

**2013**

**DOMESTIC 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.)  
Trenton, NJ 08625-0247

**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 4.**

**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 New Jersey 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.

The actual address of the New Jersey Principal Office: \_\_\_\_\_  
*STREET, CITY, ZIP CODE*

\_\_\_\_\_, which is located in \_\_\_\_\_  
*NAME OF MUNICIPALITY\* AND COUNTY*

***\*Please be sure to indicate the actual municipality and not the New Jersey mailing address.***

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)*

**SCHEDULE A  
DOMESTIC LIFE INSURANCE COMPANIES  
MUST BE COMPLETED BY ALL TAXPAYERS  
PREMIUM TAX**

|   |   |        | STATE OF NEW JERSEY BASIS |  |
|---|---|--------|---------------------------|--|
| 1 . Life Insurance Premium  |   |        | •                         |  |
| 2 . Individual Accident and Health  |   |        | •                         |  |
| 3 . Group Accident and Health   |   |        | •                         |  |
| 4 . All Other explain   |   |        |                           |  |
| 5 . Total premiums per Schedule T (reconcile if different) lines 1 to 4   |   |        |                           |  |
| 6 . Catchall attach computation   |   |        |                           |  |
| 7 . Total Premiums (lines 5 and 6)  |   |        | •                         |  |
| 8 . Dividends paid in cash: excluding \$ _____ dividends on Qualified Pension Plans   |   |        |                           |  |
| 9 . Dividends used for renewal: excluding \$ _____ dividends on Qualified Pension Plans   |   |        |                           |  |
| 10 . Dividends left on deposit: excluding \$ _____ dividends on Qualified Pension Plans   |   |        |                           |  |
| 11 . Life premiums on qualifies pension plans (Attach documentation)  |   |        |                           |  |
| 12 . All Other explain  |   |        |                           |  |
| 13 . Total deductions (lines 8 to 12) attach a copy of New Jersey State page of Annual Statement as filed with the New Jersey Department of Banking and Insurance |   |        |                           |  |
| 14 . Taxable Premiums (line 7 less line 13)   |   |        | •                         |  |
| Type  | TAX COMPUTATION TAXABLE PREMIUMS (See Note Below) | Rate   | Tax                       |  |
| 15 . Life   | \$  | 2.1%   | •                         |  |
| 16 . Individual A & H   | \$  | 2.1%   | •                         |  |
| 17 . Group A & H  | \$  | 1.05%  | •                         |  |
| 18 . Total Tax (Lines 15 thru 17)   | \$ •  | XXXXXX | •                         |  |
| <b>CALCULATION OF TOTAL AMOUNT DUE</b>  |   |        | <b>XXXXXXXXXXXX</b>       |  |
| 19 . Other Credits * -- Attach Supporting Documentation   |   |        | •                         |  |
| 20 .  |   |        |                           |  |
| 21 . Guaranty Fund Assessment Credit (from Schedule C, Line 8 on Page 4)  |   |        | •                         |  |
| 22 . Total Tax Credits (Total of Line 19 to line 21)  |   |        | •                         |  |
| 23 . Balance of Tax Liability Due (Line 18 less line 22)  |   |        | •                         |  |
| 24 . Credit for Prepayment of Premium Tax paid March 1 and June 1 of prior calendar year  |   |        | •                         |  |
| 25 . Balance Due (Line 23 less line 24)   |   |        | •                         |  |
| 26 . Prepayment of Tax liability due March 1st-- (50% of line 18)   |   |        | •                         |  |
| 27 . Total Amount Due State of New Jersey (Line 25 plus line 26)  |   |        | •                         |  |
| 28 . If line 25 plus line 26 is less than zero enter the amount of the overpayment  |   |        | •                         |  |
| 29 . Amount of line 28 to be applied to Prepayment of Tax liability due June 1st  |   |        | •                         |  |
| 30 . Amount of line 28 to be refunded (If Line 28 plus Line 29 is less than zero)   |   |        | •                         |  |

**PAYMENT OF THE AMOUNT INDICATED AT LINE 27 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN.**

NOTE: If taxable premiums are determined as provided in N.J.S.A. 54:18A-6 (12 1/2% limitation), then Schedule B, Calculation of Taxable Premiums as provided in N.J.S.A. 54:18-A-6 must be completed.

\* 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 B  
LIFE INSURANCE COMPANIES  
CALCULATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6**

**INSTRUCTIONS**

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 ½% Limitation).

If the company was licensed subsequent to 6/30/84, complete *both* Section I and Section II.

If the company was licensed prior to 7/1/84, complete *only* Section II.

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 14.

