

2016

FOREIGN OR ALIEN COMPANIES OTHER THAN LIFE

Insurer NAIC Code Number _____

Type or print the requested information
FEDERAL EMPLOYER I.D. NUMBER

Insurer NAIC Group Code Number _____

COMPANY NAME

MAILING ADDRESS

IMPORTANT: THE FOLLOWING INSTRUCTIONS MUST BE ADHERED TO:

CITY STATE ZIP CODE

The Original Return must be filed with the Director, Division of Taxation on or before March 1 annually and shall be accompanied with a CHECK PAYABLE TO - " NJ DIVISION OF TAXATION -- INSURANCE TAX" PLEASE REFER TO THE INSTRUCTIONS CONCERNING ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS.

ALSO

A duplicate return must be filed with the Commissioner of Banking and Insurance at the same time.

Mail to: Division of Taxation
PO Box 247 (200 Woolverton St. Bldg. 20)
Trenton, NJ 08646-0247
Mail to: The Department of Banking and Insurance
PO Box 325 (20 West State Street)
Trenton, NJ 08625-0325

WHEN COMPLETING THIS RETURN, PLEASE BE SURE TO FOLLOW THE GENERAL FILING INSTRUCTIONS ON PAGE 5.

ANNUAL REPORT
Statement of Premium Taxes and Other Obligations

Commissioner of Banking and Insurance, State of New Jersey :
Director, Division of Taxation, State of New Jersey :

The _____
incorporated or organized under the laws of _____
and with offices located at _____
(MAILING ADDRESS OF OFFICE PREPARING RETURN)

hereby submit the following statement for the calendar year ending December 31, 20 ____, as required by, and in accordance with the New Jersey Revised Statutes Title 54 chapters 16, 17, 18 and 18A, and Title 34 Chapter 15, Article 7.

Alien Insurers: Indicate Port of Entry _____
State

Date of Incorporation or organized _____

Date first licensed in New Jersey _____

STATE OF _____
COUNTY OF _____ } ss.

On this _____ day of _____ A.D. 20 _____ before me _____
personally appeared _____
(ININSERT SECRETARY OR U.S. MANAGER)

_____ Insurance Company of _____

who being duly sworn according to law, on his oath did depose and say that the foregoing report is true and correct.

Subscribed and sworn to before me the
day and year aforesaid.

(ININSERT SECRETARY OR U.S. MANAGER)

(OFFICIAL TITLE)

IMPORTANT:
THIS BLOCK MUST BE COMPLETED
FEDERAL EMPLOYER IDENTIFICATION
NUMBER _____

(NAME & TITLE OF PARTY TO CONTACT REGARDING THIS RETURN) (PHONE NUMBER) (EMAIL ADDRESS)

(SIGNATURE OF INDIVIDUAL PREPARING THIS RETURN) (PREPARER'S IDENTIFICATION NUMBER)

(NAME OF TAX PREPARER'S EMPLOYER) (EMPLOYER'S IDENTIFICATION NUMBER)

