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|---|--|--|
| Nevada Department of Taxation 1550 College Parkway Ste 115 Carson City, NV 89706 Phone: (775) 684-2000 Fax: (775) 684-2020 | Due Date March 15, 2014 | Taxpayer ID: _____ Federal ID: _____ Premium Tax: _____ Retaliatory Tax: _____ Total Remittance: _____ |
|---|--|--|

ANNUAL INSURANCE PREMIUM TAX RECONCILIATION RETURN 2013
 DO NOT INCLUDE INDUSTRIAL INSURANCE (WORKERS COMPENSATION)

Departmental Use Only

Amount: _____
 Check No: _____
 PM Date: _____
 Initials: _____

See page 8 for line-by-line instructions

Net Quarterly Taxable Premiums

| | REPORTED | ACTUAL | |
|--|----------|--------|--|
| 1. March 31, 2013 | | | |
| 2. June 30, 2013 | | | |
| 3. September 30, 2013 | | | |
| 4. December 31, 2013 | | | |
| 5. Total Premiums/Considerations (Add Lines 1 through 4) OR <input type="checkbox"/> Annual Filer under \$2000 threshold | | | |
| 6. Total Premiums/Consideration (Must agree with Line 5 column B) | | | 6. <input style="width: 100px;" type="text"/> |
| 7. Gross Premium Tax (3.5% of Line 6 or 2% for RRG, if qualified) | | | 7. <input style="width: 100px;" type="text"/> |
| 8a. Home Office Credit, if qualified (NRS 680B.050) 50% or .5 of Line 7 <i>(Required documents must be attached)</i> | | | 8a. <input style="width: 100px;" type="text"/> |
| 8b. Amount of Ad Valorem Taxes Paid, if qualified for Home Office Credit (NRS 680B.050) | | | 8b. <input style="width: 100px;" type="text"/> |
| 8c. Max Credit Allowed (See Instructions) | | | 8c. <input style="width: 100px;" type="text"/> |
| 8d. Allowable Home Office Credit | | | 8d. <input style="width: 100px;" type="text"/> |
| 9. Subtotal of Premium Tax due for Calendar Year 2013 (Line 7 minus Line 8d) | | | 9. <input style="width: 100px;" type="text"/> |
| 10. Life/Health Guaranty Association Offset (NRS 686 C) | | | 10. <input style="width: 100px;" type="text"/> |
| 11. Property/Casualty Guaranty Association Credit (NRS 687 A) | | | 11. <input style="width: 100px;" type="text"/> |
| 12. Total Payments made with Quarterly Returns (Do Not Include Any Penalty and/or Interest) | | | 12. <input style="width: 100px;" type="text"/> |
| 13. Total Overpayment applied from previous years | | | 13. <input style="width: 100px;" type="text"/> |
| 14. Net Premium Tax Due | | | 14. <input style="width: 100px;" type="text"/> |
| 15. Penalty (See Instructions for rate) | | | 15. <input style="width: 100px;" type="text"/> |
| 16. Daily Interest. Premium Tax Due (Line 15) multiplied by .00049315068 times the number of days late | | | 16. <input style="width: 100px;" type="text"/> |
| 17. Total Premium Tax Due (Line 14 plus Lines 15 and 16) | | | 17. <input style="width: 100px;" type="text"/> |

If Line 17 results in an overpayment, the overpayment will be refunded.

Amount Request to be refunded

Please indicate if this company files any of the following returns (Please check all that apply)

Insurance Premium Tax Industrial Insurance Premium Tax Retaliatory Tax

A COPY OF THE NEVADA PAGE FROM THE ANNUAL NAIC STATEMENT MUST BE ATTACHED

A COPY OF THE SCHEDULE T FROM THE ANNUAL NAIC STATEMENT MUST BE ATTACHED

NRS REQUIRES THIS RETURN MUST BE SIGNED

I hereby declare under penalty of perjury that this premium tax report (including any accompanying schedules and statements) has been examined by me and is true, correct and complete report.

| | | | | |
|---|--|---|------|-----------|
| Signature of Taxpayer or Authorized Agent | Printed Name of Taxpayer of Authorized Agent | Email address of person responsible for completing return | Date | Telephone |
| | | | | |

**Nevada Department of Taxation Annual Reconciliation Return pg 2
 Summary of Schedules
 For Year Ending December 31, 2013**

Taxpayer ID: _____

See page 8 for line-by-line instructions

| | |
|--|--|
| 1. Taxable Life Insurance Premiums (Schedule A) | |
| 2. Taxable Accident and Health Premiums (Schedule B) | |
| 3. Taxable Annuity Premiums (Schedule C) | |
| 4. Taxable Property and Casualty Premiums (Schedule D) | |
| 5. Taxable Title Premiums (Schedule E) | |
| 6. Total Direct Premiums Written | |

