



Mississippi Insurance Company Income Tax Return 2023

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 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	
9X9X9X9X9				
Paid Preparer PTIN	Paid Preparer Phone	City	State	Zip Code

Mail Return To: DEPARTMENT OF REVENUE P.O. BOX 23191 JACKSON, MS 39225-3191

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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		
9	Loss adjustment expenses allocated	6A	9999999999	6B	9999999999		
10	Matured endowments	7A	9999999999	7B	9999999999		
11	Annuity benefits	8A	9999999999	8B	9999999999		
12	Disability benefits	9A	9999999999	9B	9999999999		
13	Surrender benefits	10A	9999999999	10B	9999999999		
14	Payments on supplementary contracts	11A	9999999999	11B	9999999999		
15	Net additions to reserve funds (required by law for liquidating policies at maturity)	12A	9999999999	12B	9999999999		
16	Commissions	13A	9999999999	13B	9999999999		
17	Gross premium privilege tax	14A	9999999999	14B	9999999999		
18	Other allocable taxes	15A	9999999999	15B	9999999999		
19	Rent, allocated	16A	9999999999	16B	9999999999		
20	Agency expense (attach schedule)	17A	9999999999	17B	9999999999		
21	Medical and inspection fees, allocated	18A	9999999999	18B	9999999999		
22	Other allocable deductions (attach schedule)	19A	9999999999	19B	9999999999		
23	Total allocable deductions	20A	9999999999	20B	9999999999		

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PART III: DEDUCTIONS APPORTIONED		A MISSISSIPPI	B COMPANY-WIDE
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 (9)	B Less Allocable Expenses	C Balance Apportionable
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	99999999999	99999999999	99999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	99999999999	99999999999	99999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	99999999999	99999999999	99999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	99999999999	99999999999	99999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	99999999999	99999999999	99999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	99999999999	99999999999	99999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	99999999999	99999999999	99999999999

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
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999

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