





# Mississippi Insurance Company Income Tax Return 2015

FEIN 999999999

## COMPUTATION OF NET INCOME A MISSISSIPPI B COMPANY-WIDE

1	Direct premiums (except accident and health premiums)	9999999999			
2	Less: return premiums	9999999999	1A	9999999999	1B 9999999999
3	Direct accident and health premiums		2A	9999999999	2B 9999999999
4	Reinsurance assumed		3A	9999999999	3B 9999999999
5	Considerations for annuities		4A	9999999999	4B 9999999999
6	Considerations for supplementary contracts		5A	9999999999	5B 9999999999
7	Unearned premiums (December 31st, prior year)		6A	9999999999	6B 9999999999
8	Gross investment income		7A	9999999999	7B 9999999999
9	Other income		8A	9999999999	8B 9999999999
10	Total net income (add line 1 through line 8)		9A	9999999999	9B 9999999999

## DEDUCTIONS

10	Unearned premiums (December 31st, current year)		10A	9999999999	10B 9999999999
11	Reinsurance ceded		11A	9999999999	11B 9999999999
12	Dividends to policy holders		12A	9999999999	12B 9999999999
13	Total deductions (add line 10 through line 12)		13A	9999999999	13B 9999999999

## MISSISSIPPI NET TAXABLE INCOME

14	Gross income (line 9 minus line 13)		14A	9999999999	14B 9999999999
15	Total deductions allocated and apportioned (from page 4, part III, line 23)		15A	9999999999	15B 9999999999
16	Less: Mississippi net operating loss (from Form 83-155, part I, line 2)		16A	9999999999	16B 9999999999
17	Net taxable income (loss) (line 14 minus line 15 and line 16; enter amount from 17A on page 1, line 1 or Form 83-310, page 1, line 5, column C)		17A	9999999999	17B 9999999999

Check box if return may be discussed with preparer

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer Signature and Title	Date	Business Phone
Paid Preparer Signature	Date	Paid Preparer Address
Paid Preparer PTIN	Paid Preparer Phone	City State Zip Code

Mail Return To: DEPARTMENT OF REVENUE P.O. BOX 23050 JACKSON, MS 39225-3050

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PART I: EXPENSE APPORTIONMENT RATIOS	A MISSISSIPPI	B COMPANY-WIDE	C MISSISSIPPI RATIO
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Applicable ratio(s) used on page 4, part IV, line 2

1 Loss adjustment expenses (direct losses)	1A	9999999999	1B 9999999999 1C 999.9999
2 Accident and health expenses (direct premiums and reinsurance assumed)	2A	9999999999	2B 9999999999 2C 999.9999
3 Other underwriting expenses (direct premiums (less return premiums), annuity considerations and reinsurance assumed)	3A	9999999999	3B 9999999999 3C 999.9999
4 Investment expenses (gross investment income)	4A	9999999999	4B 9999999999 4C 999.9999

PART II: DEDUCTIONS ALLOCATED	A MISSISSIPPI	B COMPANY-WIDE
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5 Losses, death benefits, accident and health benefits (less applicable recoveries)		
a Paid	5Aa	5Ba 9999999999
b Unpaid at December 31st, current year	5Ab	5Bb 9999999999
c Unpaid at December 31st, prior year	5Ac	5Bc 9999999999
6 Loss adjustment expenses allocated	6A	6B 9999999999
7 Matured endowments	7A	7B 9999999999
8 Annuity benefits	8A	8B 9999999999
9 Disability benefits	9A	9B 9999999999
10 Surrender benefits	10A	10B 9999999999
11 Payments on supplementary contracts	11A	11B 9999999999
12 Net additions to reserve funds (required by law for liquidating policies at maturity)	12A	12B 9999999999
13 Commissions	13A	13B 9999999999
14 Gross premium privilege tax	14A	14B 9999999999
15 Other allocable taxes	15A	15B 9999999999
16 Rent, allocated	16A	16B 9999999999
17 Agency expense (attach schedule)	17A	17B 9999999999
18 Medical and inspection fees, allocated	18A	18B 9999999999
19 Other allocable deductions (attach schedule)	19A	19B 9999999999
20 Total allocable deductions	20A	20B 9999999999