Retaliatory worksheet

DO NOT REMIT THESE FEES TO THE DEPARTMENT OF TAXATION

See page 9 for line-by-line instructions

| | (A) Nevada Basis | (B) State of Domicile |
|--|------------------|-----------------------|
| 1. Premium Taxes Due | | |
| 2. _____ \$ _____ @ _____ % | | |
| 3. _____ \$ _____ @ _____ % | | |
| 4. _____ \$ _____ @ _____ % | | |
| 5. _____ \$ _____ @ _____ % | | |
| 6. _____ \$ _____ @ _____ % | | |
| 7. Total Taxes Due | | |
| 8. Filing Annual Statement (Nevada \$25) | | |
| 9. Annual Licensing Fee (Nevada \$2,450) | | |
| 10. Annual NAIC Fee (Nevada \$26) | | |
| 11. Filing Charter Documents (Nevada \$10 each) | | |
| 12. Filing Power of Attorney (Nevada \$5) | | |
| 13. Filing any other certificate form (Nevada \$10 each) | | |
| 14. Filing Certificate of Compliance (Nevada -0-) | | |
| 15. Agent Licenses And Renewals (Nevada \$15 - \$125) | | |
| 16. Filing Rates and Forms _____ @ \$25 each | | |
| 17. Filing Riders and Endorsements _____ @ \$10 each | | |
| 18. _____ \$ _____ | | |
| 19. _____ \$ _____ | | |
| 20. _____ \$ _____ | | |
| 21. Total all Fees/Charges | | |
| 22. Total Taxes and Fees | | |
| 23. Retaliatory Assessment | | |

Schedule A – Life Insurance Premiums

Taxpayer ID: _____

See page 9 for line-by-line instructions

| | Column A Qualified | Column B Non-Qualified | Column C Total |
|---|-----------------------|---------------------------|-------------------|
| 1. Direct Life Insurance Premiums Written | | | |
| 2. Premiums written in states in which the company is not licensed | | | |
| 3. Fees, charges and other considerations paid directly by policyholders To include Medicare and or retirement plans | | | |
| 4. Dividends applied to pay renewal premiums | | | |
| 5. Total Premiums of Dividend Proceeds and Considerations (Sum 1 thru 4) | | | |
| 6. Dividends paid in cash or left on deposit | | | |
| 7. Dividends applied to pay renewal premiums | | | |
| 8. Dividends used to provide paid-up additions or shorten endowment; declared and issued | | | |
| 9. Total Deductible Dividends (Sum line 6 thru 8) | | | |
| 10. Fees, charges and other considerations not subject to tax | | | |
| 11. Taxable Life Insurance Premiums (Subtract lines 5 & 10 from 9) | | | |

Schedule B – Accident and Health Premiums

See page 10 for line-by-line instructions

| | |
|--|--|
| 1. Accident and Health Premiums | |
| 2. Charges, fees and other considerations not included in premiums | |
| 3. Fees, charges and other considerations paid directly by policyholders | |
| 4. Premiums written in states in which the Company is not licensed | |
| 5. Total Premiums and Considerations | |
| 6. Dividends paid or credited on Direct Business | |
| 7. Social Security Act Title XVIII Premiums | |
| 8. Federal Employee Health Benefits Premiums | |
| 9. Fees, charges and other considerations not subject to tax | |
| 10. Total Deductions | |
| 11. Taxable Accident and Health Premiums | |

Write-In Lines:

Schedule C – Annuity Premiums

Taxpayer ID: _____

Annuity Election:

Front End:
 Back End:

Date Election Approved by Commissioner: _____
 Date Election Approved by Commissioner: _____

See page 10 for line-by-line instructions

| | Column A Qualified | Column B Non-Qualified | Column C Total |
|---|-----------------------|---------------------------|-------------------|
| Contracts Taxed on a Front-end basis | | | |
| 1. Premiums and considerations | | | |
| 2. Fees, charges and other considerations paid directly by policyholders | | | |
| 3. Immediate annuities | | | |
| 4. Subtotal of Lines 1-3 | | | |
| Contracts Taxed on a Back-end basis | | | |
| 5. Accumulated Funds applied to annuitization | | | |
| 6. Fees, charges and other considerations | | | |
| 7. Subtotal of Lines 5 and 6 | | | |
| 8. Other Considerations | | | |
| 9. Dividends applied to provide paid-up annuities | | | |
| 10. Premiums written in states in which the company is not licensed | | | |
| 11. Subtotal of all annuity premiums and other considerations received | | | |
| 12. Total Surrenders | | | |
| 13. Amounts in excess of considerations received | | | |
| 14. Deductible Surrenders | | | |
| 15. Dividends paid in cash or left on deposit | | | |
| 16. Dividends applies to provide paid-up annuities | | | |
| 17. Total Deductible Dividends | | | |
| 18. Taxable Annuity Premiums | | | |

Schedule D – Property and Casualty Premiums
See page 11 for line-by-line instructions

Taxpayer ID: _____

- 1. Direct Premiums Written
- 2. Finance and Service charges not included in premium
- 3. Fees, charges and other considerations paid directly by policyholders
- 4. Bail premiums and other considerations not reported on the State Page
- 5. Premiums, fees, charges and other considerations including installment fees not reported on Schedule T
- 6. Premiums written in states in which the Company is not licensed
- 7. Total Premiums and Considerations**
- 8. Dividends Paid, left on deposit, or Credited to Policyholders
- 9. Industrial Insurance (Workers Compensation) Premiums
- 10. Industrial Insurance (Workers Compensation) Dividends
- 11. Fees, charges and other considerations not subject to tax
- 12. Total Deductions**
- 13. Taxable Property and Casualty Premiums**

Schedule E – Title Premiums
See page 12 for line-by-line instructions

State of Domicile _____

State of domicile requires Title premiums to be reported on the:

