





# Mississippi Insurance Company Income Tax Return 2016

FEIN 999999999

## COMPUTATION OF NET INCOME

	A	MISSISSIPPI	B	COMPANY-WIDE
1 Direct premiums (except accident and health premiums)		9999999999		
Less: return premiums	1A	9999999999	1B	9999999999
2 Direct accident and health premiums	2A	9999999999	2B	9999999999
3 Reinsurance assumed	3A	9999999999	3B	9999999999
4 Considerations for annuities	4A	9999999999	4B	9999999999
5 Considerations for supplementary contracts	5A	9999999999	5B	9999999999
6 Unearned premiums (December 31st, prior year)	6A	9999999999	6B	9999999999
7 Gross investment income	7A	9999999999	7B	9999999999
8 Other income	8A	9999999999	8B	9999999999
9 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
b Unpaid at December 31st, current year	5Ab	5Bb
c Unpaid at December 31st, prior year	5Ac	5Bc
6 Loss adjustment expenses allocated	6A	6B
7 Matured endowments	7A	7B
8 Annuity benefits	8A	8B
9 Disability benefits	9A	9B
10 Surrender benefits	10A	10B
11 Payments on supplementary contracts	11A	11B
12 Net additions to reserve funds (required by law for liquidating policies at maturity)	12A	12B
13 Commissions	13A	13B
14 Gross premium privilege tax	14A	14B
15 Other allocable taxes	15A	15B
16 Rent, allocated	16A	16B
17 Agency expense (attach schedule)	17A	17B
18 Medical and inspection fees, allocated	18A	18B
19 Other allocable deductions (attach schedule)	19A	19B
20 Total allocable deductions	20A	20B

