



Mississippi Insurance Company Income Tax Return 2019

FEIN 999999999

COMPUTATION OF NET INCOME

		A MISSISSIPPI	B COMPANY-WIDE
1	Direct premiums (except accident and health premiums)		
12		9999999999	
13	Less: return premiums	9999999999 1A	9999999999 1B
2	Direct accident and health premiums	2A	2B
3	Reinsurance assumed	3A	3B
4	Considerations for annuities	4A	4B
5	Considerations for supplementary contracts	5A	5B
6	Unearned premiums (December 31st, prior year)	6A	6B
7	Gross investment income	7A	7B
8	Other income	8A	8B
9	Total net income (add line 1 through line 8)	9A	9B

DEDUCTIONS

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

MISSISSIPPI NET TAXABLE INCOME

14	Gross income (line 9 minus line 13)	14A	14B
15	Total deductions allocated and apportioned (from page 4, part III, line 23)	15A	15B
16	Less: Mississippi net operating loss (from Form 83-155, part I, line 2)	16A	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)	17A	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)			
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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		A MISSISSIPPI		B COMPANY-WIDE
PART III: DEDUCTIONS APPORTIONED				
21 Non-allocable loss adjustment expenses	21A	9999999999	21B	9999999999
22 Total apportioned expenses (from page 4, part IV, line 3)	22A	9999999999	22B	9999999999
23 Total allocated and apportioned deductions (line 20 plus line 21 plus line 22; enter on page 2, line 15)	23A	9999999999	23B	9999999999

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
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999

1 Totals (total column A minus total column B)	9999999999	9999999999	9999999999
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 22)			9999999999

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
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
		1 Total amounts (total amounts from column B; enter amount on page 1, line 3)	9999999999