

PLACE MO BAR CODE LABEL HERE



MISSOURI INSURANCE TAXES FOR CALENDAR YEAR 2005  
DUE MARCH 1, 2006

**LIFE INSURANCE COMPANIES**

STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
P.O. BOX 690  
JEFFERSON CITY, MISSOURI 65102-0690

NAME OF COMPANY		
MAILING ADDRESS		
STATE OF INCORPORATION	NAIC NUMBER (GROUP-COMPANY)	IS YOUR COMPANY PART OF A HOLDING COMPANY SYSTEM?

**INSTRUCTIONS**

**Send receipts for any tax credits redeemed on the Premium Tax Return.** When no receipt accompanies the tax return, **SUCH AMOUNT WILL NOT BE ALLOWED** as a credit against premium taxes or will not be included in the total of the Missouri column of page 4. To receive credit for the disallowed amounts you must send appropriate receipts to the Missouri Department of Insurance.

Tax returns are due March 1. **No authority** exists for granting extensions of time for filing 2005 return or for payment of annual taxes or the quarterly installments due. The 2005 quarterly installments due were 25% of the prior year's tax per Missouri Statute. These quarterly payments were due March 1, June 1, September 1, and December 1. The fifth reconciling payment of the audited 2005 annual taxes will be included on your June 2006 assessment.

You will receive your notice of assessment of 2006 quarterly tax installments due from the Department of Revenue for these dates. **Please use these assessments to submit payments to the Missouri Department of Revenue.**

Only one copy of the return needs to be filed with the Missouri Department of Insurance at P.O. Box 690, Jefferson City, MO 65102-0690. **DO NOT** file a copy of this return with the Missouri Department of Revenue. Be sure you have included your 9-digit NAIC number on the premium tax return and on **ALL** quarterly assessment forms.

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

Staple a copy of your Missouri Supplement to Page 25 (MO 375-1802), a copy of your Missouri Page 25 and Schedule T from your Annual Statement to this return.

**Checks should NOT be sent with this tax return. The March 1 quarterly payment for 2006 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 March assessment form.**

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](http://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 573-522-2563.

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 2005, 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
------------------------	------------------------

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

COMPANY NAME		NAIC NO.
TAX RETURN CONTACT PERSON		TELEPHONE #

ATTACH a copy of your **Missouri Supplement to Page 25**, a copy of your **Missouri Page 25** and **Schedule T** of your Annual Statement to this return.

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, 2005. 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. The tax return includes a line to report the annuity considerations received by your company and another line to deduct this amount out of taxable premium. Companies who 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 Paidup 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) .... \$ \_\_\_\_\_
  - f. Health Insurance Benefits (Losses) for employer groups and union  
groups - per Group Accident & Health Loss Report on Page 7 ... \$ \_\_\_\_\_
  - g. Exempt Annuity Consideration (line 1b) ..... \$ \_\_\_\_\_
  - h. \_\_\_\_\_ ..... \$ \_\_\_\_\_
  - i. \_\_\_\_\_ ..... \$ \_\_\_\_\_
  - Total Deductions** ..... \$ \_\_\_\_\_
- 3. Net Premiums Subject to Tax ..... \$ \_\_\_\_\_

COMPANY NAME	NAIC NO.
--------------	----------

4. **2% Tax on Net Premiums** ..... \$ \_\_\_\_\_

5. <b>Credit allowed.</b> Photo-copies of receipts/cancelled checks must be attached to tax return.	Total Credit Available For Current Year	Amount Deducted On This Return
a. Income Tax (148.400 RSMo) .....		\$ _____
b. Franchise Tax (148.400 RSMo) .....		\$ _____
c. Examination Fees (148.400 RSMo) .....	\$ _____	\$ _____
d. Valuation Fees (148.400 RSMo) .....		\$ _____
e. Registration Fees (148.400 RSMo) .....		\$ _____
f. MO Health Insurance Pool (376.975 RSMo) .....	\$ _____	\$ _____
g. Examination Fee Carryover 2003-2004 credits (148.400 RSMo)		\$ _____

