

2016

FOREIGN OR ALIEN COMPANIES

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.

Mail to: Division of Taxation
PO Box 247 (200 Woolverton St., Bldg. 20)
Trenton, NJ 08646-0247

ALSO

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

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
Life Insurance Companies

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.

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 _____

(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 & 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)

STATE OF INCORPORATION	(1) Life Insurance	(2) Annuity Considerations	(3) Individual Accident & Health	(4) Group Accident & Health	(5) Other Explain	(6) Other Explain	(7) TOTAL
1 . Premiums Per Schedule T (Attach reconciliation if different)							
2 . Dividends paid in Cash: excluding \$ dividends on Qualified Pension Plans							
3 . Dividends used for renewal; excluding \$ dividends on Qualified Pension Plans							
4 . Dividends left on deposit; excluding \$ dividends on Qualified Pension Plans							
5 . Life premiums on Qualified Pension Plans							
6 . All Other explain **							
7 . Total deductions lines 2 thru 6							
8 . Taxable Premiums line 1 less line 7							
9 . Tax Rate							
10 . Tax line 8 X 9							
STATE OF NEW JERSEY * (Attach a copy of New Jersey State page of Annual Statement as filed with the New Jersey Department of Banking and Insurance)							
11 . Premiums Per Schedule T (Attach reconciliation if different)		XXXXXX			XXXXXX		
12 . Dividends paid in Cash: excluding \$ dividends on Qualified Pension Plans		XXXXXX			XXXXXX		
13 . Dividends used for renewal; excluding \$ dividends on Qualified Pension Plans		XXXXXX			XXXXXX		
14 . Dividends left on deposit; excluding \$ dividends on Qualified Pension Plans		XXXXXX			XXXXXX		
15 . Life premiums on Qualified Pension Plans (Attach documentation)		XXXXXX			XXXXXX		
16 . All Other explain		XXXXXX			XXXXXX		
17 . Total deductions lines 12 thru 16		XXXXXX			XXXXXX		
18 . Taxable Premiums line 11 less line 17		XXXXXX			XXXXXX		
19 . Tax Rate	2.1%	XXXXXX	2.1%	1.05%	XXXXXX		
20 . Tax line 18 X 19		XXXXXX			XXXXXX		

* Even if the premium basis for the State of Incorporation and the State of New Jersey are the same, lines 11 to 17 must be completed.

** Supporting Documentation MUST be enclosed

A copy of New Jersey State page, and, Schedule T as filed with the NAIC must be attached.