EXHIBIT OF TAXES AND OTHER OBLIGATIONS

| | (1) DIRECT PREMIUMS | (2) DIVIDENDS |
|--|--|------------------|
| 1. Auto Liability and Physical Damage | | |
| 2. Individual Accident and Health | | |
| 3. Group Accident and Health | | |
| 4. All Other (Except Ocean Marine) * | | |
| 5. Total lines 1 thru 4 | | |
| 6. Fire lines (See instructions) | | |
| 7. Ocean Marine | | |
| 8. | | |
| 9. | | |
| 10. Total lines 5 thru 9, Must Agree with line 35, of New Jersey State page of Annual Statements as filed with the New Jersey Department of Banking and Insurance | | |
| 11. Finance and Service Charges | | |
| 12. Total (lines 5 thru 11) | | |
| Workers Compensation Premiums per line 17 Premiums line 16 in New Jersey state page of Annual Statement _____ Less Dividends _____ Taxable Premiums _____ | TAXABLE PREMIUMS AS DETERMINED WITH | |
| | NOTE: If Taxable Premiums are determined as provided of Taxable Premiums as Provided in <u>N.J.S.A. 54: 18-6</u> | |
| | | |
| | 13. Taxable Premiums from Sch. C, Sec. II line 3, Col. B | |
| | 14. Taxable Premiums from Sch. C, Sec. II line 2, Col. B | |
| | 15. TOTAL (lines 13 plus 14, Columns 4 and 5) | |
| CALCULATION OF TAXABLE FIRE PREMIUMS | | |
| If Taxable Premiums are determined as provided in N.J.S.A. 54:18A-6 (12½% Limitation), the Division will cap New Jersey Taxable Fire Premiums in the same manner. See instructions, "Calculating New Jersey Taxable Fire Premiums" | OTHER ADDITIONAL TAXES | |
| | 17. Workers Compensation Premiums (included in line 4 above) | |
| | 18. Fire Marshal (Sch. B, line 45, Column 2) | |
| | 19. | |
| | 20. Other * -- Attach Detailed Schedule | |
| | 21. XXXXXXXXXXXXXXXXXXXXXXXXXX | |
| | 22. XXXXXXXXXXXXXXXXXXXXXXXXXX | |
| | 23. Total Additional Taxes (lines 17 thru 22, Columns 4 and 5) | |
| | 24. Total Taxes (line 16 and 23, Columns 4 and 5) | |

PAYMENT OF THE AMOUNT INDICATED AT line 35 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN.
**** Use Taxable Premium and Dividend Deduction allowed by State of Incorporation. Attach Schedule**
*** Supporting Documentation MUST be enclosed (requires proof of payment i.e. copies of cancelled checks)**
A copy of New Jersey State page and Schedule T as filed with the NAIC, must be attached.

SCHEDULE A (Page 2)

EXHIBIT OF TAXES AND OTHER OBLIGATIONS

| (3) TAXABLE PREMIUMS | STATE OF INCORPORATION** | | STATE OF NEW JERSEY | | | |
|--|--|-----------------|---------------------|------------|----------|----------|
| | Domicile Rate | (4) TAX | New Jersey Rate | (5) TAX | | |
| | | | 2.1% | 1. | | |
| | | | 2.1% | 2. | | |
| | | | 1.05% | 3. | | |
| | | | 2.1% | 4. | | |
| | | | | 5. | | |
| | | | 2.1% | 6. | | |
| | | | XXX | 7. | XXXXXXXX | |
| | | | XXX | 8. | XXXXXXXX | |
| | | | XXX | 9. | XXXXXXXX | |
| | | | XXX | 10. | XXXXXXXX | |
| | | | 2.1% | 11. | | |
| | | | | 12. | | |
| REFERENCE TO N.J.S.A. 54:18A-6 in N.J.S.A. 54:18A-6 (12.5% Limitation), then Schedule C- Calculation 18A-6 -- Other Than Life Companies must be completed. | | | | | | |
| Premiums | Domicile Rate | Tax | New Jersey Rate | | Tax | |
| 13. | | | 2.1% | 13. | | |
| 14. | | | 1.05% | 14. | | |
| 15. | XXX | | XXX | 15. | | |
| 16. | | | | 16. | | |
| (3) TAXABLE PREMIUMS | STATE OF INCORPORATION | | STATE OF NEW JERSEY | | | |
| Domicile Rate | (4) TAX | New Jersey Rate | (5) TAX | | | |
| 17. | | | 0.25% | 17. | | |
| 18. | | | XXX | 18. | XXXXXXXX | |
| 19. | | | XXX | 19. | XXXXXXXX | |
| 20. | | | | 20. | | |
| 21. | XXXXXXXXXX | XXX | XXXXXXXXXXXX | XXX | 21. | XXXXXXXX |
| 22. | XXXXXXXXXX | XXX | XXXXXXXXXXXX | XXX | 22. | XXXXXXXX |
| 23. | | | | 23. | | |
| 24. | | | | 24. | | |
| 25. | Retaliatory Tax Due -- (see instructions) | | | | 25. | |
| 26. | Total Tax Due, line 24 and 25 | | | | 26. | |
| CALCULATION OF TOTAL AMOUNT DUE | | | | | | |
| 27. | Business Incentive Tax Credit(s) (Attach completed Form 319-IPT, Form 320-IPT, Form 323-IPT) | | | | 27. | |
| 28. | Credit for Taxes Paid to New Jersey Fireman's Relief Association(s) | | | | 28. | |
| 29. | Other Credits * -- Insurance Premium Tax Credits- Attach Supporting Documentation | | | | 29. | |
| 30. | Total Tax Credits (Total of line 27 through 29) | | | | 30. | |
| 31. | Balance of Tax Liability Due (line 26 less line 30) | | | | 31. | |
| 32. | Credit for Prepayment of Premium Tax paid March 1 and June 1 of prior calendar year. | | | | 32. | |
| 33. | Balance Due (line 31 less line 32) | | | | 33. | |
| 34. | Prepayment of Tax Liability due March 1st (see instructions) | | | | 34. | |
| 35. | Total Amount Due State of New Jersey (line 33 plus line 34) | | | | 35. | |
| 36. | If line 33 plus line 34 is less than zero enter the amount of the overpayment | | | | 36. | |
| 37. | Amount of line 36 to be applied to Prepayment of Tax Liability due June 1st | | | | 37. | |
| 38. | Amount of line 36 to be refunded (If line 36 plus line 37 is less than zero) | | | | 38. | |
| 39. | Amount of Business Incentive Tax Credit(s) to be carried forward. (See applicable Form 319-IPT, Form 320-IPT, or Form 323-IPT) | | | | 39. | |
| PAYMENT OF THE AMOUNT INDICATED AT line 35 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN. | | | | | | |
| * Requires proof of payment i.e. copies of cancelled checks | | | | | | |
| ** Requires original Tax Credit/Tax Credit Transfer Certificate and completed tax credit form be included A copy of New Jersey State page and Schedule T as filed with the NAIC, must be attached. | | | | | | |

