MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE MISSOURI INSURANCE TAXES FOR CALENDAR YEAR 2025 DUE MARCH 1, 2026

CASUALTY INSURANCE COMPANIES

MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE 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-COMP) | ANY) | IS YOUR COMPANY | PART OF A HOLDING COMPANY SYSTEM? | | |
| | INSTRU | ICTIONS | | | | |
| Tax returns are due March 1. No authority of payment of any of the quarterly tax asses Commerce and Insurance at P.O. Box 690, J. Room 530, Jefferson City, MO 65101. Be so your tax return and supporting documentation documentation. DO NOT file a copy of this | sments. Only one cop lefferson City, MO 6510 ure you have included y in remains together thro | y of the return nee 2-0690. Overnight o our 9-digit NAIC nugh mailing and pro | eds to be filed with deliveries should be umber on the premit ocessing, please sec | the Missouri Department of sent to 301 West High Street, um tax return. To ensure that | | |
| per quarter - one for premium and retaliatory for 2026 should be sent to the Missouri Depa completed March assessment forms. A blant The June 1, September 1, and December 1 2025 annual tax reconciling payment will be | DO NOT send payment with this tax return. If your company writes workers' compensation premium, you will receive two assessments per quarter - one for premium and retaliatory tax, and one for workers' compensation administrative tax. The March 1 quarterly payment for 2026 should be sent to the Missouri Department of Revenue, P.O. Box 898, Jefferson City, MO 65105-0898 along with copies of your completed March assessment forms. A blank copy of the March assessment form will be sent electronically to your company in January. The June 1, September 1, and December 1 assessments will be sent to you electronically at least a month before the due date. The 2025 annual tax reconciling payment will be included on your June 2026 assessments. DO NOT make a payment of the remainder of your 2025 annual tax until you receive the June 2026 assessments. Only use the quarterly assessment forms that are provided | | | | | |
| Claims for refund of tax overpayment must be filed with the Missouri Department of Revenue pursuant to 136.035 RSMo. | | | | | | |
| | See page 10 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 Companies/Forms/Tax. If you have any questions concerning this premium tax return, please call 573-526-4986 or 573-751-1929. | | | | | |
| THE FOLLOWING OF STICKLIS DECLIDED | TO DE COMPLETED A | ND NOTABIZED | | | | |
| THE FOLLOWING SECTION IS REQUIRED NAME OF PRESIDENT | IO BE COMPLETED A | ND NOTARIZED NAME OF SECRETARY | | | | |
| | | | | | | |
| being duly sworn, on oath say that they are the | he PRESIDENT and the | SECRETARY, resi | pectively of the | | | |
| | | | | and that the | | |
| attached is a true, full and correct statement of | Missouri direct promium | e received during the | woor of 2025 and inc | | | |
| wherever written covering property and intere | | _ | - | | | |
| taxes, license fees, assessments and all other | | | • | | | |
| SIGNATURE OF PRESIDENT | | SIGNATURE OF SECRETA | ARY | • | | |
| | | | | | | |
| P | | • | | | | |
| COUNTY (OR CITY OF ST. LOUIS) | STATE OF | | | NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL | | |
| | SUBSCRIBED AND SWORN BI | EFORE ME, THIS | | | | |
| USE RUBBER STAMP IN CLEAR AREA BELOW. | | DAY OF | YEAR | | | |
| | NOTARY PUBLIC SIGNATURE | | MY COMMISSION EXPIRES | | | |
| | NOTARY PUBLIC NAME (TYPE | ED OR PRINTED) | 1 | - | | |

| COMPANY NAME | NAIC NO. |
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PREMIUM TAX - CHAPTER 148

Report for purposes of taxation, all Missouri direct premium 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, and service and finance charges. Commissions retained by agents shall also be included with your direct premium written.

