



2434001

Federal EIN 99 9999999	NAIC ID Number 99999	Period Covered January 1 - December 31, 2024	Due Date March 17, 2025
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Business Name (Line 1)		CHECK ALL THAT APPLY: <input checked="" type="checkbox"/> Initial return <input checked="" type="checkbox"/> Amended return <input checked="" type="checkbox"/> Final return <input checked="" type="checkbox"/> Risk retention group <input checked="" type="checkbox"/> Domiciled in Maine <input checked="" type="checkbox"/> Change of name/address
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Business Name (Line 2)		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Street Address and/or Post Office Box		
XXXXXXXXXXXXXXXXXXXXXXX City	XX 99999 State ZIP Code	

Enter total assets reported on annual statement: 999999999999 .00

Part A – Maine Tax Computation

Premiums:

1a. Accident and health premiums	1a.	999999999	.00
1b. Life premiums	1b.	999999999	.00
1c. Property and casualty premiums (other than workers' compensation premiums).....	1c.	999999999	.00
1d. Workers' compensation premiums	1d.	999999999	.00
1e. Title insurance premiums	1e.	999999999	.00
1f. Annuity considerations received this tax year. (See Instructions)	1f.	999999999	.00
1g. Annuity considerations received prior to January 1, 1999 taxable this year. (See Instructions)..	1g.	999999999	.00
1h. Other premiums.....	1h.	999999999	.00
1i. Total premiums. (Add lines 1a through 1h).....	1i.	999999999	.00

Deductions from Schedule 1:

2. Direct return premiums or deposits thereon. (Schedule 1, line 8, column A)	2.	999999999	.00
3. Dividends paid, credited or allowed on direct premiums. (Schedule 1, line 8, column B)....	3.	999999999	.00
4. Premiums exempt under qualified pension plans. (Schedule 1, line 8, column C)	4.	999999999	.00
5. Other deductions. (Schedule 1, line 8, column D).....	5.	999999999	.00
6. Total deductions. (Add lines 2, 3, 4 and 5. Total should equal Schedule 1, line 8, column E)..	6.	999999999	.00



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Tax:

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Total net taxable premiums, Net premiums on qualified group disability policies (2.55%, 1%, 2%), and Total tax.

Part B – Retaliatory Tax Computation from Schedule 2

Enter the United States Postal Service two letter state abbreviation for your state of incorporation: XX

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Gross premiums, Allowable deductions, Net taxable premiums, and Premium tax on basis of state of incorporation.

Part C – Tax Due / Overpayment

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Net tax, Refundable tax credits, 2024 estimated payments, and Total amount due.

Note: Taxpayers with annual tax liabilities of \$10,000 or more are required to remit tax payments electronically. See MRS Rule 102 on the MRS website at maine.gov/revenue/publications/rules for details.



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27. Net overpayment. If you completed line 24, subtract line 25 from line 24.

Note: If negative, enter as amount due on line 26. 27. 999999999 .00

28. Amount of line 27 to be:

28a. Credited to next year's estimated tax. 999999999 .00 28b. Refunded 999999999 .00

2025 Estimated Tax

The 2025 tax payments must be made on an estimated basis. The April and June installments must each equal at least 35% of the total tax liability for 2024 or 35% of the total tax liability for 2025. The October installment must equal 15% of the total tax liability for 2024 or 15% of the total tax liability for 2025. See Form INS-1 for details. (36 M.R.S. § 2521-A).

Affidavit and Signature

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

Date Signature Title

Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer or Attorney-in-fact of a Reciprocal Insurer.

Contact Person Phone #

Email Address

Date Preparer's Signature Preparer's ID Number

Important: Your return must include required attachments. See page 3 of the instructions for more information.

Use the Maine Tax Portal at revenue.maine.gov to file, pay, correspond with MRS, and manage your account.



Schedule 1
Deductions by Premium Type
For Form INS-4, Part A, lines 2-6



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Taxpayer Name Federal EIN Tax Year 2024

	Column A Direct Return Premiums	Column B *Dividends Paid	Column C *Qualified Pension Plans	Column D *Other Deductions	Column E Totals
1. Accident & Health	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>
2. Life	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>
3. Front End Annuity Considerations	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>
4. Property & Casualty (Exclude Title & Workers' Comp)	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>
5. Title	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>
6. Workers' Comp	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>
7. Other	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>
8. Totals	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>	<input type="text" value="999999999.00"/>

*Columns B through D do not apply to Risk Retention Groups.

Enter line 8, column A amount on Form INS-4, line 2.
Enter line 8, column B amount on Form INS-4, line 3.
Enter line 8, column C amount on Form INS-4, line 4.
Enter line 8, column D amount on Form INS-4, line 5. Attach documentation to support amount claimed.



Note: This schedule must be completed by all insurers not incorporated in Maine. All amounts must be in U.S. dollars.

Taxpayer Name XXXXXXXXXXXXXXXXXXXXXXXX Federal EIN 99 9999999 Tax Year 2024

Table with 5 columns: Column A (Gross Premiums), Column B (Allowable Deductions), Column C (Net Taxable Premiums), Column D (*Tax Rate - State of Incorporation), and Column E (**Annual Tax Due). Rows include categories like Accident & Health, Life, Annuity, Property & Casualty, Title, Workers' Comp, Other, and Totals.

*Column D - enter the tax rate as a decimal (for example, enter 2.5% as .025 or enter 3% as .03).
**Column E - if minimum tax applies, enter minimum tax. Do not include fees. (See Schedule 2 Instructions)

Enter line 8, column A amount on Form INS-4, line 12.
Enter line 8, column B amount on Form INS-4, line 13. Attach documentation to support amount claimed.
Enter line 8, column C amount on Form INS-4, line 14.
Enter line 8, column E amount on Form INS-4, line 15.