- All-inclusive basis
- Risk rate

- 1. Direct Premiums Written
- 2. Premiums written by Non-Affiliated Agencies
- 3. Premiums written by Affiliated Agencies
- 4. Other Income
- 5. Fees, charges and other considerations paid directly by policyholders
- 6. Premiums written in states in which the Company is not licensed
- 7. Total Premiums and Considerations**
- 8. Escrow and Settlement Service Charges
- 9. Fees, charges and other considerations not subject to tax
- 10. Taxable Title premiums**
(Lines 8 plus 9 minus 7)
- 11. Other Title Fees and Service Charges (Informational)

Write-In Lines:

Supplemental Schedule 1 – Accounting of Funds on the Front-End

Taxpayer ID: _____

See page 12 for line-by-line instructions

| | Column A Nevada | Column B National | Page | Line |
|---|--------------------|----------------------|------|------|
| 1. Total Funds on Hand as of 12/31/2012 | | | | |
| 2. Total funds accepted during the year excluding dividends for paid-up annuities | | | | |
| 3. Dividends applied to provide paid-up annuities | | | | |
| 4. Increase in gross income, interest, and dividends | | | | |
| 5. Other charges, fees, and considerations paid directly by the policyholder | | | | |
| 6. Total increase in Funds on Hand (Sum lines 2 thru 5) | | | | |
| 7. Funds returned prior to annuitization | | | | |
| 8. Funds returned in excess of considerations received | | | | |
| 9. Funds used to purchase annuities | | | | |
| 10. Funds used to pay death and other benefits | | | | |
| 11. Funds applied to pay fees, charges, and other considerations | | | | |
| 12. Total decrease in Funds on Hand (Sum lines 7, 9, 10 & 11 minus line 8) | | | | |
| 13. Funds on Hand as of 12/31/2012 (Sum lines 1 and 6 minus line 12) | | | | |

Supplemental Schedule 2 – Accounting of Funds on the Back-End

See page 13 for line-by-line instructions

| | Column A Nevada | Column B National | Page | Line |
|--|--------------------|----------------------|------|------|
| 1. Total Funds on Hand as of 12/31/2012 | | | | |
| 2. Total funds accepted during the year | | | | |
| 3. Increase in gross income, interest and dividends | | | | |
| 4. Other charges, fees, and considerations paid directly by the policyholder | | | | |
| 5. Total increase in Funds on Hand (Sum lines 2 thru 4) | | | | |
| 6. Funds returned prior to annuitization | | | | |
| 7. Funds returned in excess of considerations received | | | | |
| 8. Funds used to purchase annuities | | | | |
| 9. Funds used to pay death and other benefits | | | | |
| 10. Funds applied to pay fees, charges, and other considerations | | | | |
| 11. Total decrease in Funds on Hand | | | | |
| 12. Funds on Hand as of 12/31/2012 | | | | |

Supplemental Schedule 3 – Bail Bonds
See page 13 for line-by-line instructions

Taxpayer ID: _____

| | |
|---|----------------------|
| 1. Penal Sum/Face Value of Bail Bonds written in Nevada | <input type="text"/> |
| 2. Calculated Bail Premiums (Line 1 times 0.15) | <input type="text"/> |
| 3. Other fees, charges and considerations | <input type="text"/> |
| 4. Taxable Bail Premiums | <input type="text"/> |
| 5. Total Surety Premiums | <input type="text"/> |
| 6. Non-Bail Surety Premiums | <input type="text"/> |
| 7. Reported Bail Premiums | <input type="text"/> |
| 8. Taxable Bail Premiums and Considerations not reported on the State Page | <input type="text"/> |
| | <hr/> |

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Annual Insurance Premium Tax Reconciliation Return'. Your email, including attachments, cannot exceed 10 MB.

A COPY OF THE NEVADA PAGE FROM THE ANNUAL STATEMENT MUST BE ATTACHED

ANNUAL INSURANCE PREMIUM TAX RECONCILIATION INSTRUCTIONS

This form is to be used for all Annual Filings. This annual return is a reconciliation of the calendar year. The Nevada premium tax rate is 3.5% or 2% for Risk Retention Groups, if qualified. Retaliatory statutes (NRS 680A.330) requires you to use the higher tax rate charged by your domiciliary state, where applicable.