| Т | otal Direct Premiums to Agree with Missouri Page (Page 19 | • | |
|----|--|--|-----------------|
| • | | | \$ |
| а | Plus Finance, Service or Other Carrying Charges | | \$ |
| b | 1 | | |
| С | | | o) \$ |
| d | Less Health Ins. Benefits (Complete Group Accid. & Hlth Los | s Report on pg. 8) | |
| | (148.390.2 RSMo) | | |
| е | Less Federally Reinsured Multiple Peril Crop Insurance (7 U. | 15 Table 1 Tab | |
| f. | Less Title XVIII Medicare Premiums (42 C.F.R. 422.404, etc. |) | \$ |
| N | et Premiums Subject to Taxation | | \$ |
| 2 | % Tax on Net Premiums (Line 2 times 2%) | | \$ |
| N | et Tax to be Carried Forward to Line 15, Page 4 (Same as L | ine 3) | \$ |
| С | redits Allowed | Total Credit Available | Amount Deducted |
| | | For Current Year | On This Return |
| Ir | come Tax (148.400 RSMo) | | \$ |
| | ranchise Tax (148.400 RSMo) | | |
| | 025 Examination Fees (148.400 RSMo) | | |
| | egistration Fees - Paid in 2025 (148.400 RSMo) | | |
| | O Health Insurance Pool (376.975 RSMo) | | |
| | xamination Fee Carryover 2020-2024 (148.400 RSMo) | | \$ |
| | edical Malpractice Joint Underwriting Assn. (383.160 RSMo) | | |
| | ersonal Property Tax - Paid in 2025 (148.400 RSMo) | | |
| | issouri P & C Ins. Guaranty Assn. (375.774 RSMo) | | \$ |
| | issouri Life & Health Guaranty Assn. (376.745 RSMo) | | \$ |
| | ffordable Housing (32.111 RSMo) | | \$ |
| | eighborhood Development (32.110 RSMo) | | \$ |
| | eighborhood Assistance (32.115 RSMo). | | ψ ¢ |
| | frastructure Development (100.286 RSMo) | | \$ ¢ |
| | nterprise Zone/Urban Redevelopment (135.225 RSMo) | | \$ e |
| | ow Income Housing (135.352 RSMo) | | \$ ¢ |
| | mall Business Investment (135.403 RSMo) | | \$ \$ |
| | outh Opportunities (135.460 RSMo) | | \$ \$ |
| | APCO Investment (135.503 RSMo) | | \$ \$ |
| | eighborhood Preservation (135.535 RSMo) | | φ ¢ |
| | omestic Violence Shelters (135.550 RSMo) | · ——— | Φ |
| | aternity Home Facilities (135.600 RSMo) | | \$ |
| | · | | \$ |
| | istoric Structure Rehabilitation (253.550 RSMo) | | \$ |
| | gricultural Utilization (348.430 RSMo) | | \$ |
| | ew Generation Cooperative Incentive (348.432 RSMo) | | \$ |
| | ew Enterprise Creation (620.650 RSMo) | | \$ |
| | THER | | \$ |
| C | THERTHER | | \$ |
| | | | \$ |

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

WORKERS' COMPENSATION ADMINISTRATIVE TAX - Chapter 287

(DO NOT Include Excess Workers' Compensation Premium)

Line 8 must agree with your Missouri Page 19 and also must be equal to the total of lines 9a, 10a, and 11a. A detailed listing is required for the amount on line 9a showing the years of Audited and/or Additional Premium (including Retrospective Adjustments) Collected on Policies with 2023 and Prior Effective, Renewal, or Anniversary Dates.

