



# 2003 Insurance Premium Tax

Print or type	Name of company	Minnesota tax ID	FEIN		
	FIELD_1089334734659	FIELD_1089334734568	FIELD_1089334734580		
	Street address or post office box	Email address	NAIC number	State/country of incorporation	
	FIELD_1089334734682	FIELD_1089334734625	FIELD_1089334734530	FIELD_1089334734696	
	City	State	Zip code	Contact person (please provide)	Daytime phone
	FIELD_1089334734653	FIELD_1089334734693	55555_1089334734665	FIELD_1089334734526	
New name or address if changed	Date licensed in Minnesota	Check here if you want forms mailed to you next year <input type="checkbox"/>			
FIELD_1089334734551	FIELD_1089334734542				

		A State/country of incorporation basis		B Minnesota basis	
Figure your income	1	Minnesota fire and other premiums (see instructions)	1	FIELD_1089334734557	FIELD_1089334734545
	2	Life premiums	2	FIELD_1089334734627	FIELD_1089334734642
	3	Annuity considerations	3	FIELD_1089334734493	
	4	Accident, health and other premiums	4	FIELD_1089334734694	FIELD_1089334734698
	5	Total Minnesota direct business (add lines 1 through 4)	5	FIELD_1089334734614	FIELD_1089334734602
	6	Minnesota business assumed from unauthorized insurers (reinsurance)	6	FIELD_1089334734629	
	7	Current dividends applied (see instructions)	7	FIELD_1089334734638	FIELD_1089334734655
	8	Dividends previously left on deposit applied	8	FIELD_1089334734649	FIELD_1089334734588
	9	Other additions (itemize on a separate schedule)	9	FIELD_1089334734623	FIELD_1089334734572
	10	Gross taxable business (add lines 5 through 9)	10	FIELD_1089334734506	FIELD_1089334734562
Deductions	11	Direct ocean-marine premiums	11	FIELD_1089334734616	
	12	Deductible annuity considerations	12	FIELD_1089334734636	
	13	Dividends paid in cash (see instructions)	13	FIELD_1089334734549	FIELD_1089334734560
	14	Dividends to pay renewal premiums or reduce current premiums	14	FIELD_1089334734680	FIELD_1089334734590
	15	Dividends applied to provide extended and paid-up additions or shorten the premium paying period	15	FIELD_1089334734667	FIELD_1089334734537
	16	Dividends left on deposit to accumulate interest	16	FIELD_1089334734495	FIELD_1089334734509
	17	Unabsorbed portion of premiums credited to policyholders	17	FIELD_1089334734528	FIELD_1089334734677
	18	Other nontaxable business and dividends (attach a schedule)	18	FIELD_1089334734663	FIELD_1089334734688
	19	Total deductions (add lines 11 through 18)	19	FIELD_1089334734578	FIELD_1089334734592
	20	Net taxable business (subtract line 19 from line 10)	20	FIELD_1089334734612	FIELD_1089334734647

Continue on line 24 of page 2.

Amount due or refund	21	Tax due (or overpaid). Enter amount from line 39	21	FIELD_1089334734484
	22	Additional charge for underpaying estimated tax (from M11 worksheet)	22	FIELD_1089334734570
	23	<b>TOTAL AMOUNT DUE (or overpaid).</b> Add lines 21 and 22	23	FIELD_1089334734576
	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		FIELD_1089334734633		
Amount on line 23 to be refunded		FIELD_1089334734540		

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	FIELD_1089334734553	FIELD_1089334734534	FIELD_1089334734506	
		Print name	Date	Daytime phone	
	FIELD_1089334734473	FIELD_1089334734473	FIELD_1089334734506	FIELD_1089334734582	

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

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**2003 Insurance Premium Tax** (continued)

	A State/country of incorporation basis	B Minnesota basis
<b>24</b> Net taxable business (enter amount from line 20) . . . . .	<b>24</b> FIELD_1089334734480	FIELD_1089334734499
<b>25</b> Premium tax percentage rate* . . . . .	<b>25</b> FIELD_108933473465%	FIELD_10893347346%*
<b>26</b> Premium tax liability (multiply line 24 by percentage on line 25) . . . . .	<b>26</b> FIELD_1089334734600	FIELD_1089334734700
<b>27</b> Fire insurance tax liability (from line 12, Form M11A) . . . . .	<b>27</b> FIELD_1089334734618	FIELD_1089334734686
<b>28</b> Other taxes (itemize on a separate schedule) . . . . .	<b>28</b> FIELD_1089334734520	
<b>29</b> Total premium tax liability (add lines 26, 27 and 28) . . . . .	<b>29</b> FIELD_1089334734482	FIELD_1089334734524
<b>30</b> Licenses and fees administered by Minnesota Department of Commerce and/or insurance department (from M11B, lines 11A and 11B) . . . . .	<b>30</b> FIELD_1089334734661	FIELD_1089334734684
<b>31</b> Total taxes, licenses and fees (add lines 29 and 30) . . . . .	<b>31</b> FIELD_1089334734594	FIELD_1089334734608
<b>32</b> Enter amount from line 31, Column A or B, whichever is greater . . . . .		FIELD_1089334734671
<b>33</b> Total licenses and fees paid to Minnesota (from M11B, line 12) . . . . .		FIELD_1089334734651
<b>34</b> Subtract line 33 from line 32 (if zero or less, skip lines 35 and 36, and enter this amount on line 37) . . . . .		FIELD_1089334734489
<b>35</b> Minnesota guaranty fund association offset . . . . .		FIELD_1089334734522
<b>36</b> Minnesota JUA assessment** (omit medical malpractice) . . . . .		FIELD_1089334734535
<b>37</b> 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 . . . . .		FIELD_1089334734675
<b>38</b> a. Prior year's overpayment . . . . . a	FIELD_1089334734533	
b. Estimated payment March 17 . . . . . b	FIELD_1089334734468	
c. Estimated payment June 16 . . . . . c	FIELD_1089334734476	
d. Estimated payment Sept. 15 . . . . . d	FIELD_1089334734585	
e. Estimated payment Dec. 15 . . . . . e	FIELD_1089334734478	
Add lines 38a, b, c, d and e . . . . .		FIELD_1089334734501
<b>39</b> Tax due (or overpaid) (subtract line 38 from line 37) . . . . .	<b>39</b>	FIELD_1089334734503

Figure your adjusted liability

Tax prepayments and amount due

Enter on line 21 on page 1.

\* **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 . . . . . FIELD\_1089334734702
- 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 . . . . . FIELD\_1089334734640  
 Enter total assets on Dec. 31, 1989 . . . . . FIELD\_1089334734621
- 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.