



Mississippi Insurance Company Income Tax Return 2014

Tax Year Beginning 01012013

Tax Year Ending 12312013

FEIN 999999999

Mississippi Secretary of State ID 999999999

Legal Name and DBA, Address, City, State, Zip +4, County Code, NAICS Code

CHECK ALL THAT APPLY: Amended Return, Accident and Health, Final Return, Fire and Casualty, Accrual Basis, Receipts and Disbursements Basis, Life Insurance

COMPUTATION OF TAX (ROUND TO THE NEAREST DOLLAR)

Table with 3 columns: Description, Line Number, Amount. Rows include Combined income tax return, Mississippi net taxable income, Income tax, Retaliatory taxes, Income tax credits, Net income tax due.

PAYMENTS AND TAX DUE

Table with 3 columns: Description, Line Number, Amount. Rows include Overpayment from prior year, Estimated tax payments, Total payments, Net total income tax due, Interest and penalty, Late payment interest, Late payment penalty, Late filing penalty, Total balance due, Total overpayment, Total overpayment credited to next year, Total overpayment refunded.



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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 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**

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)								
	a Paid	5Aa	9999999999	5Ba	9999999999				
	b Unpaid at December 31st, current year	5Ab	9999999999	5Bb	9999999999				
	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				

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PART III: DEDUCTIONS APPORTIONED

A MISSISSIPPI

B COMPANY-WIDE

Table with 5 columns: Line, Description, A, B, and C. Rows include: 21 Non-allocable loss adjustment expenses, 22 Total apportioned expenses, 23 Total allocated and apportioned deductions.

PART IV: DEDUCTIONS APPORTIONED (FROM ANNUAL STATEMENT)

Expenses must be separately apportioned. Attach supplementary pages to return as needed.

Table with 6 columns: Page, Line, Description, A Column (X9), B Less Allocable Expenses, C Balance Apportionable. Contains multiple rows of placeholder data (9999999).

1 Totals (total column A minus total column B) 999999999 999999999 999999999

2 Applicable expense apportionment ratio (from page 3, part I) 999.9999 %

3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 21) 999999999

PART V: RETALIATORY TAXES PAID (MISSISSIPPI CORPORATIONS ONLY)

Itemize retaliatory taxes paid by state and attach copies of returns documenting amounts. Attach supplementary schedules as needed.

Table with 4 columns: A Taxing Authority, B Amount, A Taxing Authority, B Amount. Contains multiple rows of placeholder data (X9X9X9).

1 Total amounts (total amounts from column B; enter amount on page 1, line 3) 999999999