6. **Net Tax to be carried forward to Line 13, Page 4** ..... \$ \_\_\_\_\_

7. <b>Credits Allowed.</b> Attach Receipts. See #5 above.		
a. Personal Property Tax (148.400 RSMo) .....		\$ _____
b. Missouri Life & Health Guaranty Assn. Credit (376.745 RSMo)		\$ _____
c. Affordable Housing (32.111 RSMo) .....	\$ _____	\$ _____
d. Neighborhood Development (32.105 RSMo) .....	\$ _____	\$ _____
e. Neighborhood Assistance (32.115 RSMo) .....	\$ _____	\$ _____
f. Infrastructure Development (100.286 RSMo) .....	\$ _____	\$ _____
g. Development and Reserve (100.286 RSMo) .....	\$ _____	\$ _____
h. Export Finance Funds (100.286 RSMo) .....	\$ _____	\$ _____
i. BUILD Business Development (100.850 RSMo) .....	\$ _____	\$ _____
j. Mo Bonds Guarantee (100.297 RSMo) .....	\$ _____	\$ _____
k. New or Expanded Business Facility (135.110 RSMo) .....	\$ _____	\$ _____
l. Enterprise Zone/Urban Redevelopment (135.200 RSMo) .....	\$ _____	\$ _____
m. Special Needs Child (135.327 RSMo) .....	\$ _____	\$ _____
n. Low Income Housing (135.352 RSMo) .....	\$ _____	\$ _____
o. Small Business Investment (135.403 RSMo) .....	\$ _____	\$ _____
p. Youth Opportunities (135.460 RSMo) .....	\$ _____	\$ _____
q. CAPCO Investment (135.500 RSMo) .....	\$ _____	\$ _____
r. Neighborhood Preservation (135.535 RSMo) .....	\$ _____	\$ _____
s. Rebuilding Communities (135.535 RSMo) .....	\$ _____	\$ _____
t. Transportation Development (135.545 RSMo) .....	\$ _____	\$ _____
u. Domestic Violence Shelters (135.550 RSMo) .....	\$ _____	\$ _____
v. Maternity Home Facilities (135.600 RSMo) .....	\$ _____	\$ _____
w. Film Production Investment (135.750 RSMo) .....	\$ _____	\$ _____
x. Historic Structure Rehabilitation (253.557 RSMo) .....	\$ _____	\$ _____
y. Seed Capital/Innovations Investment (348.302 RSMo) .....	\$ _____	\$ _____
z. Agricultural Utilization (348.430 RSMo) .....	\$ _____	\$ _____
aa. New Generation Cooperative Incentive (348.432 RSMo) .....	\$ _____	\$ _____
bb. Redevelopment/Jobs Investment (447.708 RSMo) .....	\$ _____	\$ _____
cc. Remediation (447.708 RSMo) .....	\$ _____	\$ _____
dd. Demolition (447.708 RSMo) .....	\$ _____	\$ _____
ee. Small Business Incubator (620.495 RSMo) .....	\$ _____	\$ _____
ff. New Enterprise Creation (620.650 RSMo) .....	\$ _____	\$ _____
gg. Qualified Research (620.1039 RSMo) .....	\$ _____	\$ _____

8. **Net Missouri tax due (Round to nearest whole dollar)** ..... \$ \_\_\_\_\_

**RETALIATORY COMPARISON (375.916 RSMo.)**

In order to compute the retaliatory tax due, the Missouri Department of Insurance requires that you file with this Department a tax return that a hypothetical Missouri Insurance company would be required to file in your state of incorporation. Complete the return using the amount and mix of premiums that you are writing in **Missouri**. This return is to accompany your Missouri tax return on March 1st.

The retaliatory portion of the Missouri tax return compares the aggregate burden which would be placed upon your company by the State of Missouri with the aggregate burden which would be placed by your state of incorporation upon a hypothetical Missouri company doing the same amount of business that your company is doing in Missouri. Include ALL taxes, license fees, assessments, etc. that would be payable by a Missouri company doing business in your state during 2005.

Agent information on line 4 should reflect the Insurance Producers Report you submitted to us on or before February 10, 2006. Please include the fees charged by your state for new appointments, terminations, and renewals in your state of incorporation column, see page 8.

Examination fees — If in your state of incorporation the insurer bears the cost of examinations, examination fees would be a burden upon a Missouri company operating in your state. Examination fees paid to the State of Missouri should be listed on line 10 in both the Missouri column and state of incorporation column. Alternatively, you may calculate the cost of examinations such as those which were conducted for your company operating in Missouri for a hypothetical Missouri company of a comparable size operating in your state of incorporation. This calculation should be based upon the number of man-hours required for the Missouri examination. This calculation, rather than the Missouri examination fee cost, may be listed on line 10 in the state of incorporation column. Should you choose to calculate the cost of examination for a hypothetical Missouri company operating in your state, you should show your calculations of this amount.

Foreign Life Insurance Companies — Your Annual Renewal Fees paid on July 1, 2005 were \$800. You should receive an invoice for the 2006 Annual Renewal Fee approximately July 1, 2006. DO NOT include this amount with your tax payment.