SCHEDULE B EXHIBIT OF TAXES ON PROPERTY LINES

| LINE OF BUSINESS | (1) NET DIRECT PREMIUMS-- MUST AGREE WITH STATE PAGE OF ANNUAL STATEMENT | | (2) STATE OF INCORPORATION FIRE MARSHAL | | (3) STATE OF INCORPORATION FIRE DEPARTMENT | | (4) STATE OF NEW JERSEY FIREMEN'S RELIEF ASSOC. | |
|---|--|--|---|--|---|--|--|--------|
| | % Allocated to fire | | % Allocated to fire | | % Allocated to fire | | % Allocated to fire | |
| 39. Fire | | | | | | | 100% | |
| 40. Homeowners | | | | | | | 35% | |
| 41. Commerical Multiple Peril (line 5.1 only) | | | | | | | 100% | |
| 42. All Other (line 5.2 added here) | | | | | | | XXXX | XXXXXX |
| 43. | | | | | | | XXXX | XXXXXX |
| 44. | | | | | | | XXXX | XXXXXX |
| 45. Enter on Schedule A page 1, Column 1, line 6 | | | | | | | | |

**SCHEDULE C
COMPANIES OTHER THAN LIFE
CALCULATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6**

SECTION 1 – COMPLETE ONLY IF LICENSED SUBSEQUENT TO June 30, 1984

**WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN
AND ALL OF ITS AFFILIATES AS DEFINED IN N.J.S.A. 17:27A-1 et seq.**

| WORLDWIDE PREMIUM DATA | (A) WORLDWIDE PREMIUMS | (B) 12.5 % OF AMOUNT IN COLUMN (A) | (C) NEW JERSEY PREMIUMS |
|---|--------------------------------|--|---------------------------------|
| 1. TOTAL Premiums, including Finance and Service Charges, on all Policies of the company and its affiliates | | | |
| 2. LESS: Premiums on Group Accident and Health Policies of the Company and its affiliates | | | |
| 3. BALANCE – (line 1 minus 2) | | | |

