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NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

Instructions for Handwritten Forms

Guidelines

Do not use red ink. Use blue or black ink.

Do not use dollar signs, commas, or other punction marks.

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Printing

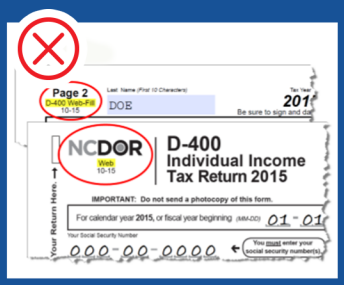
Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.

Do not select "print on both sides of paper."

Before You Send

Do not submit photocopies of returns. Submit originals only.

Do not mix form types



NCDOR
Web
11-25

IB-4A3

Gross Premiums Tax Return Captive Insurance Companies

To be filed by two or more Captive Insurance Companies filing as a Consolidated Group **other than** a Protected Cell Captive Insurance Company or a Special Purpose Insurance Company with a Cell or Series Structure

For tax year beginning *(MM-DD-YY)* ___ - ___ - ___ and ending *(MM-DD-YY)* ___ - ___ - ___

DOR Use Only ___ / ___ / ___

Legal Name of Controlling Captive Insurance Company

Mailing Address of Controlling Captive Insurance Company

City **State** **Zip Code**

Name of Contact Person **Phone Number** ___ - ___ - ___

Contact Person's Email Address

Legal Name of Captive Manager Firm

Mailing Address of Captive Manager Firm

City **State** **Zip Code**

FEIN/SSN

NAIC Number

NCDOI License Number

Date of Withdrawal or Dissolution ___ - ___ - ___

Fill in circle(s) if applicable:

- ○ Payment has been made through electronic funds transfer (EFT)
- ○ Amended Return
- ○ Final Return

Part 1. Captive Insurance Companies ("Members") Included in Consolidated Group *(Attach additional sheets if needed)*

	Name	FEIN/SSN	NCDOI License Number	Principal Place of Business	Date Licensed to do Business in North Carolina *(MM-DD-YY)*	Type of Captive: Pure	Association	Industrial Insured	Branch	Risk Retention	Special Purpose without a Cell or Series Structure	Special Purpose Financial
1.					___ - ___ - ___	○	○	○	○	○	○	○
2.					___ - ___ - ___	○	○	○	○	○	○	○
3.					___ - ___ - ___	○	○	○	○	○	○	○
4.					___ - ___ - ___	○	○	○	○	○	○	○

 Legal Name _____ **FEIN/SSN** _____

Part 2. Computation of Tax on Direct Premiums for ALL Members of Consolidated Group

(Direct premiums are premiums contracted for or collected on policies or contracts of insurance written by the company during the preceding calendar year. In the case of a multiyear policy or contract, the premiums are prorated among the years covered by the policy or contract. All direct premiums written by a N.C. captive are subject to tax in N.C. Attach additional sheets if needed.)

	A Member Name FEIN	B Member Name FEIN	C Member Name FEIN	D Combined Totals
1. Gross Direct Premiums Collected or Contracted For				
2. Adjustments *(See instructions):*				
a. Less Return Premiums, including Dividends, on Unabsorbed Premiums or Premium Deposits Returned or Credited to Policyholders *(Attach schedule)*				
b. Less amount of premiums included in Line 1 that pertain to multi-year contracts that are for coverage in years other than calendar year for which return is being filed *(Attach schedule)*				
c. Add amount of premiums NOT included in Line 1 that pertain to multi-year contracts that are for coverage in calendar year for which return is being filed *(Attach schedule)*				
3. Net Taxable Direct Premiums Line 1 minus Lines 2a and 2b and plus Line 2c				
4. Tax on Direct Premiums Multiply Line 3 by the applicable percentage(s) below; add the amounts and enter sum				.00
● Multiply the first $20 million by 0.400% ● Multiply the amount over $20 million by 0.300%				

Part 3. Computation of Tax on Assumed Reinsurance Premiums for ALL Members of Consolidated Group

(No tax on assumed reinsurance premiums is payable in connection with the receipt of assets in exchange for the assumption of loss reserves and other liabilities of one insurer by another insurer if the two insurers are under common control and the Commissioner of Insurance verifies that the transaction between the insurers is: (1) part of a plan to discontinue the operations of one of the insurers, and (2) the intent of the insurers is to renew or maintain business with the captive insurance company. Attach additional sheets if needed.)

