

Amount of funds in flexible payment deferred annuity account as of December 31, 2008	\$	
PLUS Interests and dividends earned on above amount during 2009 (See Note 1 below)	\$	*a
LESS		
Amount of flexible payment deferred annuities (Plus interests and dividends) annuitized during 2009	\$	*
Cash surrender values returned during 2009 (Note 2)	\$	*b
Annuity premium returned 2009 (Note 3)	\$	*b
Funds applied to administrative costs during 2009	\$	*
Balance in flexible payment deferred annuities account (This will be your beginning balance to be shown on your 2010 annuity report)	\$	

* These amounts should be included on line 1e of the 2009 tax return.

a This amount should be shown on line 2h as annuity deferred.

b These amounts should be shown on line 2i as returned annuity premium.

NOTE

1. Interest and dividends earned on flexible payment deferred annuity account balance as of December 31, 2008 for calendar year 2009.
2. Cash surrender values returned during 2009 (Funds upon which interest and dividends were added and administrative costs charged.).
3. Returned flexible payment deferred annuity premium returned during 2009 (Funds upon which no interest or dividends were added and no administrative charges made. Usually held by company for short time period.).

THIS REPORT PERTAINS ONLY TO YOUR MISSOURI FLEXIBLE PAYMENT DEFERRED ANNUITIES FOR WHICH YOU HAVE ELECTED TO USE REGULATION 20 CSR 200-3.010 TO DELAY PAYMENT OF PREMIUM TAX ON THE ACCOUNT AS OF DECEMBER 31, 1986, AND UPDATED THROUGH DECEMBER 31, 2009.

Report all annuities received by your company during 2009, including flexible premium deferred annuities, on line 1b of your premium tax return. Revisions of section 148.390 RSMo. exempts all annuities written and all renewals collected after January 1, 1987, from Missouri premium tax. Deduct these amounts on line 2g of the Missouri tax return.

If you have any questions, call the Missouri Department of Insurance, Financial Institutions and Professional Registration at 573-526-4986, 573-751-1929 or 573-526-1589.

NAME OF COMPANY	NAIC NO.
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GROUP ACCIDENT AND HEALTH LOSS REPORT

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
24. Group Accident and Health Policies					
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 24 of the annual statement Missouri page 24 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 24 MUST BE ATTACHED IN ORDER TO ALLOW THIS DEDUCTION.

COMPANY NAME	NAIC NO.
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RECEIPT SCHEDULE

Complete the following receipt schedule and attach copies of receipts in order to support credits taken for items shown on pages 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 2009 Premium Tax Return, which is due March 1, 2010.

- 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 24.
- Send a copy of your Missouri Supplement to Page 24. If needed, a blank supplement form and instructions can be found on our website at www.insurance.mo.gov; see Industry/Forms/Statistics. If you have questions pertaining to the Missouri Supplement, you may contact Theresa Case at (573) 526-3911. A copy of your Missouri Supplement to Page 24 is required, along with completing page 7 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 2f.
- Send documentation to support the amount taken for the Retirement, Profit Sharing, Pension Plans (non-annuity) deduction on page 2, line 2e.
- 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 2009, to receive this credit. If you pay online, the fee is \$20. If you pay by check, the fee is \$45. 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 they were paid in 2009.
- Send copies of Certificates of Contribution for any Missouri Life and Health Guaranty Association credits taken. Complete page 5 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 3, 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 amount 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 2009.
- 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 that 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 2009 Insurance Producers Report form was due by February 10, 2010. 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.