Annual Reconciliation Return

- Lines 1-4** Enter the amounts of premium tax reported on your 2013 Insurance Premium Tax Quarterly Returns as well as the amounts actually due. The Nevada Department of Taxation requires written premium reported on the quarterly returns; therefore, if the amounts actually due differ from the amounts reported, penalties and interest may apply.
- Line 5** Sum the amounts reported and actual amounts due from Lines 1-4, above. For those filers who paid under \$2000 in the previous year, please mark the Annual box and complete line 5 Actual Total Premiums column. For those insurers who file a **NEGATIVE FIGURE** for any of lines 1-5 – Actual you will need to include a note and disclose the occurrence of the event if it is a result of a previous filing period than being reported, where tax was paid against the liability.
- Line 6** Enter the Total Income Derived from Direct Premiums Written from page 2 (Summary of Schedules), Line 6, of this return. This number should match Line 5, Total Premiums/Considerations- Actual unless you have dividends not reported as Premiums on Schedule D.
- Line 7** Multiply line 6 by 0.035 and enter the result here. If you are a Risk Retention Group, multiply Line 6 by 0.02 instead and enter the result here.
- Line 8a** If you maintain a “home” or “regional” office in Nevada and have been approved by the Department of Taxation as described by NRS 680B.050 you qualify for this credit. Multiply Line 7 by 0.5 and enter the result here. If you are claiming this credit you must have a certified copy of the deed to the property in the insurer’s name on file with the Department of Taxation.
- Line 8b** If you maintain a “home” or “regional” office in Nevada and have been approved by the Department of Taxation as described by NRS 680B.050 you qualify for this credit. Enter the amount of Ad Valorem taxes paid during the calendar year upon the home office or regional office together with the land. If you are claiming this credit the insurer must provide certified copies of the billing by local authorities for the Ad Valorem taxes in addition to a receipt for proof of payment.
- Line 8c** Multiply Line 7 by 0.8 and enter the result here.
- Line 8d** Enter the lesser of Line (8a + 8b) or Line 8c.
- Line 9** Subtract Line 8d from Line 7 and enter the result here.
- Line 10** Enter the amount of Life/Health Guaranty Association Offset here as allowed by NRS 686C.
- Line 11** Enter the amount of Property/Casualty Guaranty Association Offset here as allowed by NRS 687A.
- Line 12** Enter the total amount paid with the Quarterly Amounts Due for the year
- Line 13** Enter the amount due resulting from an overpayment in tax paid in the prior year for which you have received a Department of Taxation Credit Notice. Do not take the credit if you have applied for a refund. NOTE: Only credits established by the Department may be used.
- Line 14** Subtract lines 10-13 from line 9 and enter the result here.
- Line 15** The Nevada Department of taxation requires written premiums on the quarterly Insurance Premium Tax statements. Adjustments resulting in additional tax due on any period may result in penalty. If line 14 is a positive number, multiply that number by the corresponding Penalty Factor below:

| Number of Days Late | Penalty Factor |
|---------------------|----------------|
| 1-10 | 0.02 |
| 11-15 | 0.04 |
| 16-20 | 0.06 |
| 21-30 | 0.08 |
| 31+ | 0.10 |

- Line 16** The Nevada Department of taxation requires written premiums on the quarterly Insurance Premium Tax statements. Adjustments resulting in additional tax due on any period may result in interest. If line 14 is a positive number, multiply that number by the number of days the payment is past due times 0.00049315068.
- Line 17** Add Lines 14, 15, and 16 and enter the result here. This is the total amount of tax, penalties, and interest due. If the calculated amount results in a negative figure, please, enter the amount to be refunded in the box below Line 17. Pursuant to NRS 680B.120, any request for refund must be made within 1 year after the date such fees, charges or taxes were originally required to be paid or within 30 days after the date of payment of any additional tax, charge or fee. If you wish for the refund to be issued to a different address please provide a separate letter requesting that the refund be issued to a different address and a contact persons’ credentials.

**Annual Reconciliation Return Page 2:
Summary of Schedules**

- Line 1** Transfer the amount shown on Line 11 Column B from Schedule A to this line.
- Line 2** Transfer the amount shown on Line 11 from Schedule B to this line.
- Line 3** Transfer the amount shown on Line 18 Column B from Schedule C to this line.

- Line 4** Transfer the amount shown on Line 13 from Schedule D to this line.
- Line 5** Transfer the amount shown on Line 10 from Schedule E to this line.
- Line 6** Enter the sum total of Lines 1 through 5; this is your Total Direct Premiums Written. Transfer the amount shown to Line 6 of the Annual Insurance Premium Tax Reconciliation Return.

Retaliatory Worksheet

- Line 1** Enter the Premium Tax Due on the Nevada basis in Column A. This number can be found on Line 7 of your Annual Reconciliation Return. Enter the Premium Tax Due in your state of domicile in Column B. This amount should not include any Guaranty Association offsets/credits or offsets/credits earned through overpayment in the current or prior periods. **ATTACH A COPY OF THE TAX RETURN FILED IN YOUR STATE OF DOMICILE OR A SEPARATE SCHEDULE ILLUSTRATING HOW THE TAX IN COLUMN B WAS CALCULATED.**
- Lines 2-6** Include any additional taxes or assessments (include Fire Marshall, Ocean Marine, or other state or municipal tax) that are levied on a Nevada company doing business in your state.
- Line 7** Add Lines 1-6 and enter the total here.
- Lines 8-19** Enter the fees levied by Nevada and your state of domicile in the appropriate Line and Column.
- Lines 20-23** Enter any additional fees that are levied on a company doing business in your state not enumerated here.
- Line 24** Add Lines 8-23 and enter the total here.
- Line 25** Add Lines 7 and 24 and enter the total here.
- Line 26** Compare Line 25 Column A to Column B. If Column B is greater than Column A enter the difference here. This is the amount of Retaliatory Assessment owed to the State of Nevada- remit Retaliatory Assessment to the Department of Taxation. If Column A is greater than Column B enter 0 (zero) here- no Retaliatory Assessment is owed.