	A Member Name FEIN	B Member Name FEIN	C Member Name FEIN	D Combined Totals
5. Assumed Reinsurance Premiums				
6. Adjustments *(See instructions):*				
a. Less amount of assumed reinsurance premiums that are subject to taxation on a direct basis *(Attach schedule)*				
b. Less amounts of assumed reinsurance premiums in connection with the receipt of assets in exchange for assumption of loss reserves and other liabilities *(Attach detailed schedule)*				
7. Net Taxable Assumed Reinsurance Premiums Line 5 minus Line 6a and Line 6b				
8. Tax on Assumed Reinsurance Premiums Multiply Line 7 by the applicable percentage(s) below; add the amounts and enter sum				.00
● Multiply the first $20 million by 0.225% ● Multiply the amount over $20 million but no more than $40 million by 0.150% ● Multiply the amount over $40 million but no more than $60 million by 0.050% ● Multiply the amount over $60 million by 0.025%				

 Legal Name _____ **FEIN/SSN** _____

Part 4. Total Premiums Tax For Members of a Consolidated Group that DOES NOT include a Special Purpose Financial Captive

9. Sum of Calculated Premiums Tax on Direct and Assumed Reinsurance Premiums
Enter the sum of Part 2, Column D, Line 4 and Part 3, Column D, Line 8 — 9. _____ .00

10. Total Premiums Tax For Members of a Consolidated Group that DOES NOT include a Special Purpose Financial Captive — 10. _____ .00

- If the amount on Line 9 is more than $100,000, enter $100,000
- If the amount on Line 9 is less than $5,000, enter $5,000
- If the amount on Line 9 is between $5,000 and $100,000, enter the amount of Line 9 on Line 10

Important: If you complete Part 4, do not complete Part 5. Proceed to Part 6.

Part 5. Total Premiums Tax For Members of a Consolidated Group that DOES include a Special Purpose Financial Captive

11. Sum of Calculated Premiums Tax on Direct and Assumed Reinsurance Premiums
Enter the sum of Part 2, Column D, Line 4 and Part 3, Column D, Line 8 — 11. _____ .00

12. Amount of Calculated Premiums Tax for Members of Group that ARE Special Purpose Financial Captives
Enter the amount of Line 11 allocated to all members of the Consolidated Group that ARE Special Purpose Financial Captives — 12. _____ .00

13. Maximum Threshold — 13. 100000 .00

14. Comparison of Calculated Tax for Special Purpose Financial Captives to Maximum Tax for Special Purpose Financial Captives
If the amount on Line 12 is greater than $100,000, enter $100,000 on Line 14. Otherwise, enter amount of Line 12 on Line 14. — 14. _____ .00

15. Amount of Calculated Premiums Tax for Members of Group that ARE NOT Special Purpose Financial Captives
Enter the sum of the premiums tax included in Line 11 for members of the consolidated group that ARE NOT Special Purpose Financial Cap**tives** — 15. _____ .00

16. Maximum Threshold — 16. 100000 .00

17. Comparison of Calculated Tax for Non Special Purpose Financial Captives to Maximum Tax for Non Special Purpose Financial Captives
If the amount on Line 15 is greater than $100,000, enter $100,000 on Line 17. Otherwise, enter amount of Line 15 on Line 17. — 17. _____ .00

18. Total Premiums Tax for ALL Members of Group
Add Lines 14 and 17 and enter total — 18. _____ .00

19. Minimum Threshold — 19. 5000 .00

20. Total Premiums Tax for a Consolidated Group that DOES include a Special Purpose Financial Captive
Compare the amount on Line 18 with the amount on Line 19. If the amount on Line 18 is less than $5,000, enter $5,000 on Line 20. Otherwise, enter the amount of Line 18 on Line 20. — 20. _____ .00

 Legal Name _____ **FEIN/SSN** _____

Part 6. Total Amount Due with This Return

21. Total Amount of Premiums Tax for Consolidated Group
Enter the Amount from Part 4, Line 10 or Part 5, Line 20 — 21. _____ .00

22. Tax Credits
Enter total amount of tax credit(s) being claimed. *(Attach completed Form CD-425 and appropriate forms in the NC-478 series.)* — 22. _____ .00

23. Line 21 minus Line 22 — 23. _____ .00

24. Penalties:

a. Failure to file *(See ncdor.gov for penalty information)* — 24a. _____ .00

b. Failure to pay *(See ncdor.gov for penalty information)* — 24b. _____ .00

25. Interest *(See ncdor.gov for current interest rate)* — 25. _____ .00

26. Total Amount Due with this Return
Enter the Sum of Lines 23, 24a, 24b, and 25 — 26. $ _____ .00

Copies of appropriate pages from financial statements filed with North Carolina Commissioner of Insurance in support of premiums reported on this return must be attached.

Printed Name: _____ **Title:** _____

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

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. Electronic filing of returns is not available.

N.C. Department of Revenue, Insurance Premiums Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300