Gross Premium Tax Return Life, Accident, Health and Title Companies

North Carolina Department of Revenue

				DOR Use Only
For tax year beginning (MM-DD-YY) = = and	ending (MM-DD-YY) =		/ /
Legal Name (First 35 Characters) (USE CAF	PITAL LETTERS FOR YOUR NAME AND ADDR	RESS)		
Mailing Address			Fede	ral Employer ID Number
City		State Zip Code	-	
Name of Contact Person	Phone Number	State of Domicil	 e	
		-	_	NAIC Number
Fill in circle if applicable: Payment has been made thr Amended Return	ough electronic funds transfer (EFT)		<u> </u>
Date of Withdrawal if Compar	ny Surrendered Certificate of Aut	thority to do Business in N	C During the Ye	ar
Schedule A. Summary of	of Amount Due			
1. Total 2014 Gross Premi (From Schedule B, Part 3	-		1.	
2. Total 2014 Insurance Re (From Schedule C, Line 7			2.	
3. Total Payment Due for 2 Add Line 1 and Line 2	2014		3. \$.00

The following must be attached to this return:

2014 Schedule T from the Annual Statement 2014 North Carolina Business Page

The following must be attached if applicable (check all that apply):

- Reconciliation schedule explaining any differences in the premiums listed on the tax return, the North Carolina Business Page, and Schedule T
- O 2014 Guaranty Assessment Tax Credit Available notice from either the North Carolina Life & Health Insurance Guaranty Association or the North Carolina Insurance Guaranty Association
- O Schedule in support of any supplemental workers' compensation tax credits claimed
- Form CD-425, NC-478 and applicable series schedules in support of Article 3A, low-income housing, and mill rehabilitation tax credits claimed

Signature: I certify that, to the best of my knowledge, this return is accurate and complete.

_____ Title: .

Date:

Returns are due by the 15th day of the 3rd month following the end of the calendar year. Your check or money order must be in the form of U.S. currency from a domestic bank.

Schedule B. Calculation of Gross Premium Tax

Part 1. North Carolina Basis Gross Premium Tax (Multiply NC Taxable Premiums by the Applicable Tax Rate)

		NC Taxable Premiums	Tax Rate	Tax Computed on NC Basis
1.	Life Insurance		1.9%	
2.	Annuities		0%	
3.	Accident and Health		1.9%	
4.	Workers' Comp		2.5%	
5.	All Other Lines (attach schedule)		1.9%	
6.	Finance Charges		1.9%	
7.	Total Add Lines 1 through 6			

Part 2. State of Domicile Basis Gross Premium Tax (Enter state of domicile tax rate in the Tax Rate column. Multiply NC Taxable Premiums by the Tax Rate. Attach supplemental schedule showing detail of taxable premiums and tax computation if space provided is inadequate.)

		NC Taxable Premiums	Tax Rate	Tax Computed on State of Domicile Basis
1.	Life Insurance	• • • • • • • • • • • • • • • • • • • •	%	
2.	Annuities	• •00	%	
3.	Accident and Health	• •00		
4.	Workers' Comp	• •00	%	
5.	All Other Lines (attach schedule)	• •00	%	
6.	Finance Charges	• •00	%	
7.	Total Add Lines 1 through 6	• •00		
Part	3. Computation of Gross Premium Tax	x		
1.	Gross Premium Tax Computed on NC Basis (From Part 1, Total Tax Computed)		1.	
2.	Retaliatory Tax Part 2, Total Tax Computed minus Part 1, Total Tax	Computed, but not less than zero.	2.	
3.	Gross Premium Tax Line 1 plus Line 2		3.	
4.	Tax Credits a. NC Guaranty Fund Assessment Credit (From So	chedule E, Total; not to exceed Line 3)	► 4a.	
	b. CD-425 and NC-478 Tax Credits (Attach applica	ble forms)	▶ 4b.	
5.	Gross Premium Tax Liability Line 3 minus Lines 4a and 4b, but not less than zer	0	► 5.	
6.	Prior Year Credit Applied to 2014 (From Schedule D, Line 1, Column 1)		► 6.	
7.	Gross Premium Tax Installment Payments (From Schedule D, Line 5, Column 1)		▶ 7.	
8.	Balance of Gross Premium Tax Due Line 5 minus Lines 6 and 7, but not less than zero.	If less than zero, enter amount on Line 11.	8.	
9.	a. Penalties 🕨 100	b. Interest	0	(See <u>www.dornc.com</u> for current interest rate and penalty information)
10.	Total Gross Premium Tax Due (Add Lines 8, 9a and 9b)		10. \$	
11.	Overpayment		▶ 11.	

Legal Name		FEIN		— Page 3, Form IB-13, Web, 12-14	
Part	t 3. Computation of Gross Premium Tax (continued)			
12.	Amount of Line 11 to be Applied to 2015 Gross Pr	emium Tax		► 12.	
13.	13. Gross Premium Tax to be Refunded Line 11 minus Line 12			13.	
Sch	edule C. Insurance Regulatory Charge				
1.	Gross Premium Tax Liability (From Schedule B, Part 1, Total Tax Computed)			▶ 1.	.00
2.	Insurance Regulatory Charge Multiply Line 1 by 6.0%			2.	
3.	Prior Year Credit Applied to 2014 (From Schedule D, Line 1, Column 2)			► 3.	
4.	I. Insurance Regulatory Charge Installment Payments (From Schedule D, Line 5, Column 2)			▶ 4.	
5.	 5. Balance of Insurance Regulatory Charge Due Line 2 minus Lines 3 and 4, but not less than zero. If less than zero, enter amount on Line 8. 			5.	
6.	6. a. Penalties \blacktriangleright				(See <u>www.dornc.com</u> for current interest rate and penalty information)
7.	7. Total Insurance Regulatory Charge Due (Add Lines 5. 6a and 6b)			7. \$	
8.	Overpayment			▶ 8.	.00
9.	Amount of Line 8 to be Applied to 2015 Insurance	Regulatory Ch	arge	► 9.	.00
10.	Insurance Regulatory Charge to be Refunded Line 8 minus Line 9			10.	
Sc	hedule D. Installment Payments Made (S/	hould not include	any negative amoun	ts)	
			(1) Gross Pr	emium Tax	(2) Insurance Regulatory Charge
1.	 Prior Year Credit Applied to 2014 (Gross Premium Tax - from prior IB-13, Sch. B, Part 3, Line 12) (Insurance Regulatory Charge - from prior IB-13, Sch. C, Line 9) 				
2.	Installment Payment made April 15, 2014 (Do not include amount on Line 1) (Gross Premium Tax - from IB-14, Part 1, Line 4) (Insurance Regulatory Charge - from IB-14, Part 2, Lin	ne 10)			
3.	Installment Payment made June 15, 2014 (Do not include amount on Line 1) (Gross Premium Tax - from IB-14, Part 1, Line 4) (Insurance Regulatory Charge - from IB-14, Part 2, Lin	ne 10)			
4.	Installment Payment made October 15, 2014 (Do not include amount on Line 1) (Gross Premium Tax - from IB-14, Part 1, Line 4) (Insurance Regulatory Charge - from IB-14, Part 2, Lin	ne 10)			
5.	Total Installment Payments Made in 2014 Add Lines 2 through 4				
Sc	hedule E. Guaranty Association Credit Ava	ilable			
		Assess	ment Amount	Percentage	Amount of Credit
1.	Assessment Year 2009			20%	
2.	Assessment Year 2010			20%	

3. Assessment Year 2011

4. Assessment Year 2012

5. Assessment Year 2013

Total

20%

20%

20%

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