



Mississippi Insurance Company Income Tax Return 2013

Tax Year Beginning _____
m m d d y y y y

Tax Year Ending _____
m m d d y y y y

FEIN _____

Mississippi Secretary of State ID _____

Legal Name and DBA _____ Address _____ City _____ State _____ Zip +4 _____ County Code _____ NAICS Code _____	CHECK ALL THAT APPLY <input type="checkbox"/> Amended Return <input type="checkbox"/> Accident and Health <input type="checkbox"/> Final Return <input type="checkbox"/> Fire and Casualty <input type="checkbox"/> Accrual Basis <input type="checkbox"/> Life Insurance <input type="checkbox"/> Receipts and Disbursements Basis
--	--

COMPUTATION OF TAX	(ROUND TO THE NEAREST DOLLAR)
---------------------------	--------------------------------------

1 Mississippi net taxable income (from page 2, line 17A)	1	_____ .00
2 Income tax	2	_____ .00
3 Retaliatory taxes paid to other states (Mississippi corporations only; from page 4, part V, line 1)	3	_____ .00
4 Income tax credits (from Form 83-401, line 3)	4	_____ .00
5 Net income tax due (line 2 minus line 3 and line 4)	5	_____ .00

PAYMENTS AND TAX DUE	
-----------------------------	--

6 Overpayment from prior year	6	_____ .00
7 Estimated tax payments and payment with extension	7	_____ .00
8 Total payments (line 6 plus line 7)	8	_____ .00
9 Net total income tax due (line 5 minus line 8)	9	_____ .00
10 Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	10	_____ .00
11 Late payment interest	11	_____ .00
12 Late payment penalty	12	_____ .00
13 Late filing penalty (minimum \$100)	13	_____ .00
14 Total balance due (if line 5 is larger than line 8, add lines 9 through 13)	14	_____ .00
15 Total overpayment (if line 8 is larger than line 5, subtract line 5 from line 8)	15	_____ .00
16 Total overpayment credited to next year (from line 15)	16	_____ .00
17 Total overpayment refunded (line 15 minus line 16)	17	_____ .00

**See instructions for electronic payment options or attach payment voucher,
Form 83-300, with check or money order for balance due.**



Mississippi Insurance Company Income Tax Return 2013

FEIN _____

COMPUTATION OF NET INCOME	A MISSISSIPPI	B COMPANY-WIDE
1 Direct premiums (except accident and health premiums) Less: return premiums (_____ .00)	1A _____ .00	1B _____ .00
2 Direct accident and health premiums	2A _____ .00	2B _____ .00
3 Reinsurance assumed	3A _____ .00	3B _____ .00
4 Considerations for annuities	4A _____ .00	4B _____ .00
5 Considerations for supplementary contracts	5A _____ .00	5B _____ .00
6 Unearned premiums (December 31st, prior year)	6A _____ .00	6B _____ .00
7 Gross investment income	7A _____ .00	7B _____ .00
8 Other income	8A _____ .00	8B _____ .00
9 Total net income (add line 1 through line 8)	9A _____ .00	9B _____ .00

DEDUCTIONS		
10 Unearned premiums (December 31st, current year)	10A _____ .00	10B _____ .00
11 Reinsurance ceded	11A _____ .00	11B _____ .00
12 Dividends to policy holders	12A _____ .00	12B _____ .00
13 Total deductions (add line 10 through line 12)	13A _____ .00	13B _____ .00

MISSISSIPPI NET TAXABLE INCOME		
14 Gross income (line 9 minus line 13)	14A _____ .00	14B _____ .00
15 Total deductions allocated and apportioned (from page 4, part III, line 22)	15A _____ .00	15B _____ .00
16 Less: Mississippi net operating loss (from Form 83-155, part I, line 2)	16A _____ .00	16B _____ .00
17 Net taxable income (loss) (line 14 minus line 15 and line 16; enter amount from 17A on page 1, line 1)	17A _____ .00	17B _____ .00

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

Mississippi Insurance Company Income Tax Return 2013

FEIN _____

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

PART II: DEDUCTIONS ALLOCATED	A MISSISSIPPI	B COMPANY-WIDE
-------------------------------	---------------	----------------

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 _____

Mississippi Insurance Company Income Tax Return 2013

FEIN _____

PART III: DEDUCTIONS APPORTIONED		A MISSISSIPPI	B COMPANY-WIDE
20 Non-allocable loss adjustment expenses	20A	.00	20B .00
21 Total apportioned expenses (from page 4, part IV, line 3)	21A	.00	21B .00
22 Total allocated and apportioned deductions (line 20 plus line 21; enter on page 2, line 15)	22A	.00	22B .00

PART IV: DEDUCTIONS APPORTIONED (FROM ANNUAL STATEMENT)
--

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

Page	Line	Description	A Column ()	B Less Allocable Expenses	C Balance Apportionable

- | | | | |
|---|---------|-----|-----|
| 1 Totals (total column A minus total column B) | .00 | .00 | .00 |
| 2 Applicable expense apportionment ratio (from page 3, part I) | _____ % | | |
| 3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 21) | .00 | | |

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.