| 8. | Total Amount of Net Deposits, Net Premium, or Net Assessments Received, Whether in Cash or Notes, in This State or on Account of Business Done in This State (287.690.1 RSMo) | \$ |
|-----|--|-----------------------------|
| 9. | a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Collected on Policies with 2023 Effective, Renewal, or Anniversary Dates and Prior (287.690.1 RSMo) | \$ |
| | b. Less Dividends Paid or Credited (287.690.1 RSMo) | \$ |
| | c. Administrative Surcharge is Now Reported on Page 5 Pursuant to Section 287.717.3 RSMo | \$0.00 |
| | d. Total Amount | \$ |
| | e. Tax at 1.5% (287.690.1 RSMo) | \$ |
| 10. | a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Collected on Policies with 2024 Effective, Renewal, or Anniversary Dates (287.690.1 RSMo) | \$ |
| | b. Less Dividends Paid or Credited (287.690.1 RSMo) | \$ |
| | c. Administrative Surcharge is Now Reported on Page 5 Pursuant to Section 287.717.3 RSMo | \$0.00 |
| | d. Total Amount | \$ |
| | e. Tax at 1.5% (287.690.1 RSMo) | \$ |
| 11. | a. Total New, Audit and/or Additional Premium (including Retrospective Adjustments) Collected on Policies with 2025 Effective, Renewal, or Anniversary Dates (287.690.1 RSMo) | \$ |
| | b. Less Dividends Paid or Credited (287.690.1 RSMo) | \$ |
| | c. Administrative Surcharge is Now Reported on Page 5 Pursuant to Section 287.717.3 RSMo | \$0.00 |
| | d. Total Amount | \$ |
| | e. Tax at 1.5% (287.690.1 RSMo) | \$ |
| 12. | Tax Before Credits (Line 9e, plus 10e, plus 11e) | \$ |
| 13. | Net Tax to be Carried Forward to Line 16, Page 4 (Same as Line 12) | \$ |
| 14. | Credits Allowed | |
| | Income Tax (148.400 RSMo) | |
| | Franchise Tax (148.400 RSMo) | |
| | 2025 Examination Fees (148.400 RSMo) | |
| | Registration Fees - Paid in 2025 (148.400 RSMo) | |
| | Personal Property Tax Credit - Paid in 2025 (148.400 RSMo) | |
| 15. | Total Credits to be deducted from Line 13 | \$ |
| 16. | Net Missouri Workers' Compensation Administrative Tax Due (Line 13 less Line 15) | \$ |
| | (Ro | ound to the nearest dollar) |

| COMPANY NAME | STATE OF DOMICILE |
|--------------|-------------------|
| | |

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, 2026. 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 2025 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 2025 was due July 1, 2025. The annual renewal fee for Foreign Property & Casualty Companies, and also Foreign Title Companies is \$2,000. The annual renewal fee for Foreign Risk Retention Groups is \$100. Show these amounts on the State of Missouri column, line 1.

| | State of Missouri Basis | State of Incorporation Basis |
|-----|---|------------------------------------|
| 1. | Filing Annual Statement/Annual Filing Fee | \$ |
| 2. | Filing Renewal Application for Certificate of Authority | \$ |
| 3. | Filing Any Other Paper Required to be Filed | \$ |
| 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) | \$ |
| | (Res Non-Res Both) | \$ |
| PF | EMIUM TAX CREDITS SHOULD NOT BE INCLUDED IN THE RETALIATORY TAX CALCULATIO | NS. |
| 5. | Municipal License Fees \$ | \$ |
| 6. | Other \$ | \$ |
| 7. | Other \$ | \$ |
| 8. | Other \$ | \$ |
| 9. | Other \$ | \$ |
| 10. | Other \$ | \$ |
| 11. | Fire Marshal Tax | \$ |
| 12. | Ocean Marine Tax | \$ |
| 13. | Maintenance Taxes XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | \$ |
| 14. | Other Taxes (Specify) | \$ |
| | | \$ |
| | | \$ |
| 15. | Premium Tax (MO column from Line 4, Page 2) | \$ |
| 16. | Workers' Compensation Tax (MO from Line 13, Page 3) | \$ |
| 17. | TOTAL TAXES, LICENSES AND FEES | (b) \$ |
| 18. | Retaliatory Tax Amount Before Credits [Subtract Line 17(a) from Line 17(b)] | . \$ |
| 19. | Credit Allowed | \$ |
| 20. | Retaliatory Tax Amount (Round to nearest whole dollar) | \$ |