SECTION II – MUST BE COMPLETED BY ALL COMPANIES ELECTING TO CALCULATE TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN

| WORLDWIDE PREMIUM DATA | (A) WORLDWIDE PREMIUMS | (B) 12.5 % OF AMOUNT IN COLUMN (A) |
|--|--------------------------------|--|
| 1. TOTAL Premiums, including Finance and Service Charges, on all Policies of the company | | |
| 2. LESS: Premiums on Group Accident and Health Policies of the Company | | |
| 3. BALANCE – (line 1 minus 2) | | |

NOTE: IN ORDER TO DETERMINE WHICH FIGURES SHOULD BE APPLIED AS TAXABLE PREMIUMS AT LINE(S) 13 AND/OR 14 OF SCHEDULE A, PLEASE REFER TO THE INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

FOREIGN OR ALIEN COMPANIES OTHER THAN LIFE
GENERAL FILING INSTRUCTIONS

Listed below you will find instructions about areas to pay close attention to when completing the tax form:

1. **NAIC code**—At the top left side of the page of the return is a space to provide the insurer's five digit NAIC (National Association of Insurance Commissioners) code. This space must be completed by all taxpayers.
2. **Port of entry**— A line has been added at the middle of the first page for alien insurers to indicate their port of entry.
3. **Email address** has replaced the Contact Persons Fax number on the Front Page of the return.
4. When completing Schedule A of the return, give your attention to the following instructions.
 - a. Express tax rates inserted by taxpayers in percentage and not decimal format. (2.25%, **NOT** .0225 or 2¼.).
 - b. Only place one number in each cell. If taxable premiums (column 3) are different for New Jersey and the taxpayer's state of incorporation, enter the New Jersey taxable premiums in column 3. Attach a schedule indicating the taxable premiums used in calculating the tax amount in column 4.
 - c. Note that lines 21 and 22 have been blocked out at columns 3, 4 and 5. If the taxpayer should require more space to report state of incorporation rates and taxes in column 4, please attach a separate schedule. However, line 23, column 4, should include the total of all additional taxes including any listed in a separate schedule.
5. **Schedule A**—Please note that Schedule A, including lines 1 to 12, must be completed by all taxpayers, even if the taxpayer is calculating the tax based on the 12.5% limitation indicated in Schedule C.
6. **Agents & Brokers License Fees**—The Department of Banking and Insurance has reviewed and determined that conditions giving rise to the inclusion of Agents & Brokers Fees in the EM-Foreign or Alien Companies Other Than Life, Insurance Premium Tax (IPT) return form no longer apply. As of **January 1, 2011 tax year, Agents & Brokers License Fees has been eliminated from this return** and will not be included as a part of the calculation of the Total Tax on line 24 or the Retaliatory Tax on line 25.
7. **Note Regarding Other Taxes, Obligations and Fees in Calculating the Retaliatory Tax Due:** If a taxpayer includes other taxes, obligations and fees paid to The Department of Banking and Insurance on Schedule A (Page 2) line 24 "Total Tax", in calculating its Retaliatory Tax obligation, they may credit those amounts on Schedule A (Page 2) line 29 "Other Credits". A detailed breakdown of the credits taken must be attached. If other taxes, obligations and fees are not included in line 24 for the Retaliatory Tax calculation, no credit is allowed.
8. **See instructions below regarding changes to the tax forms.**
9. **All credits** requested on Schedule A, require supporting documentation as proof of payment (i.e. copy of the check or cancelled check). These documents **MUST** be submitted with the return or the credit will be denied.
10. **Business Incentive Tax Credits** requested on Schedule A, require the original tax credit/tax credit transfer certificate and completed Tax Credit form, be filed with the return or the credit will be denied.
11. **Penalty and Interest** – Any taxpayer that fails to file its return or pay tax when due, shall be subject to penalties and interest as provided for in the State Tax Uniform Procedure Law N.J.S.A. 54:48-1 et seq. and N.J.S.A. 18:2-2.1 et seq.
12. **Overpayments** Any refundable overpayment indicated on line 36 must first be applied to the prepayment due June 1st before any refund will be issued.

INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE PREMIUMS
PROVIDED IN N.J.S.A. 54:18A-6
(SCHEDULE C)

Column A Worldwide Premiums are defined as **Worldwide Premiums minus dividends paid or credited to policyholders.**

If the company was licensed in this State on or after June 30, 1984 and the amount indicated at Section I, Column C line 3, *is not greater* than the amount indicated on Section I, line 3, Column B, the company does not qualify to use this limitation. Taxable premiums are those indicated on Schedule A, Column 3, line 12.

If the company was licensed in this State on or after June 30, 1984 and the amount indicated at Section I, Column C, line 3, *is greater* than the amount indicated on Section I, Column B, line 3, taxable premiums are the amounts indicated on Section II, Column B. These amounts are to be entered on Schedule A, Column 3 applicable line(s) (13, 14).

In addition, a detailed schedule of Worldwide and New Jersey Premiums of the Company and each affiliate must be submitted with this schedule.

If the company was licensed in this State prior to June 30, 1984 and the amount indicated on Section II, Column B, line 3, *is less* than taxable premiums indicated on Schedule A, Column 3, line 12, enter the amounts from Column B on Schedule A, Column 3, applicable line(s) (13, 14). If the amount indicated on Section II, Column B, line 3, *is not less* than taxable premiums indicated on Schedule A, Column 3, line 12, taxable premiums are those indicated on Schedule A, Column 3, line 12.

INSTRUCTIONS FOR COMPLETING SCHEDULE C

1. This schedule is to be completed only by those companies electing to calculate taxable premiums as provided in N.J.S.A. 54:18A-6 (12.5% limitation).
2. If the company was licensed in this State, on or after June 30, 1984, complete both Section I and Section II.
3. If the company was licensed in this State, prior to June 30, 1984, complete only Section II.
4. Worldwide Premiums should be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, line 12.
5. When completing Section 1, attach a separate schedule listing each affiliate and applicable premiums used in completing column A of Section 1.
6. **Schedule A, lines 1 to 12 must be completed by ALL TAXPAYERS.**

CALCULATING NEW JERSEY TAXABLE FIRE PREMIUMS
(FIRE LINES, SCHEDULE A COLUMN 1, LINE 6)

If calculating Taxable Premiums as per N.J.S.A. 54:18A-2 or 3, New Jersey Taxable Fire Premiums are as Schedule B, Column 4 line 45. Enter this amount on Schedule A Column 1 line 6.

If calculating Taxable Premiums as per N.J.S.A. 54:18A-6, New Jersey Taxable Fire Premiums are calculated applying the 12.5% limitation cap as follows: Total Worldwide New Jersey Fire Premiums X 12.5% = New Jersey Taxable Fire Premiums. Enter this amount on Schedule A Column 1 line 6. See Notice on the Division of Taxation website at <http://www.state.nj.us/treasury/taxation/pdf/IPTNotice.pdf>.

CALCULATING RETALIATORY TAX – SCHEDULE A LINE 25

When Schedule A line 16 “Total Tax” is arrived at by using Schedule C Section II, the 12.5% limitation cap is not taken into account in the Retaliatory Tax computation, as per *American Fire & Casualty Company v. New Jersey Division of Taxation-Decided October 19, 2006*. Computation of the Retaliatory Tax on Schedule A, line 25 is the same whether you calculate line 16 using, line 12 or line 15. The calculation is as follows: the Excess of Column 4 line 12 *plus* line 23 over Column 5 line 12 *plus* line 23.

CHANGES TO THE TAX FORM

Line 27- Business Incentive Tax Credit line. The taxpayer must attach the applicable original tax credit/tax credit transfer certificate issued by the New Jersey Division of Taxation, along with the corresponding completed Form 319-IPT, Form 320-IPT or Form 323-IPT. Failure to attach the tax credit/tax credit transfer certificate or applicable tax credit form will result in the denial of the tax credit claimed.