Schedule B – Summary of Taxes and Other Obligations

		(1) State of Incorporation Tax		(2) State of New Jersey Tax	
21 . Total Life Tax Sch. A Col. 1, line 10 -- Carry to Col. (1) Total Life Tax Sch. A Col. 1, line 20 -- Carry to Col. (2)					
22 . Total Annuity Tax Sch. A, Col. 2, line 10 -- Carry to Col. (1)				XXXXXXXXXXXX	
23 . Total Ind. A&H Tax Sch. A, Col. 3, line 10 -- Carry to Col. (1) Total Ind. A&H Tax Sch. A, Col. 3, line 20 -- Carry to Col. (2)					
24 . Total Group A&H Tax Sch. A, Col. 4, line 10 -- Carry to Col. (1) Total Group A&H Tax Sch. A, Col. 4, line 20 -- Carry to Col. (2)					
25 . Total Other Tax Sch. A Col. 5, line 10 -- Carry to Col. (1)				XXXXXXXXXXXX	
26 . Total Other Tax Sch. A Col. 6, line 10 -- Carry to Col. (1) Total Other Tax Sch. A Col. 6, line 20 -- Carry to Col. (2)					
27 . Total lines 21 to 26 Col. 1 and 2 (Should agree with Sch. A Col. 7 line 10 and 20 respectively)					
TAXABLE PREMIUMS AS DETERMINED WITH REFERENCE TO N.J.S.A. 54:18A-6					
NOTE: If Taxable Premiums are determined as provided in N.J.S.A. 54:18A-6 (12.5% Limitation), then Schedule E -- Calculation of Taxable Premiums as Provided in N.J.S.A. 54:18A-6 -- must be completed.					
Type	Sch. E. Sec. II Col. B Total Premiums	Foreign Rate	Tax	New Jersey Rate	Tax
28 . Life				2.1%	
29 . Individual A & H				2.1%	
30 . Group A & H				1.05%	
31 . Total (lines 28 thru 30)		XXXXX		XXXXXX	
32 . Total Tax (Lesser of line 27 or 31, Sch.B Col. 1 and 2)					
All other taxes, fees and obligations:			State of Incorporation Tax		State of New Jersey Tax
33 . Company License					XXXXXXXXXXXX
34 . Filing fees					XXXXXXXXXXXX
35 . Income tax (Attach Schedule)					XXXXXXXXXXXX
36 .					
37 . Other * -- Attach Supporting Documentation					
38 .					
39 . Total All Other -- (lines 33 thru 38, col. 1 & 2)					
40 . Total Tax -- (lines 32 plus 39, col. 1 & 2)					
41 . Retaliatory Tax -- (see instructions)			XXXXXXXXXXXX		
42 . Total Tax due New Jersey -- (line 40 col. 2 plus line 41 col. 2)			XXXXXXXXXXXX		
CALCULATION OF TOTAL AMOUNT DUE					
43 . Business Incentive Tax Credit(s) (Attach completed Form 319-IPT, Form 320-IPT, Form 323-IPT)					
44 . Other Credits * -- Insurance Premium Tax Credits- Attach Supporting Documentation					
45 . Guaranty Fund Assessment Credit (from Schedule D, Page 4 line 8)					
46 . Total Tax Credits (Total of line 43 through 45)					
47 . Balance of Tax Liability Due (line 42 less line 46)					
48 . Credit for Prepayment of Premium Tax paid March 1 and June 1 of prior calendar year					
49 . Balance Due (line 47 less line 48)					
50 . Prepayment of Tax liability due March 1st - (50% of line 32, column (2))					
51 . Total Amount Due State of New Jersey (line 49 plus line 50)					
52 . If line 49 plus line 50 is less than zero enter the amount of the overpayment					
53 . Amount of line 52 to be applied to Prepayment of Tax liability due June 1st (see instructions)					
54 . The amount of line 52 to be refunded (If line 52 plus line 53 is less than zero)					
55 . Amount of Business Incentive Tax Credit(s) to be carried forward. (See applicable Form 319-IPT, Form 320-IPT, Form 323-IPT)					
PAYMENT OF THE AMOUNT INDICATED AT LINE 51 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN.					
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 (DOBI) on Schedule B line 40 "Total Tax," in calculating its Retaliatory Tax obligation, he or she may credit those amounts on Schedule B line 43 "Other Credits." A detailed breakdown of the credits taken must be attached. If other taxes, obligations and fees are not included in line 40 for the Retaliatory Tax calculation, no credit is allowed.					
* 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 with the return. A copy of New Jersey State page, and, Schedule T as filed with the NAIC must be attached.					

SCHEDULE C – AGENTS AND BROKERS LICENSE FEES

AS of January 1, 2011, Schedule C is no longer required as part of the Insurance Premium Tax return.

SCHEDULE D-CALCULATION OF GUARANTY FUND ASSESSMENT CREDIT

Eligibility-Provided for by the New Jersey Life and Health Insurance Guaranty Association Act (N.J.S.A. 17B:32A-18), a member Life and Health insurer may offset against its premium tax liability, attributable to premiums written in that year, any assessments for which a certificate of contribution has been issued, to the extent of 10% of the amount of those assessments for each of the five calendar years following the second year after the year in which those assessments were paid, except that no member insurer may offset its premium tax liability by more than 20% of its tax liability in any one year. **Be sure to include proof of payment for all assessments listed below.**

YEAR ASSESSMENT PAID	YEARS IN WHICH A CREDIT FOR AN ASSESSMENT CAN BE CLAIMED (CREDIT IS 10% OF ASSESSMENT)							AMOUNT OF ASSESSMENT	MAXIMUM ALLOWABLE CREDIT 10% OF ASSESSMENT
	1	2	3	4	5	6	7		
2009	XX	XX	2012	2013	2014	2015	2016		1.
2010	XX	XX	2013	2014	2015	2016	2017		2.
2011	XX	XX	2014	2015	2016	2017	2018		3.
2012	XX	XX	2015	2016	2017	2018	2019		4.
2013	XX	XX	2016	2017	2018	2019	2020		5.
Maximum Credit Available for this Return (add lines 1 through 5 above)									6.
Enter 20% of the tax liability reported on Schedule B, line 32 Column 2									7.
Enter the lesser of line 6 or 7 here and on Schedule B, line 45 Column 2									8.