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

WORKERS' COMPENSATION ADMINISTRATIVE SURCHARGE (287.717.3 RSMo)

Pursuant to Section 287.717.3 RSMo, you are required to report the amount of premium that would have been paid for the deductible credit portion of the workers' compensation policies with deductible options. NOTE: The deductible credit portion of the policy is the "difference" between the premium that would be generated for a standard, guaranteed cost policy where no deductible option is offered and the premium that is actually generated when the deductible credit is applied to the policy. The total of Lines 2a, 3a, and 4a must agree with the amount actually reported on Line 1. A detailed listing is required for the amount on line 2a showing the years of Audited and/or Additional Premium (including Retrospective Adjustments) Collected with 2023 and Prior Effective, Renewal, or Anniversary Dates.

You will need to submit any/all algorithm(s) you are using for premium calculation, unless you are using the approved algorithm filed by the NCCI.

A link to the 2026 Quarterly Administrative Surcharge Report Form was included in the Annual Premium Tax Filing Instructions email that was sent in January. You will need to make copies of this form to submit to the Missouri Department of Revenue with your payment of any estimated quarterly administrative surcharge installments for 2026. The estimated quarterly installments are due to the Missouri Department of Revenue by March 1, June 1, September 1, and December 1. Please circle the appropriate reporting period on the form. You may obtain a copy of this form on our website at www.insurance.mo.gov; see Companies/Forms/Tax.

NO PAYMENT IS DUE with the tax return. You will receive a Notice of Workers' Compensation Administrative Surcharge Balance Due/Overpayment around the first of May. The Balance Due will need to be submitted by June 1, 2026, to the Missouri Department of Revenue along with a copy of the Notice of Workers' Compensation Administrative Surcharge Balance Due/Overpayment form. Overpayments may be applied according to RSMo 287.717.4.

| 1. | Total Amount of Premium Applicable to the Deductible Credit Portion of Policies in the 2025 Calendar Year | \$ |
|----|--|----|
| 2. | a. Total Audit and/or Additional Premium (including Retrospective Adjustments) Applicable to the Deductible Credit Portion of Policies with 2023 Effective, Renewal, or Anniversary Dates and Prior (287.716.2 RSMo) | \$ |
| | b. Workers' Comp Administrative Surcharge Rate at 1.5% (287.716.2 RSMo) | \$ |
| 3. | Total Audit and/or Additional Premium (including Retrospective Adjustments) Applicable to the Deductible Credit Portion of Policies with 2024 Effective, Renewal, or Anniversary Dates (287.716.2 RSMo) | \$ |
| | b. Workers' Comp Administrative Surcharge Rate at 1.5% (287.716.2 RSMo) | \$ |
| 4. | a. Total New, Audit and/or Additional Premium (including Retrospective Adjustments) Applicable to the Deductible Credit Portion of Policies with 2025 Effective, Renewal, or Anniversary Dates (287.716.2 RSMo). | \$ |
| | b. Workers' Comp Administrative Surcharge Rate at 1.5% (287.716.2 RSMo) | \$ |
| 5. | Net Workers' Compensation Administrative Surcharge Due (Line 2b, plus 3b, plus 4b) | \$ |

| OMPANY NAME | | | NAIC NO. |
|---|------------------------|-----------------------------------|--------------------------------------|
| AX CREDITS CLAIMED (148.400 RSM | Мо) | | |
| The following tax credits can be split beto amounts applied to each type of tax below | | compensation administrat | ive taxes. Please show the |
| | Total Credit Available | *Amount Applied to Premium Tax | **Amount Applied to Work Comp Tax |
| ncome Tax (148.400 RSMo) | | | |
| ranchise Tax (148.400 RSMo) | | | |
| 025 Examination Fees Only 148.400 RSMo) | | | |
| Registration Fees (148.400 RSMo) | | | |
| Personal Property Tax (148.400 RSMo) | | | |
| * Amounts in this column should be inclu ** Amounts in this column should be inclu | | | |

CREDITS FOR GUARANTY ASSOCIATION ASSESSMENTS (376.745.1 RSMo)

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

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 credits. Please list credits under appropriate year and type; do not combine assessments.

