EM-10-05

STATE OF NEW JERSEY

2005 FOREIGN OR ALIEN COMPANIES OTHER THAN LIFE

Insurer NAIC Code Number _____

Type or print the requested information

FEDERAL EMPLOYER I.D. NUMBER

COMPANY NAME

MAILING ADDRESS

CITY STATE ZIP CODE

IMPORTANT: THE FOLLOWING INSTRUCTIONS MUST BE ADHERED TO:

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

Mail to: Division of Taxation
PO Box 247 (160 South Broad Street)
Trenton, NJ 08646-0247

ALSO

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

Mail to: 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

STATE OF _____
COUNTY OF _____ } ss.

On this _____ day of _____ A.D. 20 _____ before me _____

personally appeared _____
(INSERT 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.

_____

_____
(INSERT SECRETARY OR U.S. MANAGER)

_____

_____
(OFFICIAL TITLE)

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

(NAME OF PARTY TO CONTACT REGARDING THIS RETURN) *(TITLE)* *(PHONE NUMBER)* *(FAX NUMBER)*

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

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

SCHEDULE A (Page 1) **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, Schedule B, Line 45, Column 4		
7 . Ocean Marine		
8 .		
9 .		
10 . Total Lines 5 thru 9, Must Agree with Line 32, of New Jersey page 24 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 Page 14 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 N.J.S.A. 54:

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)
16 .	Total Tax (Lesser of Line 12, Col 5 or Line 15, Col. 5)

OTHER ADDITIONAL TAXES

17 .	Workers Compensation Premiums (included in line 4 above)
18 .	Fire Marshal (Sch. B, Line 45)
19 .	
20 .	Other -- Attach Detailed Schedule
21 .	
22 .	

SCHEDULE A (Page 2)

EXHIBIT OF TAXES AND OTHER OBLIGATIONS

(3) TAXABLE PREMIUMS	STATE OF INCORPORATION** (4) RATE	TAX	STATE OF NEW JERSEY (5) RATE		TAX
			2.1%	1 .	•
			2.1%	2 .	•
			1.05%	3 .	•
			2.1%	4 .	•
				5 .	
			2.1%	6 .	•
			XXX	7 .	XXXXXXX
			XXX	8 .	XXXXXXX
			XXX	9 .	XXXXXXX
			XXX	10 .	XXXXXXX
			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	Rate		Tax
		2.1%	13 .	•
		1.05%	14 .	•
		XXX	15 .	•
	XXXXXXXXXXXXXX		16 .	•

(3) TAXABLE PREMIUMS	STATE OF INCORPORATION (4) RATE	TAX	STATE OF NEW JERSEY (5) RATE		TAX
			0.25%	17 .	•
			XXX	18 .	XXXXXXX
			XXX	19 .	XXXXXXX
				20 .	•
XXXXXXXXX	XXX	XXXXXXXXXXXXXX	XXX	21 .	XXXXXXX
XXXXXXXXX	XXX	XXXXXXXXXXXXXX	XXX	22 .	XXXXXXX

23 . Total Additional Taxes, Lines 17 thru 22	23 .	•
24 . Total Taxes, Line 16 and 23, Col. 4 and 5	24 .	•
25 . Retaliatory Tax Due (Excess of Line 24, Col. 4 Over Col. 5)	25 .	•
26 . Total Tax Due, Line 24 and 25	26 .	•
CALCULATION OF TOTAL AMOUNT DUE		
27 . Credit for Taxes Paid to Fireman's Relief Association(s)	27 .	•
28 . Other Credits -- Attach Detailed Schedule	28 .	•
29 . Smart Moves For Business Program Tax Credit from Form 307 (see instructions)	29 .	•
30 . Total Tax Credits (Total of Line 27 to line 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 2006 Tax -- (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 June 1, 2006 prepayment	37 .	•
38 . Amount of line 36 to be refunded	38 .	•

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 Divided Deduction allowed by State of Incorporation. Attach schedule.**

SCHEDULE B EXHIBIT OF TAXES ON PROPERTY LINES

	(1) NET DIRECT PREMIUMS-- MUST AGREE WITH PAGE 15 OF ANNUAL STATEMENT		(2) STATE OF INCORPORATION FIRE MARSHAL		(3) STATE OF INCORPORATION FIRE DEPARTMENT		(4) STATE OF NEW JERSEY FIREMEN'S RELIEF ASSOC.	
LINE OF BUSINESS	% 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								

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 6/30/84

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 ½% OF AMOUNT IN COLUMN (A)	(C) NEW JERSEY PREMIUMS
1. TOTAL Premiums, including Finance and Service Charges, on all Polices of the company and its affiliates			
2. LESS: Premiums on Group Accident and Health Polices of the Company and its affiliates (Taxable at 1.05%)			
3. BALANCE – (Line 1 minus 2) (Taxable at 2.1%)			

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 ½% OF AMOUNT IN COLUMN (A)
1. TOTAL Premiums, including Finance and Service Charges, on all Polices of the company		
2. LESS: Premiums on Group Accident and Health Polices of the Company (Taxable at 1.05%)		
3. BALANCE – (Line 1 minus 2) (Taxable at 2.1%)		

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

Please note that material changes have made to the tax form due to computerization of Department of Banking and Insurance and Division of Taxation records. Listed below you will find instructions which highlight special areas of concern when completing the tax return.