A Taxing Authority	B Amount	A Taxing Authority	B Amount
1 Total amounts (total amounts from column B; enter amount on page 1, line 3)			.00



Mississippi Insurance Company Income Tax Return 2013

FEIN 999999999

COMPUTATION OF NET INCOME A MISSISSIPPI B COMPANY-WIDE

11	1	Direct premiums (except accident and health premiums)					
12			9999999999				
13		Less: return premiums	(9999999999)	1A	9999999999	1B	9999999999
14							
15	2	Direct accident and health premiums		2A	9999999999	2B	9999999999
16							
17	3	Reinsurance assumed		3A	9999999999	3B	9999999999
18							
19	4	Considerations for annuities		4A	9999999999	4B	9999999999
20							
21	5	Considerations for supplementary contracts		5A	9999999999	5B	9999999999
22							
23	6	Unearned premiums (December 31st, prior year)		6A	9999999999	6B	9999999999
24							
25	7	Gross investment income		7A	9999999999	7B	9999999999
26							
27	8	Other income		8A	9999999999	8B	9999999999
28							
29	9	Total net income (add line 1 through line 8)		9A	9999999999	9B	9999999999

DEDUCTIONS

33	10	Unearned premiums (December 31st, current year)		10A	9999999999	10B	9999999999
34							
35	11	Reinsurance ceded		11A	9999999999	11B	9999999999
36							
37	12	Dividends to policy holders		12A	9999999999	12B	9999999999
38							
39	13	Total deductions (add line 10 through line 12)		13A	9999999999	13B	9999999999

MISSISSIPPI NET TAXABLE INCOME

43	14	Gross income (line 9 minus line 13)		14A	9999999999	14B	9999999999
44							
45	15	Total deductions allocated and apportioned (from page 4, part III, line 22)		15A	9999999999	15B	9999999999
46							
47	16	Less: Mississippi net operating loss (from Form 83-155, part I, line 2)		16A	9999999999	16B	9999999999
48							
49	17	Net taxable income (loss) (line 14 minus line 15 and line 16; enter amount from 17A on page 1, line 1)		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.

57	Officer Signature and Title	Date	Business Phone
58			
59	Paid Preparer Signature	Date	Paid Preparer Address
60			
61	Paid Preparer PTIN	Paid Preparer Phone	City State Zip Code

Mississippi Insurance Company Income Tax Return 2013

FEIN 999999999

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		

Mississippi Insurance Company Income Tax Return 2013

FEIN 999999999

	A MISSISSIPPI	B COMPANY-WIDE
PART III: DEDUCTIONS APPORTIONED		
20 Non-allocable loss adjustment expenses	20A 999999999	20B 999999999
21 Total apportioned expenses (from page 4, part IV, line 3)	21A 999999999	21B 999999999
22 Total allocated and apportioned deductions (line 20 plus line 21; enter on page 2, line 15)	22A 999999999	22B 999999999

PART IV: DEDUCTIONS APPORTIONED (FROM ANNUAL STATEMENT)

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

Page	Line	Description	A Column (X)	B Less Allocable Expenses	C Balance Apportionable
25	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	999999999	999999999	999999999
27	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	999999999	999999999	999999999
29	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	999999999	999999999	999999999
31	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	999999999	999999999	999999999
33	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	999999999	999999999	999999999
35	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9	999999999	999999999	999999999
37	1	Totals (total column A minus total column B)	999999999	999999999	999999999
39	2	Applicable expense apportionment ratio (from page 3, part I)			999 . 9999
41	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.

A Taxing Authority	B Amount	A Taxing Authority	B Amount
X9X9X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9X9X9	999999999
X9X9X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9X9X9	999999999
X9X9X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9X9X9	999999999
X9X9X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9X9X9	999999999
X9X9X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9X9X9	999999999
X9X9X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9X9X9	999999999
		1 Total amounts (total amounts from column B; enter amount on page 1, line 3)	999999999