Please complete the following information to support the credit amount shown on Page 2, line 5 for premium tax credit.

| ASSESSMENT YEAR | ASSESSMENT AMOUNT | PERCENT | CREDIT |
|-----------------|-------------------|---------|--------|
| 2020 HEALTH | | 20% | |
| 2021 HEALTH | | 20% | |
| 2022 HEALTH | | 20% | |
| 2023 HEALTH | | 20% | |
| 2024 HEALTH | | 20% | |
| TOTAL | | | PAGE 0 |

MO 375-0409 (12-2025)

| COMPANY NAME | NAIC NO. |
|--------------|----------|
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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 payment. Credits are 33 1/3% for three years.

Copies of your Certificates of Contribution from the guaranty association must be included for each assessment. Please list credit under appropriate year and type; do not combine amounts.

The Missouri Property and Casualty Insurance Guaranty Association assessed member insurers of the workers' compensation insurance account on December 15, 2023. Because of the timing of the assessment, some insurers paid the assessment in calendar year 2023 while others paid in calendar year 2024. The timing of the payment of the assessment determines the "year of contribution" described in section 375.774.3, RSMo. Only those insurers that paid the assessment in calendar year 2023 may claim a credit under '2023 WORK. COMP.' below.

Please complete the following information to support the credit amount shown on Page 2, line 5 for premium tax credit.

| ASSESSMENT | ASSESSMENT AMOUNT | PERCENT | CREDIT |
|------------------|-------------------|---------|--------|
| 2022 AUTO | | 33.2%* | |
| 2022 OTHER | | 33.2%* | |
| 2022 WORK. COMP. | | 33.2%* | |
| 2023 AUTO | | 33.4% | |
| 2023 OTHER | | 33.4% | |
| 2023 WORK. COMP. | | 33.4% | |
| 2024 AUTO | | 33.4% | |
| 2024 OTHER | | 33.4% | |
| 2024 WORK. COMP. | | 33.4% | |
| TOTAL | | | |

^{*} LESSER OF .334 OR REMAINING BALANCE

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

GROUP ACCIDENT AND HEALTH LOSS REPORT (148.390 RSMo)

| 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 | 7 DIRECT LOSSES UNPAID |
|------------------------------------|--------------------------------|-------------------------------|------------------------------------|----------------------------|--------------------------------|------------------------------|
| GROUP ACCIDENT AND HEALTH POLICIES | | | | | | |
| 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 13 of the annual statement Missouri page 19 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 19 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 2, 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 2025 Premium Tax Return, which is due March 1, 2026. 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, and that it is signed and notarized. |
|--|
| Send a copy of your Schedule T. |
| Send a copy of your Missouri Page 19. |
| Send a copy of your Missouri Supplement to Page 19. If needed, a blank supplement form and instructions can be found on our website at www.insurance.mo.gov ; see Industry/Forms/Statistics. For questions pertaining to the Missouri Supplement, you may call (573) 751-3163. A copy of your Missouri Supplement to Page 19 is required, along with completing page 8 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 1d. |
| 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 2025, 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 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 it was paid in 2025. |
| Send copies of Certificates of Contribution for any Missouri Property and Casualty Guaranty Association credits taken. Complete page 7 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 2, line 5 (See item below 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 that invoices are in your company's name, and that the proof of payment documentation shows payment during 2025. |
| 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 which 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 2025 Insurance Producers Report form was due by February 10, 2026. 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.