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 (**N**ational **A**ssociation of **I**nsurance **C**ommissioners) code. This space must be completed by all taxpayers.
2. Peel Off Labels—Will no longer be provided.
3. Port of entry—At the middle of the first page, a line has been added for alien insurers to indicate their port of entry.
4. When completing Schedule A of the return, please give your attention to the following instructions.
   a. Please 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. Please 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. **Penalty and Interest** –Any taxpayer which shall fail to file its return when due or fail to 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.
7. Please note that attachments must be included with the return being filed with the Division of Taxation and with the duplicate original return which is simultaneously being filed with the Department of Banking and Insurance.

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

If the company was licensed subsequent to 6/30/84 and the amount indicated at Section I, Line 3, Column C *is not greater* than the amount indicated at Section 1, Line 3, Column B, then the company does not qualify to use this limitation. Taxable premiums are then those included at line 12, Column 3 of Schedule A.

If the company was licensed subsequent to 6/30/84 and the amount indicated at Section I, Line 3, Column C *is greater* than the amount indicated at Section 1, Line 3, Column B then taxable premiums are the amounts indicated at Section II, Column B. These amounts should be entered at the applicable Line(s) (13, 14), Column 3 of Schedule A. A detailed schedule of Worldwide and New Jersey Premiums of the Company and each affiliate must also be submitted with this schedule.

If the company was licensed prior to7/1/84 and if the amount indicated at Section II, Line 3, Column B *is less* than taxable premiums indicated at line 12, Column 3 of Schedule A, then enter amounts from Column B at the applicable Line(s) (13, 14), Column 3 of Schedule A. If the amount indicated at section II, Line 3, Column B *is not less* than taxable premiums indicated at line 12, Column 3 of Schedule A, then taxable premiums are those included at line 12, Column 3 of Schedule A.

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 subsequent to 6/30/84, complete both Section I and Section II.
3. If the company was licensed prior to7/1/84, 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. Schedule A, Lines 1 to 12 must be completed by ALL TAXPAYERS.

CALCULATING PREPAYMENT – SCHEDULE A LINE 34

If the tax on line 16 was calculated using Schedule C, Section II, then the prepayment of Schedule A, Line 34 should be computed as follows: Worldwide premiums multiplied by 12.5% and the result multiplied by 2.1% will be called X. Fifty percent of Schedule A, Line 15, Column 5 less X is your prepayment for 2005.

If total tax on line 16 was calculated using Schedule A, Line 12 then the prepayment on Schedule A, Line 34, should be completed as follows: Fifty percent of Line 5, plus line 11, column 5.

SMART MOVES FOR BUSINESS PROGRAM CREDIT

A taxpayer who has registered with the New Jersey Department of Transportation and who has an authorized report/plan to provide commuter transportation benefits may claim a tax credit based on the direct expenditures attributed to the plan.

To claim the credit the taxpayer must complete Form 307 and attach it to the return. This form and related information may be obtained from the Taxpayer Forms Service, PO Box 269, Trenton, NJ 08695-0269, or by calling 1-800-323-4400 for New Jersey taxpayers or 609-826-4400 for out-of-state taxpayers, or by accessing the Division of Taxation website at www.state,nj.us/treasury/taxation.

If Form 307 is being submitted, the calculation of the allowable credit in Part III must be determined in separate columns for the tax on fire insurance premiums and all other insurance premium tax reported on this return.

In completing the column for tax on the fire premiums, the appropriate tax liability to be reported on line 12 of Part III is determined by subtracting the amount reported on line 27, Schedule A from the tax amount reported on line 6, Schedule A of this premium tax return. There is no credit amounts applicable to the tax on fire insurance premiums to be reported on line 18, Part III of Form 307.

In completing the column for all other insurance premium tax reported on this return, the appropriate tax liability to be reported on line 13 of Part III is determined by adding the tax amounts reported on lines 5 and 11, Schedule A of this premium tax return.

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 liability of $10,000 or more in any one tax are required to remit all tax payments using EFT.

If you have questions concerning the EFT Program, Call 609-984-9830 or write to the N.J. Division of Revenue, EFT section, PO 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 or 2005. The prepayment of the 2006 tax liability included in this amount will automatically be credited to the 2006 tax year when the taxpayer files the 2006 Insurance Premium Tax Return. A separate transaction for the 2006 prepayment at line 34 is not required.

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 first page of this return. **DO NOT** send payment of this Amount to the Department of Banking and Insurance.

However, if the taxpayer is simultaneously paying an Annual Statement Filing Fee, Renewal of Certificate of Authority Fee, Maintenance Fee, Insurance Development Fund Surcharge, etc., these amounts must be submitted under separate cover to the address indicated on the notice for the particular fee, surcharge, etc. and **MUST NOT** be included with the Insurance Premium Tax Return.

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