Schedule A- Life Insurance Premiums

- Column A** Column A should include all premiums written and considerations received from life insurance contracts issued in conjunction with the funding of a pension, annuity, or profit-sharing plan qualified or exempt pursuant to sections 401, 403, 404, 408, 457, or 501 of the United States Internal Revenue Code.
- Column B** Column B should include all premiums written and considerations received from life insurance contracts not included in Column A.
- Column C** Column C line items should be the sum total of Column A and Column B for each line item.
- Line 1** Enter all direct life insurance premiums written during the year (including policy, membership, and other fees and assessments) and all considerations for life insurance contracts received on account of policies and contracts covering property or risks located, resident, or to be performed in Nevada. The total in Column C should match the amount listed on Line 29 Column 2 of the NAIC Schedule T and Line 1 Column 5 of the Nevada State Page.
- Line 2** If you are domiciled in Nevada and doing business in states in which you are not licensed and do not pay premium tax enter the life insurance premiums written in those states on this line; you must pay Nevada premium tax on these amounts as stipulated in NRS680B.035.
- Line 3** Enter all fees, charges, and other considerations for life insurance paid directly by the policyholder and not included on Line 1 above.
- Line 4** Enter all dividends used to provide paid-up additions of life insurance or shorten the endowment period for life insurance contracts. Exchanging dividend proceeds for paid-up additions or to shorten the endowment period of a life insurance contract is consideration for insurance and a taxable event. The total in Column C should match the amount listed on Line 6.3 Column 5 of the Nevada State Page.
- Line 5** Enter the sum total of Lines 1 through 4.
- Line 6** Enter all dividends paid in cash to the policyholder or left on deposit in the policyholder's name. The total in Column C should match the amount listed on Line 6.1 Column 5 of the Nevada State Page.
- Line 7** Enter all dividends applied to pay renewal premiums on the policyholder's behalf. The total in Column C should match the amount listed on Line 6.2 Column 5 of the Nevada State Page.
- Line 8** Enter all dividends used to provide paid-up additions of life insurance or shorten the endowment period for life insurance contracts. Once a dividend is declared and issued the dividend becomes the property of the policyholder and is deductible to the insurer. The total in Column C should match the amount listed on Line 6.3 Column 5 of the Nevada State Page.
- Line 9** Enter the sum total of lines 6 through 8.
- Line 10** Enter any fees, charges, or other considerations included on Lines 1 through 3 above which you believe are not subject to taxation. Any amounts claimed on Line 10 **must** be explained in the write-in lines of Schedule A; attach additional pages if necessary. Any amounts claimed on Line 10 which are not explained in the write-in lines of Schedule A will be disallowed and penalty and interest will apply. The Department of Taxation reserves the right to disallow any amounts on Line 10 if the explanation provided does not justify the deduction; penalty and interest will apply to any amounts disallowed.
- Line 11** Subtract Line 5 and Line 10 from Line 9; this is your total Taxable Life Insurance Premiums. Transfer the amount shown in Column B to page 2 (Summary of Schedules), Line 1, on Insurance Premium Tax Annual Reconciliation Return.

Schedule B- Accident and Health Premiums

- Line 1** Enter all direct accident and health insurance premiums written during the year (including policy, membership, and other fees and assessments) and all considerations for accident and health insurance contracts received on account of policies and contracts covering property or risks located, resident, or to be performed in Nevada. For Health companies the amount entered should match the amount listed on Line 29 Column 8 of the NAIC Schedule T. For Life & Health companies the amount entered should match the amount listed on Line 29 Column 4 of the NAIC Schedule T. For Property & Casualty companies the amount entered should match the amounts listed on Line 13 Column 1 through Line 15.7 Column 1 of the Nevada State Page.
- Line 2** Enter all charges, fees, and considerations for accident and health insurance not paid directly by the policyholder and not included on Line 1 above.
- Line 3** Enter all charges, fees, and considerations for accident and health insurance paid directly by the policyholder and not included on Line 1 above.
- Line 4** If you are domiciled in Nevada and doing business in states in which you are not licensed and do not pay premium tax enter the accident and health insurance premiums written in those states on this line; you must pay Nevada premium tax on these amounts as stipulated in NRS680B.035.
- Line 5** Enter the sum total of Lines 1 through 4.
- Line 6** Enter the amount of dividends paid or credited to policyholders on direct business written. **DO NOT INCLUDE DIVIDENDS PAID ON CONTRACTS ISSUED IN CONJUNCTION WITH TITLE XVIII 'MEDICARE' OR THE FEDERAL EMPLOYEES HEALTH BENEFIT PLAN.** For Health companies the amount entered should be included in the amount shown on Line 9 of the Statement of Cash Flows. For Life & Health companies the amount entered should match the amount shown on Line 26 Column 3 less Line 24.1 Column 3 and Line 24.4 Column 3 of the Nevada State Page.
- Line 7** Enter the amount of premiums received from the Secretary of Health and Human Services pursuant to a contract entered into pursuant to section 1876 of the Social Security Act, 42USC Sec. 1395mm. For Health companies the amount entered should match the amount shown on Line 29 Column 3 of the NAIC Schedule T. For Life & Health companies the amount entered should match the amount shown on Line 24.4 Column 1 of the Nevada State Page. For Property & Casualty companies the amount entered should be included in the amount shown on Line 13 Column 1 of the Nevada State Page.
- Line 8** Enter the amount of premiums received pursuant to a contract entered into pursuant to the Federal Employees Health Benefit Plan, 5USC Sec. 8909f1. For Health companies the amount entered should match the amount shown on Line 29 Column 5 of the NAIC Schedule T. For Life & Health companies the amount entered should match the amount shown on Line 24.1 Column 1 of the Nevada State Page. For Property & Casualty companies the amount entered should match the amount shown on Line 15.7 Column 1 of the Nevada State Page.
- Line 9** Enter any fees, charges, or other considerations included on Lines 1 through 3 above which you believe are not subject to taxation. Any amounts claimed on Line 9 **must** be explained in the write-in lines of Schedule C; attach additional pages if necessary. Any amounts claimed on Line 9 which are not explained in the write-in lines of Schedule C will be disallowed and penalty and interest will apply. The Department of Taxation reserves the right to disallow any amounts on Line 9 if the explanation provided does not justify the deduction; penalty and interest will apply to any amounts disallowed.
- Line 10** Enter the sum total of Lines 6 through 9.
- Line 11** Subtract Line 10 from Line 5 and enter the difference here; this is your total Taxable Accident & Health Premiums. Transfer the amount shown to page 2 (Summary of Schedules), Line 2, on Insurance Premium Tax Annual Reconciliation Return Line 3.