**SCHEDULE E
LIFE INSURANCE COMPANIES
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. Life Insurance Premiums of Company and all of its Affiliates			
2. Individual Accident & Health Insurance Premiums of Company and all of its Affiliates			
3. Group Accident & Health Insurance Premiums of Company and all of its Affiliates			
4. TOTAL			

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. Life Insurance premiums		
2. Individual Accident & Health Insurance Premiums		
3. Group Accident & Health Insurance Premiums		
4. TOTAL		

NOTE: IN ORDER TO DETERMINE WHICH FIGURES SHOULD BE APPLIED AS TAXABLE PREMIUMS AT LINE(S) 28, 29 AND 30 OF SCHEDULE B, 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 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 Schedules A & B 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. When completing State of Incorporation taxes on Schedule A (lines 1-10) there must be only one tax rate attributable to the taxable premiums reported at line 8 of each column. If the premiums usually included at line 8 of a particular column are taxed at different rates in the taxpayer's home state then they must be placed in separate columns when completing lines 1 to 10. The taxpayer should use column 5 and/or 6 to report any premiums taxed at different rates. A schedule should be attached indicating the types of premiums included in column 5 and/or 6. If further columns are required, then a separate schedule should be attached. However, please note that line 27, Column 1 of Schedule B must include the total of all taxes reported at line 10 of schedule A, including any listed on a separate schedule.
5. **Schedule A** –Please note that Schedule A, including lines 1 to 20, must be completed by all taxpayers, even if the taxpayer is calculating the tax based on the 12.5% limitation indicated in Schedule E.
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 EXM-Foreign or Alien Companies, Insurance Premium Tax return form no longer apply. As of **January 1, 2011 tax year, line 36 and Schedule C are eliminated from this return** and will not be included as a part of the calculation of the Total Tax on line 40 or the Retaliatory Tax on line 41.
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 B line 40 "Total Tax", in calculating its Retaliatory Tax obligation, they may credit those amounts on Schedule B line 44 "Other Credits". A detailed breakdown of the credits taken must be attached. If other taxes, obligations and fees are not included in line 40 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 52 must first be applied to the Prepayment of tax 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 E)

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 on Section I, Column C, line 4 **is not greater than** the amount indicated on Section I, Column B, line 4, the company does not qualify to use this limitation. Taxable premiums are those indicated on Schedule A, line 20.

If the company was licensed in this State, on or after June 30, 1984 and the amount indicated on Section I, Column C, line 4, **is greater than** the amount indicated on Section I, Column B, line 4, taxable premiums are the amounts indicated on Section II Column B. These amounts are to be entered on Schedule B applicable line(s) (28, 29, and 30).

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 4, **is less than** taxable premiums indicated on Schedule A, line 20, enter the amounts from Section II, Column B, line 4, on Schedule B applicable line(s) (28, 29, 30). If the amount indicated on Section II, Column B line 4, **is not less than** taxable premiums indicated on Schedule A, line 20, taxable premiums are those indicated on Schedule A, line 20.

INSTRUCTIONS FOR COMPLETING SCHEDULE E

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 are to be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, line 20.
5. When completing Section I, attach a separate schedule listing each affiliate and its applicable premiums used in completing column A.
6. **Schedule B, lines 21 to 27 must be completed by ALL TAXPAYERS.**

CALCULATING RETALIATORY TAX – SCHEDULE B LINE 41

When Schedule B line 32 “Total Tax” is arrived at by using Schedule E Section II, the 12.5% Limitation Cap is not to be 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 41 is the same whether calculating line 32 using Schedule B line 27 or line 31. The computation is as follows: the Excess of Schedule B Column 1 line 27 *plus* line 39 over Column 2 line 27 *plus* line 39.

CHANGES TO THE TAX FORM

Line 43- Business Incentive Tax Credit line. 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 44- Other Credits, for other tax credits or offsets, specific to the Insurance Premium Tax.

Line 45- Guaranty Fund Assessment Credit line.

BUSINESS INCENTIVE TAX CREDITS – SCHEDULE A LINE 43

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.

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 <https://www.state.nj.us/treasury/revenue/eft1.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 51 must be transmitted in one transaction with an applicable year of **2016**. The prepayment tax liability included in this amount, along with the prepayment 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 at line 50 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** 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 B, line 51 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 DOBI.

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 Surcharge) 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.**