**When completing Section 1, attach a separate schedule listing each affiliate and applicable premiums used in completing column A of Section 1.**

**Schedule A, Lines 1 to 14, must be completed by ALL TAXPAYERS.**

**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.**

| <b>WORLDWIDE PREMIUM DATA</b>   | <b>( A )<br/>WORLDWIDE<br/>PREMIUMS</b> | <b>( B )<br/>12 ½% OF AMOUNT<br/>IN COLUMN (A)</b> | <b>( C )<br/>NEW JERSEY<br/>PREMIUMS</b> |
|---|---|--|--|
| 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**

| <b>WORLDWIDE PREMIUM DATA</b>                      | <b>( A )<br/>WORLDWIDE<br/>PREMIUMS</b> | <b>( B )<br/>12 ½% OF AMOUNT<br/>IN COLUMN (A)</b> |
|--|---|--|
| 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) 15,16 AND 17 OF SCHEDULE A, PLEASE REFER TO THE INSTRUCTIONS ON PAGE 4 FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.**

**SCHEDULE C---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 assessment 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    |                      |  |
| 2006   | XX   | XX | 2009 | 2010 | 2011 | 2012 | 2013 |                      | 1.   |
| 2007   | XX   | XX | 2010 | 2011 | 2012 | 2013 | 2014 |                      | 2.   |
| 2008   | XX   | XX | 2011 | 2012 | 2013 | 2014 | 2015 |                      | 3.   |
| 2009   | XX   | XX | 2012 | 2013 | 2014 | 2015 | 2016 |                      | 4.   |
| 2010   | XX   | XX | 2013 | 2014 | 2015 | 2016 | 2017 |                      | 5.   |
| Maximum Credit Available for this Return (add lines 1 through 5 above) |  |    |      |      |      |      |      |                      | 6.   |
| Enter 20% of the tax liability reported on Schedule A, Line 18         |  |    |      |      |      |      |      |                      | 7.   |
| Enter the lesser of line 6 or 7 here and on Schedule A, Line 21        |  |    |      |      |      |      |      |                      | 8.   |

**DOMESTIC COMPANIES  
GENERAL FILING INSTRUCTIONS**

Please note, listed below you will find instructions which highlight specific areas of concern when completing the tax return:

- NAIC code**—At the top left side of the first 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.
- Email address** has replaced the Contact Persons Fax number on the Front Page of the return.
- Schedule A**—Please note that **Schedule A, including lines 1 to 14, must be completed by all taxpayers**, even if the taxpayer is calculating the tax based on the 12.5% limitation indicated in Schedule B.
- All credits** requested on Schedule A, require supporting documentation as proof of payment (i.e. copy of the check or front & back of cancelled check). These documents **MUST** be submitted with the return or the credit will be denied.
- Penalty and Interest**—Any taxpayer which fails to file its return when due or fails to pay any 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.
- Overpayment** – Please note, any overpayment indicated on Line 28 must first be applied to the prepayment due June 1<sup>st</sup> before any refund will be issued.
- Affiliate Schedule**-A taxpayer determining its taxable premiums as provided in **N.J.S.A. 54:18A-6**, when completing Schedule B Section 1, **must** include a separate schedule listing each affiliate and its applicable premiums, used in completing column A of Section 1.

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

If the company *was* licensed subsequent to 6/30/84 and the amount indicated at Section I, Line 4, Column C *is not greater* than the amount indicated at Section I, Line 4, Column B, then the company does not qualify to use this limitation. Taxable Premiums are then those included at Line 14 of Schedule A.

If the company *was* licensed subsequent to 6/30/84 and the amount indicated at Section I, Line 4, Column C *is greater* than the amount indicated at Section I, Line 4, Column B, then taxable premiums are the amounts indicated at Section II, Column B. These amounts should be entered at the applicable Line(s) (15, 16, and 17) of Schedule A. **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 prior to 7/1/84 and if the amount indicated at Section II, Line 4, Column B *is less* than taxable premiums indicated at Line 14 of Schedule A, then enter amounts from Column B at the applicable Line(s) (15, 16, 17) of Schedule A. If the amount indicated at Section II, Line 4, Column B *is not less* than taxable premiums indicated at Line 14 of Schedule A, then taxable premiums are those included at Line 14 of Schedule A.

**ELECTRONIC FUNDS TRANSFERS**

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

For EFT program questions, visit the Division of Revenue website at <https://www.state.nj.us/treasury/revenue/eft1.shtml>, call the EFT Unit at (609) 292-9292 Opt #6, Fax (609) 984-6681 or write to the N.J. Division of Revenue, EFT Section, P.O. Box 191, Trenton, N.J. 08646-0191.

If remitting payment by EFT, the Total Amount Due indicated at Schedule A line 27 must be transmitted in one transaction with an applicable year of **2013**. The Prepayment of Tax liability included in this amount, along with the Prepayment of Tax liability due June 1<sup>st</sup>, will be credited automatically against the succeeding years' tax liability, when that years' Insurance Premium Tax Return is filed and processed. A separate transaction for the amount of the Prepayment of Tax at line 26 is not required.

**HELPFUL HINT FOR EFT REMITTANCE:** Return Period Ending **MUST** read **131231** ((YY) Year, (MM) Month, (DD) Day) for **ALL** payments associated with the **2013** tax return. This includes any **PREPAYMENT** of tax liabilities due with the return on March 1<sup>st</sup> and on June 1<sup>st</sup>. 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 27 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 of this amount to the Department of Banking and Insurance.

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

**\*\*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.**