**Please report ALL taxes, fees, and assessments to which a Missouri company operating in your state would have been subject to during the 2005 calendar year.**

**READ INSTRUCTIONS CAREFULLY - ATTACH RECEIPTS**

	State of Missouri Basis	State of Incorporation Basis
1. Filing Annual Statement . . . . .	\$ _____	\$ _____
2. Filing Renewal Application for Certificate of Authority . . . . .	_____	_____
3. Filing any other paper required to be filed - \$50 each . . . . .	_____	_____
4. Agents: Missouri Appointments _____ @ your state's rate _____		
Missouri Terminations _____ @ your state's rate _____		
Total Missouri Renewals _____ @ your state's rate _____		
5. Registration Fee (Secretary of State - \$45.00) . . . . .	_____	_____
6. Valuation Fees . . . . .	_____	_____
7. Municipal License Fees . . . . .	_____	_____
8. Income Tax . . . . .	_____	_____
9. Franchise Tax . . . . .	_____	_____
10. Examination Fees . . . . .	_____	_____
11. Other (List) _____ . . . . .	_____	_____
_____ . . . . .	_____	_____
_____ . . . . .	_____	_____
12. Other Taxes (Specify) _____ . . . . .	XXXXXXXXXXXXXX	_____
_____ . . . . .	XXXXXXXXXXXXXX	_____
_____ . . . . .	XXXXXXXXXXXXXX	_____
13. Premium Tax, (MO column from Line 6, Page 3) . . . . .	_____	_____
<b>14. TOTAL TAXES, LICENSES AND FEES . . . . .</b>	<b>(a) _____</b>	<b>(b) _____</b>
15. Retaliatory Tax Amount [Subtract Line 14 (a) from Line 14 (b)] Round to nearest whole dollar.		\$ _____

COMPANY NAME	NAIC NO.
--------------	----------

**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 7b. for premium tax credit.

ASSESSMENT YEAR	ASSESSMENT AMOUNT	PERCENT	CREDIT
2000 ANNUITY		20%	
2000 HEALTH		20%	
2000 LIFE		20%	
2001 ANNUITY		20%	
2001 HEALTH		20%	
2001 LIFE		20%	
2002 ANNUITY		20%	
2002 HEALTH		20%	
2002 LIFE		20%	
2003 ANNUITY		20%	
2003 HEALTH		20%	
2003 LIFE		20%	
2004 ANNUITY		20%	
2004 HEALTH		20%	
2004 LIFE		20%	
<b>TOTAL</b>			

## REPORT OF FLEXIBLE PAYMENT DEFERRED ANNUITIES UNDER REGULATION 20 CSR 200-3.010

COMPANY NAME	NAIC NO.
<p>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.</p> <p>However, companies who 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.</p> <p>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.</p> <p>Show NONE if you did not utilize Regulation 20 CSR 200-3.010.</p>	
Amount of funds in flexible payment deferred annuity account as of December 31, 2004	\$
<b>PLUS</b> Interests and dividends earned on above amount during 2005 (See Note 1 below)	\$ *a
<b>LESS</b>	
Amount of flexible payment deferred annuities (plus interests and dividends) annuitized during 2005	\$ *
Cash surrender values returned during 2005 (Note 2)	\$ *b
Annuity premium returned 2005 (Note 3)	\$ *b
Funds applied to administrative costs during 2005	\$ *
Balance in flexible payment deferred annuities account. (This will be your beginning balance to be shown on your 2006 annuity report.)	\$
<p>* These amounts should be included on line 1e of the 2005 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.</p>	
<p><b>NOTE</b></p> <ol style="list-style-type: none"> <li>Interest and dividends earned on flexible payment deferred annuity account balance as of December 31, 2004 for calendar year 2005.</li> <li>Cash surrender values returned during 2005 (funds upon which interest and dividends were added and administrative costs charged)</li> <li>Returned flexible payment deferred annuity premium returned during 2005 (funds upon which no interest or dividends were added and no administrative charges made. Usually held by company for short time period.)</li> </ol> <p>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, 2005.</p> <p>Report all annuities received by your company during 2005 including flexible premium deferred annuities, on line 1 b 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 2 g of the Missouri tax return.</p> <p>If you have any questions call the Missouri Department of Insurance at 573-526-4986, 573-751-1929 or 573-522-2563.</p>	

NAME OF COMPANY	NAIC NO.
-----------------	----------

**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
<b>24. Group Accident and Health Policies</b>					
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 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 25 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 25 MUST be attached in order to allow this deduction.**

**AGENTS REPORT**

Complete according to **Insurance Producers Report** filed with us on or before February 10.

Amounts reported here should be reported on page 4, line 4 of the Retaliatory Comparison.

