



2003 Insurance Premium Tax

Print or type	Name of company		Minnesota tax ID	FEIN
	Street address or post office box		Email address	NAIC number
	City	State	Zip code	Contact person (please provide) Daytime phone ()
	New name or address if changed		Date licensed in Minnesota	Check here if you want forms mailed to you next year <input type="checkbox"/>

		A State/country of incorporation basis	B Minnesota basis
Figure your income	1 Minnesota fire and other premiums (see instructions)	1 _____	_____
	2 Life premiums	2 _____	_____
	3 Annuity considerations	3 _____	_____
	4 Accident, health and other premiums	4 _____	_____
	5 Total Minnesota direct business (add lines 1 through 4)	5 _____	_____
	6 Minnesota business assumed from unauthorized insurers (reinsurance) 6	_____	_____
	7 Current dividends applied (see instructions)	7 _____	_____
	8 Dividends previously left on deposit applied	8 _____	_____
	9 Other additions (itemize on a separate schedule)	9 _____	_____
	10 Gross taxable business (add lines 5 through 9)	10 _____	_____
Deductions	11 Direct ocean-marine premiums	11 _____	_____
	12 Deductible annuity considerations	12 _____	_____
	13 Dividends paid in cash (see instructions)	13 _____	_____
	14 Dividends to pay renewal premiums or reduce current premiums	14 _____	_____
	15 Dividends applied to provide extended and paid-up additions or shorten the premium paying period	15 _____	_____
	16 Dividends left on deposit to accumulate interest	16 _____	_____
	17 Unabsorbed portion of premiums credited to policyholders	17 _____	_____
	18 Other nontaxable business and dividends (attach a schedule)	18 _____	_____
	19 Total deductions (add lines 11 through 18)	19 _____	_____
	20 Net taxable business (subtract line 19 from line 10)	20 _____	_____
Continue on line 24 of page 2.			
Amount due or refund	21 Tax due (or overpaid). Enter amount from line 39	21 _____	_____
	22 Additional charge for underpaying estimated tax (from M11 worksheet)	22 _____	_____
	23 TOTAL AMOUNT DUE (or overpaid). Add lines 21 and 22	23 _____	_____
Check payment method: <input type="checkbox"/> Electronic payment <input type="checkbox"/> Check (attach Form PV42)			
Amount on line 23 to be credited to next year's estimated tax _____			
Amount on line 23 to be refunded _____			

*I declare that this return is correct and complete to the best of my knowledge and belief.
I confess judgment to the state of Minnesota for the amount of tax shown due to the extent not timely paid.*

Sign here	Authorized signature	Title	Date	Daytime phone ()	<input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.
	Signature of preparer	Print name	Date	Daytime phone ()	

Mail to: Minnesota Revenue, Mail Station 1780, St. Paul, MN 55145-1780. Do not send to Minn. Dept. of Commerce.

MINNESOTA • REVENUE
2003 Insurance Premium Tax (continued)

	A State/country of incorporation basis	B Minnesota basis
24 Net taxable business (enter amount from line 20)	24 _____	_____
25 Premium tax percentage rate*	25 _____ %	_____ %*
26 Premium tax liability (multiply line 24 by percentage on line 25)	26 _____	_____
27 Fire insurance tax liability (from line 12, Form M11A)	27 _____	_____
28 Other taxes (itemize on a separate schedule)	28 _____	_____
29 Total premium tax liability (add lines 26, 27 and 28)	29 _____	_____
30 Licenses and fees administered by Minnesota Department of Commerce and/or insurance department (from M11B, lines 11A and 11B)	30 _____	_____
31 Total taxes, licenses and fees (add lines 29 and 30)	31 _____	_____
32 Enter amount from line 31, Column A or B, whichever is greater	32 _____	_____
33 Total licenses and fees paid to Minnesota (from M11B, line 12)	33 _____	_____
34 Subtract line 33 from line 32 (if zero or less, skip lines 35 and 36, and enter this amount on line 37)	34 _____	_____
35 Minnesota guaranty fund association offset	35 _____	_____
36 Minnesota JUA assessment** (omit medical malpractice)	36 _____	_____
37 If line 34 is zero or less, enter the amount from line 34 on line 37. If line 34 is positive, subtract any amounts on lines 35 and 36 from line 34. If result is less than zero, enter zero	37 _____	_____
38 a. Prior year's overpayment a _____ b. Estimated payment March 17 . . . b _____ c. Estimated payment June 16 . . . c _____ d. Estimated payment Sept. 15 . . . d _____ e. Estimated payment Dec. 15 . . . e _____ Add lines 38a, b, c, d and e	38 _____	_____
39 Tax due (or overpaid) (subtract line 38 from line 37)	39 _____	_____

Figure your adjusted liability

Tax prepayments and amount due

* **Line 25—Tax rates for Minnesota basis** (check one and complete information requested)

- 1 percent for mutual insurance companies (domestic and foreign property and casualty with total assets of \$5 million or less) at the end of the calendar year.
Enter total assets at the end of the year _____
- 1.26 percent for mutual property and casualty companies with total assets greater than \$5 million at the end of the calendar year, but less than \$1.6 billion on Dec. 31, 1989.
Enter total assets at the end of the year _____
Enter total assets on Dec. 31, 1989 _____
- 2 percent for insurance companies not listed above.

** **Line 36**—Assessments paid to the Minnesota JUA under M.S. chapter 62I are deductible. Assessments paid to the medical malpractice JUA under M.S. chapter 62F are not deductible. If your state of incorporation allows the deduction for medical malpractice JUA, however, you may deduct the amount paid to Minnesota.