Schedule C- Annuity Premiums

- Column A** Column A should include all premiums written and considerations received from annuity contracts issued in conjunction with the funding of a pension, annuity, or profit-sharing plan qualified or exempt pursuant to sections 401, 403, 404, 408, 457, or 501 of the United States Internal Revenue Code.
- Column B** Column B should include all premiums written and considerations received from annuity contracts not included in Column A.
- Column C** Column C line items should be the sum total of Column A and Column B for each line item.
- Line 1** Enter the amount of premiums and considerations received on annuity contracts which are not taxed on a back-end basis as defined below. The amount in Column C should match the amount shown on Line 2 Column A of Supplemental Schedule 1.
- Line 2** Enter the amount of charges, fees, and considerations paid directly by the policyholder and not included on Line 1 above. The amount in Column C should match the amount shown on Line 5 Column A of Supplemental Schedule 1.
- Line 3** Enter the amount of premiums and considerations received for the purchase of immediate annuities. Due to the nature of immediate annuities tax deferral is not available and all premiums and considerations must be taxed on a front-end basis.
- Line 4** Enter the sum total of Lines 1 through 3.
- Back-end Annuity** NRS 680B.025(2) allows that "money accepted by a life insurer pursuant to an agreement which provides for an accumulation of money to purchase annuities at future dates may be considered as 'total income derived from direct premiums written' either upon receipt or upon the actual application of the money to the purchase of annuities, but any interest credited to money accumulated while under the latter alternative must also be included in 'total income derived from direct premiums written,' and any money taxed upon receipt, including any interest later credited thereto, is not subject to taxation upon the purchase of annuities. Each life insurer shall signify on its return covering premiums for the calendar year 1971 or for the first calendar year it transacts business in this State, whichever is later, its election between those two alternatives. Thereafter an insurer shall not change his or her election without the consent of the Commissioner."
- Line 5** Enter the total influx of funds received during the lifetime accumulation period for deferred annuities which annuitized during the tax year. This is a gross figure and should not include surrenders, dividends or fees charged against the contracts prior to annuitization. The amount in Column C should match the amount shown on Line 8 Column A of Supplemental Schedule 2.
- Line 6** Enter the amount of fees, charges, and other considerations charged against accounts in the tax year. The amount in Column C should match the amount shown on Line 10 Column A of Supplemental Schedule 2.
- Line 7** Enter the sum total of Lines 5 and 6.

- Line 8** Enter all other considerations received on all annuity contracts during the tax year. The amount in Column C should match the amount shown on Line 29 Column 5 of the NAIC Schedule T and Line 4 Column 5 of the Nevada State Page.
- Line 9** Enter all dividends used to provide paid-up annuities. Exchanging dividend proceeds for paid-up annuities is consideration for insurance and a taxable event. The amount in Column C should match the amount shown on Line 1 Column A of Supplemental Schedule 1 and Line 7.2 Column 5 of the Nevada State Page.
- Line 10** If you are domiciled in Nevada and doing business in states in which you are not licensed and do not pay premium tax enter the annuity premiums written in those states on this line; you must pay Nevada premium tax on these amounts as stipulated in NRS680B.035.
- Line 11** Enter the sum total of Lines 4, 7, 8, 9, and 10.
- Line 12** Enter the amount of funds returned to policyholders as a result of contract surrenders prior to annuitization. **ONLY CONTRACTS PREVIOUSLY TAXED ON THE FRONT-END ARE ELIGIBLE FOR A SURRENDER DEDUCTION.** The amount in Column C should match the amount shown on Line 7 Column A of Supplemental Schedule 1.
- Line 13** Enter the amount of funds returned to policyholders in excess of premiums paid as a result of contract surrenders prior to annuitization. **ONLY CONTRACTS PREVIOUSLY TAXED ON THE FRONT-END ARE ELIGIBLE FOR A SURRENDER DEDUCTION.** The amount in Column C should match the amount shown on Line 8 Column A of Supplemental Schedule 1.
- Line 14** Subtract Line 13 from Line 12 and enter the difference here.
- Line 15** Enter all dividends paid in cash to the policyholder or left on deposit in the policyholder's name. The total in Column C should match the amount listed on Line 7.1 Column 5 of the Nevada State Page.
- Line 16** Enter all dividends used to provide paid-up additions of life insurance or shorten the endowment period for life insurance contracts. Once a dividend is declared and issued the dividend becomes the property of the policyholder and is deductible to the insurer. The total in Column C should match the amount shown on Line 1 Column A of Supplemental Schedule 1 and Line 7.2 Column 5 of the Nevada State Page.
- Line 17** Enter the sum total of Lines 15 and 16.
- Line 18** Subtract Lines 14 and 17 from Line 11 and enter the difference here; this is your total Taxable Annuity Premiums. Transfer the amount shown in Column B to page 2 (Summary of Schedules), Line 3, on Insurance Premium Tax Annual Reconciliation Return.

