

SECTION II - PREMIUM TAX

GROUP ACCIDENT AND HEALTH PREMIUMS

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
1.	Gross direct premiums received on Nebraska business	.00	.00
2.	Credit (group) premiums received on Nebraska business	.00	.00
3.	Dividends paid or credited to policyholders	.00	.00
4.	Other deductions applicable (Itemize on a separate schedule. Do not include tax deductions applicable under Line 26A and 26B)	.00	.00
5.	Net taxable premiums (Line 1 plus Line 2 minus Line 3 and Line 4)	.00	.00
6.	Tax rate applicable	.005	
7.	Tax (Multiply Line 5 by Line 6)	.00	.00

CREDIT INDIVIDUAL & ALL OTHER ACCIDENT AND HEALTH PREMIUMS

8.	Gross direct premiums received on Nebraska business (Medicare Part D premiums not taxed)	.00	.00
9.	Dividends paid or credited to policyholders	.00	.00
10.	Other deductions applicable (Itemize on a separate schedule. Do not include tax deductions applicable under Line 26A and 26B)	.00	.00
11.	Net taxable premiums (Line 8 minus Line 9 and Line 10)	.00	.00
12.	Tax rate applicable	.01	
13.	Tax (Multiply Line 11 by Line 12)	.00	.00

ALL OTHER PREMIUMS

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
14.	Gross direct premiums received on Nebraska business (California companies: Workers' Compensation premiums must include deductible amounts)	.00	.00
15.	Dividends paid or credited to policyholders	.00	.00
16.	Other deductions applicable (Must itemize on a separate schedule. Do not include tax deductions applicable under Line 26A and 26B)	.00	.00
17.	Net taxable premiums (Line 14 minus Line 15 and Line 16)	.00	.00
18.	Tax rate applicable	.01	
19.	Tax (Multiply Line 17 by Line 18)	.00	.00
20.	Premium tax (Sum of Line 7, Line 13 and Line 19)	.00	.00
21.	*Franchise Tax	N/A	.00
22.	Other tax (Include calculations on a separate schedule)	.00	.00
23.		.00	.00
24.		.00	.00
25.	Total premium tax (Sum of Lines 20 through 24)	.00	.00
26.	Tax deductions: (See Instructions) A. Guaranty fund assessments	.00	.00
	B. Community development	.00	.00
27.	Total tax deductions (Sum of Lines 26A and 26B)	.00	.00
28.	<u>NET PREMIUM TAX (LINE 25 MINUS LINE 27, IF LESS THAN ZERO, ENTER ZERO)</u>	.00	.00

***FRANCHISE TAX – Those companies whose state of domicile imposes a franchise tax in addition to premium tax or in lieu of a premium tax, attach on a separate schedule the tax form and/or computation of the franchise tax.**

SECTION III - FIRE INSURANCE TAX

A	B	C	D	E	F	G	H
Line of Business	Total Direct Premiums	Less Dividends	Net Direct Premiums	Nebraska Percent of Fire	Nebraska Fire Tax Premium	Domicile Percent of Fire	State of Domicile Fire Tax Premium
Fire				100%	.00	%	.00
Crop Hail				1%	.00	%	.00
Farmowners M.P.				45%	.00	%	.00
Homeowners M.P.				34%	.00	%	.00
Commercial M.P. (See Note 1 Below)				50%	.00	%	.00
Ocean Marine				10%	.00	%	.00
Inland Marine				15%	.00	%	.00
Auto Physical Damage				8%	.00	%	.00
Aircraft				10%	.00	%	.00
Other				%	.00	%	.00

Note 1: Line 5.1 from the Direct Business Page (non-liability portion)

29.	Total taxable premium	.00		.00
30.	Tax rate applicable	.0075		
31.	Fire insurance tax (Multiply Line 29 by Line 30)	.00		.00
32.	Other fire tax (Itemize, include calculations on a separate schedule)	.00		.00
33.		.00		.00
34.		.00		.00
35.	TOTAL FIRE INSURANCE TAX (SUM OF LINES 31 THROUGH 34, IF LESS THAN ZERO, ENTER ZERO)	.00		.00

SECTION IV - FEES

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
36.	Renewal of Certificate of Authority	100.00	.00
37.	Filing Annual Statement	200.00	.00
38.	Insurance Fraud Fee	100.00	.00
39.	Other fees (Itemize)	.00	.00
40.		.00	.00
41.	Total fees (Sum of Lines 36 through 40)	.00	.00

SECTION V – SUMMARY OF TAXES AND FEES

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
42.	Premium tax (Line 28)	.00	.00
43.	Fire insurance tax (Line 35)	.00	.00
44.	Fees (Line 41)	.00	.00
45.	Total taxes and fees (Sum of Lines 42 through 44)	.00	.00

46.	Total taxes and fees applicable (Greater of Nebraska basis or state of domicile basis Line 45)	.00
47.	Prepayments (April 15, June 15, September 15; payments and applied credits)	.00
48.	Unapplied credit balance	.00
49.	Total prepayments and unapplied credits (Line 47 plus Line 48)	.00
50.	Balance due (If Line 46 is greater than Line 49, enter amount. Enclose payment of this amount).	.00
51.	Overpayment (If Line 49 is greater than Line 46, enter amount here)	.00
52.	Amount to be refunded	.00
53.	Amount to be credited to 2009 prepayment	.00

CHECKLIST

	YES	NO
Copy of Schedule T of 2008 Annual Statement Attached?		
Copy of the Nebraska Business Page of the 2008 Annual Statement Attached?		
Check payable to Nebraska Department of Insurance Attached?		
Tax Return is Signed and Notarized?		