- 1) Producer appointments made during 2005 in Missouri ..... January 1 - December 31 \_\_\_\_\_
- 2) Producer terminations during 2005 in Missouri ..... January 1 - December 31 \_\_\_\_\_
- 3) Total producers licensed in Missouri as of December 31, 2005 ..... \_\_\_\_\_

If your state of domicile would charge a Missouri company an annual renewal fee for agents licensed, a fee for new agent appointments, and/or a fee for agent terminations, report the correct number of each of the above at the fees charged by your state on page 4, line 4 in the State of Incorporation column of the Retaliatory Comparison.

Please explain the method of calculation of your agent fees shown on line 4, page 4 if there are any variances.

**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.

<u><b>DATE PAID</b></u>	<u><b>PAYEE</b></u>	<u><b>AMOUNT PAID</b></u>
-------------------------	---------------------	---------------------------

## PREMIUM TAX RETURN CHECK LIST

The following items should be included with your 2005 premium tax return, which is due March 1, 2006. If receipts and/or canceled checks are not included for the credit(s) you claim on your Premium Tax Return, the credit(s) will be disallowed. Also, be sure to submit your Insurance Producers Report (included with this packet) to us by February 10th.

- Bar Code for the premium tax return.
- A copy of your Missouri Page 25.
- A copy of your Missouri Supplement to Page 25. A blank Missouri Supplement is sent to you on November 15th of each year and is to be completed and returned by March 1 of the following year to the Statistical Section of the Missouri Department of Insurance. A blank Supplement and Instructions can be found on the MDI website ([Insurance.mo.gov](http://Insurance.mo.gov)) click on Industry/Forms and scroll down to Statistics section. If you have any questions pertaining to the Missouri Supplement you may contact Theresa Case at (573) 526-3911.
- A copy of your Schedule T.
- A copy of your State of Incorporation's Tax return completed using Missouri Premium.
- Support for the deduction taken on page 2 line 2e. for the Retirement, Profit Sharing, Pension Plans (non-annuity).
- Missouri Supplement to Page 25 must be submitted with the return and page 7 of the return must be completed in order to receive a deduction for the Health Insurance Benefits (Losses) for employer groups and unions on page 2, line 2f.
- Copies of receipt(s) and canceled check(s) for any exam fees taken as a credit.
- Copy of a receipt and/or copy of canceled check used to pay 2005 registration fee. Do not send a check for \$45.00 to the Missouri Department of Insurance. This \$45.00 fee is due April 15th each year and is payable to the Missouri Secretary of State. 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 report/fee you can contact the Missouri Secretary of State's Office at (866) 223-6535.
- Copies of receipt(s) or canceled check(s) for any MO Health Insurance Pool credit taken.
- Copies of paid personal property tax receipt(s) or tax billing(s) with supporting canceled check copy(s) showing date paid for any personal property tax taken as a credit.
- Copies of Certificates of Contribution for any MO Guaranty Association credit(s) taken. List the credits under the appropriate years and types on the premium tax return page labeled Credits for Guaranty Association Assessments.
- Copies of spreadsheet showing partners, K-1's, eligibility statements, form 8609's and Schedule A's must be submitted to take the Low Income Housing Credit on your Premium Tax return. If information is not complete with signatures the credit will be disallowed.
- Approved credit receipt(s) from issuing agency(s) for credit(s) taken on lines 7c thru 7gg. See item above for Low Income Housing Credit.
- Copies of receipt(s) and canceled check(s) for any other credit(s) taken on the premium tax return.
- Copies of receipt(s) and canceled check(s) for amounts in MO column of the Retaliatory Comparison page.

**Be sure to include the following in the state of incorporation column on the Retaliatory Comparison Page 4 of the Missouri Premium Tax Return (attach your state's hypothetical return for support):**

- Annual Statement fee
- Certificate of Authority renewal fee
- Your state's producer information from the Insurance Producers Report form submitted by your company (due by February 10).
- Any fees for assessments that would be charged to a Missouri Company doing business in your state of domicile using your Missouri premiums to calculate the assessments.

**STAPLE HERE**

Attach the following behind the Missouri tax return:

- hypothetical state of domicile tax return completed using your Missouri business
- copies of receipts for all tax credits
- copies of your annual statement Missouri page, a copy of your Page 25 Supplement, and a copy of your annual statement Schedule T.

Complete your state of domicile tax return on the basis of your Missouri business as if you were a Missouri domiciled company doing business in your state. All assessments, fees, and taxes which would be charged a Missouri company should be included for retaliatory purposes. If information required to complete your state of incorporation return is not available until a later date (i.e. NY CT-33, IL Corporate Income & Replacement Income) please complete and file as soon as possible.



