



Mississippi Insurance Company Income Tax Return 2017

FEIN 999999999

COMPUTATION OF NET INCOME

| | A MISSISSIPPI | B COMPANY-WIDE |
|---|---------------|----------------|
| 1 Direct premiums (except accident and health premiums) | 9999999999 | |
| 13 Less: return premiums | 9999999999 1A | 9999999999 1B |
| 2 Direct accident and health premiums | 9999999999 2A | 9999999999 2B |
| 3 Reinsurance assumed | 9999999999 3A | 9999999999 3B |
| 4 Considerations for annuities | 9999999999 4A | 9999999999 4B |
| 5 Considerations for supplementary contracts | 9999999999 5A | 9999999999 5B |
| 6 Unearned premiums (December 31st, prior year) | 9999999999 6A | 9999999999 6B |
| 7 Gross investment income | 9999999999 7A | 9999999999 7B |
| 8 Other income | 9999999999 8A | 9999999999 8B |
| 9 Total net income (add line 1 through line 8) | 9999999999 9A | 9999999999 9B |

DEDUCTIONS

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

MISSISSIPPI NET TAXABLE INCOME

| | | |
|--|----------------|----------------|
| 14 Gross income (line 9 minus line 13) | 9999999999 14A | 9999999999 14B |
| 15 Total deductions allocated and apportioned (from page 4, part III, line 23) | 9999999999 15A | 9999999999 15B |
| 16 Less: Mississippi net operating loss (from Form 83-155, part I, line 2) | 9999999999 16A | 9999999999 16B |
| 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) | 9999999999 17A | 9999999999 17B |

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 |
| 9X9X9X9X9 | | |
| 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 |
|--------------------------------------|---------------|----------------|---------------------|
|--------------------------------------|---------------|----------------|---------------------|

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 |
|-------------------------------|---------------|----------------|
|-------------------------------|---------------|----------------|

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