Line 28- Credit for Taxes Paid to New Jersey Fireman’s Relief Association line.

Line 29- Other Credits, for other tax credits or offsets, specific to the Insurance Premium Tax.

BUSINESS INCENTIVE TAX CREDITS – SCHEDULE A LINE 27

To claim these credit(s), the taxpayer must attach a copy of the original tax credit/tax credit transfer certificate issued by the New Jersey Division of Taxation and completed Form 319-IPT, Form 320-IPT or Form 323-IPT. Failure to attach the original certificate and applicable tax credit form(s) will result in denial of the tax credit claimed.

CALCULATING PREPAYMENT – SCHEDULE A LINE 34

If the Total Tax on line 16 was calculated using Schedule C, Section II, then the prepayment on Schedule A, line 34 is to be computed as follows: Multiply the prepayment base by 12.5% then by 2.1%. Fifty percent of this figure is the prepayment. Attach a copy of your worksheet showing the calculation of the prepayment, to the return:

| | |
|---|------------|
| Total Worldwide Premiums | A \$ _____ |
| Total Worldwide New Jersey Fire Premiums | B \$ _____ |
| Worldwide Premium prepayment base (line A minus line B) | \$ _____ |

If the Total Tax on line 16 was calculated using Schedule A, line 12 then the prepayment on Schedule A line 34, is computed as follows: Fifty percent of the sum of Column 5, line 5 plus line 11.

ELECTRONIC FUNDS TRANSFERS

The Division of Taxation has established procedures to allow the remittance of tax payments through electronic funds transfer (EFT). Taxpayers with a prior year’s tax liability of \$10,000 or more in any one tax are required to remit tax payments using EFT.

For EFT program questions, call the EFT Unit at (609) 292-9292 Opt #6, Fax (609) 984-6681, visit the Division of Revenue and Enterprise Services website at <http://www.state.nj.us/treasury/revenue/enrolleft.shtml>, or write to the New Jersey Division of Revenue and Enterprise Services, EFT Section, P.O. Box 191, Trenton, N.J. 08646-0191.

If remitting payment by EFT, the Total Amount Due indicated at line 35 must be transmitted in one transaction with an applicable year of **2016**. The Prepayment of Tax liability included in this amount, along with the Prepayment of Tax liability due June 1st, will be credited automatically against the succeeding years’ tax liability, when the taxpayer files that years’ Insurance Premium Tax Return. A separate transaction for the prepayment tax liability due March 1st line 34 is not required.

HELPFUL HINT FOR EFT REMITTANCE: Return Period Ending **MUST** read **161231** ((YY) Year, (MM) Month, (DD) Day) for **ALL** payments associated with the **2016** tax return. This includes any **PREPAYMENT** of tax liabilities due with the return on March 1st and on June 1st. The same procedure should be followed for subsequent tax years, after adjusting the return period ending accordingly.

IMPORTANT NOTE

PAYMENT for the amount indicated at Schedule A, line 35 of the Insurance Premium Tax Return **MUST BE SUBMITTED TO THE DIVISION OF TAXATION** at the address indicated on the front page of this return. **DO NOT** send payment amount to The Department of Banking and Insurance.

In the event the taxpayer is simultaneously paying obligations to The Department of Banking and Insurance (i.e. Annual Statement Filing Fee, Renewal of Certificate of Authority Fee, Maintenance Fee, Insurance Development Fund etc.) these amounts must be submitted under separate cover to The Department of Banking and Insurance at the address indicated on the notice received for the particular obligation.

****ALL ATTACHMENTS MUST BE INCLUDED WITH BOTH THE ORIGINAL RETURN FILED WITH THE DIVISION OF TAXATION AND THE DUPLICATE ORIGINAL RETURN FILED SIMULTANEOUSLY WITH THE DEPARTMENT OF BANKING AND INSURANCE.**