Schedule D- Property and Casualty Premiums

- Line 1** Enter all direct property and casualty insurance premiums written during the year (including policy, membership, and other fees and assessments) and all considerations for property and casualty insurance contracts received on account of policies and contracts covering property or risks located, resident, or to be performed in Nevada. For Property & Casualty companies the amount entered should match the amount listed on Line 29 Column 1 of the NAIC Schedule T. For Health companies the amount entered should match the amount listed on Line 14 Column 1 of the Nevada Exhibit of Premiums, Enrollment and Utilization.
- Line 2** Enter all finance and service charges not included in premiums. The amount entered should match Line 29 Column 8 of the NAIC Schedule T.
- Line 3** Enter all fees, charges, and considerations for property and casualty insurance paid directly by the policyholder and not included in Line 1 above.
- Line 4** Enter all taxable premiums and considerations for bail contracts not included on Line 1 above. The amount entered should match the amount shown on Line 8 of Supplemental Schedule 3.
- Line 5** Enter all premiums, fees, charges, and considerations, including installment and membership fees, not reported on NAIC Schedule T and not included on Lines 1, 2, or 3 above.
- Line 6** If you are domiciled in Nevada and doing business in states in which you are not licensed and do not pay premium tax enter the property and casualty insurance premiums written in those states on this line; you must pay Nevada premium tax on these amounts as stipulated in NRS680B.035.
- Line 7** Enter the sum total of Lines 1 through 6.
- Line 8** Enter all dividends paid in cash, left on deposit, or credited to policyholders for property and casualty contracts. The amount entered should match the amount shown on Line 29 Column 4 of the NAIC Schedule T.
- Line 9** Enter all premiums written on industrial insurance (worker's compensation) contracts during the tax year. The amount entered should match the amount shown on Line 16 Column 1 of the NAIC Schedule T.
- Line 10** Enter all dividends paid in cash, left on deposit, or credited to policyholders for industrial insurance (workers compensation) contracts. The amount entered should match the amount shown on Line 16 Column 3 of the Nevada State Page.
- Line 11** Enter any fees, charges, or other considerations included on Lines 1 through 5 above which you believe are not subject to taxation. Any amounts claimed on Line 11 **must** be explained in the write-in lines of Schedule D; attach additional pages if necessary. Any amounts claimed on Line 11 which are not explained in the write-in lines of Schedule D will be disallowed and penalty and interest will apply. The Department of Taxation reserves the right to disallow any amounts on Line 11 if the explanation provided does not justify the deduction; penalty and interest will apply to any amounts disallowed.
- Line 12** Add Lines 8, 9, and 11 and subtract Line 10 and enter the total here.
- Line 13** Subtract Line 11 from Line 7 and enter the difference here; this is your total Taxable Property and Casualty Premium. Transfer the amount shown to page 2 (Summary of Schedules), Line 4, on Insurance Premium Tax Annual Reconciliation Return.

Schedule E- Title Premiums

All title insurance reporters must indicate their state of domicile and basis on which they report their premiums to the state of domicile (all-inclusive or risk rate).

- Line 1** Enter the total premiums written on direct operations. The amount entered should match the amount shown on Line 29 Column 3 of the Schedule T.
- Line 2** Enter the total premiums written by non-affiliated agencies. The amount entered should match the amount shown on Line 29 Column 4 of the Schedule T.
- Line 3** Enter the total premiums written by affiliated agencies. The amount entered should match the amount shown on Line 29 Column 5 of the Schedule T.
- Line 4** Enter the amount of other income attributable to Nevada policies. The amount entered should match the amount shown on Line 29 Column 6 of the Schedule T as well as the sum of Line 8 and Line 10 on this schedule.
- Line 5** Enter all fees, charges, and considerations for title insurance paid directly by the policyholder and not included in Lines 1 through 4 above.
- Line 6** If you are domiciled in Nevada and doing business in states in which you are not licensed and do not pay premium tax enter the title insurance premiums written in those states on this line; you must pay Nevada premium tax on these amounts as stipulated in NRS680B.035.
- Line 7** Enter the sum total of Lines 1 through 6.
- Line 8** Enter the amount of escrow and settlement service charges not subject to tax. The amount entered should equal that portion of Line 2 Column 4 from the NAIC Operations and Investments Exhibit Part 1A- Summary of Title Insurance Premiums Written and Related Revenues which are attributable to Nevada policies.
- Line 9** Enter any fees, charges, or other considerations included on Lines 1 through 5 above which you believe are not subject to taxation. Any amounts claimed on Line 9 **must** be explained in the write-in lines of Schedule E; attach additional pages if necessary. Any amounts claimed on Line 9 which are not explained in the write-in lines of Schedule E will be disallowed and penalty and interest will apply. The Department of Taxation reserves the right to disallow any amounts on Line 9 if the explanation provided does not justify the deduction; penalty and interest will apply to any amounts disallowed.
- Line 10** Subtract Line 8 and Line 9 from Line 7 and enter the difference here; this is your total Taxable Title Premium. Transfer the amount shown to page 2 (Summary of Schedules), Line 5, on Insurance Premium Tax Annual Reconciliation Return.
- Line 11** Enter the amount of other title fees and service charges subject to tax. The amount entered should equal that portion of Line 3 Column 4 from the NAIC Operations and Investments Exhibit Part 1A- Summary of Title Insurance Premiums Written and Related Revenues which are attributable to Nevada Policies. INFORMATIONAL LINE ONLY

Supplemental Schedule 1- Accounting of Funds on the Front-end

THIS SUPPLEMENTAL SCHEDULE MUST BE COMPLETED BY ANY COMPANY WRITING ANNUITY BUSINESS WITH SOME PREMIUMS TAXED ON THE FRONT-END.

- Column A** Column A should include those figures relating to Nevada risks only.
- Column B** Column B should include those figures relating to all risks nationally.
- Page** Enter the page number in the Annual Statement or Separate Accounts Statement from which the figure is derived.
- Line** Enter the line number in the Annual Statement or Separate Accounts Statement from which the figure is derived.
- Line 1** Enter the total funds on hand for the benefit of annuity contracts taxed on the front-end as of December 31, 2012.
- Line 2** Enter all funds received during the tax year from policyholders for the payment of premiums, considerations, fees, and charges for the benefit of annuity contracts.
- Line 3** Enter all dividends applied to provide paid-up annuities. The amount entered should match the amount shown on Line 7.2 Column 5 of the Nevada State Page.
- Line 4** Enter the income, interest, and dividends earned on annuity premiums on deposit.
- Line 5** Enter all other fees, charges, and considerations paid directly by the policyholder and not included in Line 2 above.
- Line 6** Enter the sum total of Lines 2 through 5.
- Line 7** Enter all funds returned to the policyholder prior to annuitization. Do not include any amounts retained for surrender charges.
- Line 8** Enter the amount of funds returned to the policyholder prior to annuitization that exceeded premiums paid. This calculation must be done on a contract-by-contract basis with the net amount entered on this line.
- Line 9** Enter all funds used to purchase annuities.
- Line 10** Enter all funds used to pay death and other benefits on annuity contracts.
- Line 11** Enter all funds drawn from annuity accounts to pay fees, charges, and other considerations on behalf of the policyholder.
- Line 12** Add Lines 7, 9, 10, and 11 and subtract Line 8 and enter the total here.
- Line 13** Add Lines 1 and 6 and subtract Line 12 and enter the total here.

Supplemental Schedule 2- Accounting of Funds on the Back-end

THIS SUPPLEMENTAL SCHEDULE MUST BE COMPLETED BY ANY COMPANY WRITING ANNUITY BUSINESS WITH SOME PREMIUMS TAXED ON THE BACK-END.

- Column A** Column A should include those figures relating to Nevada risks only.
- Column B** Column B should include those figures relating to all risks nationally.
- Page** Enter the page number in the Annual Statement or Separate Accounts Statement from which the figure is derived.
- Line** Enter the line number in the Annual Statement or Separate Accounts Statement from which the figure is derived.
- Line 1** Enter the total funds on hand for the benefit of annuity contracts taxed on the back-end as of December 31, 2012.
- Line 2** Enter all funds received during the tax year from policyholders for the payment of premiums, considerations, fees, and charges for the benefit of annuity contracts.
- Line 3** Enter the income, interest, and dividends earned on annuity premiums on deposit.
- Line 4** Enter all other fees, charges, and considerations paid directly by the policyholder and not included in Line 2 above.
- Line 5** Enter the sum total of Lines 2 through 4.
- Line 6** Enter all funds returned to the policyholder prior to annuitization. Do not include any amounts retained for surrender charges.
- Line 7** Enter the amount of funds returned to the policyholder prior to annuitization that exceeded premiums paid. This calculation must be done on a contract-by-contract basis with the net amount entered on this line.
- Line 8** Enter all funds used to purchase annuities.
- Line 9** Enter all funds used to pay death and other benefits on annuity contracts.
- Line 10** Enter all funds drawn from annuity accounts to pay fees, charges, and other considerations on behalf of the policyholder.
- Line 11** Add Lines 6, 8, 9, and 10 and subtract Line 7 and enter the total here.
- Line 12** Add Lines 1 and 5 and subtract Line 11 and enter the total here.

Supplemental Schedule 3- Bail Bonds

THIS SUPPLEMENTAL SCHEDULE MUST BE COMPLETED BY ANY COMPANY WRITING BAIL BOND BUSINESS.

- Line 1** Enter the Penal Sum/Face Value of all bail bonds written in Nevada.
- Line 2** Multiply Line 1 by 0.15 (15%) and enter the product here.
- Line 3** Enter all charges, fees, and considerations charged on bail bond contracts.
- Line 4** Enter the sum total of Line 2 and 3.
- Line 5** Enter all surety premiums written in Nevada. The amount entered should match the amount shown on Line 24 Column 1 of the Nevada State Page.
- Line 6** Enter all surety premiums written in Nevada for all non-bail contracts.
- Line 7** Subtract Line 6 from Line 5 and enter the difference here.
- Line 8** Subtract Line 7 from Line 4 and enter the difference here; this is your total Taxable Bail Premiums and Considerations not reported on the Nevada State Page. Transfer the amount shown to Schedule D Line 4.