





# Mississippi Insurance Company Income Tax Return 2020

FEIN 999999999

## COMPUTATION OF NET INCOME

		A MISSISSIPPI	B COMPANY-WIDE
1	Direct premiums (except accident and health premiums)	9999999999	
13	Less: return premiums	9999999999 1A	9999999999 1B
2	Direct accident and health premiums	9999999999 2A	9999999999 2B
3	Reinsurance assumed	9999999999 3A	9999999999 3B
4	Considerations for annuities	9999999999 4A	9999999999 4B
5	Considerations for supplementary contracts	9999999999 5A	9999999999 5B
6	Unearned premiums (December 31st, prior year)	9999999999 6A	9999999999 6B
7	Gross investment income	9999999999 7A	9999999999 7B
8	Other income	9999999999 8A	9999999999 8B
9	Total net income (add line 1 through line 8)	9999999999 9A	9999999999 9B

## DEDUCTIONS

10	Unearned premiums (December 31st, current year)	9999999999 10A	9999999999 10B
11	Reinsurance ceded	9999999999 11A	9999999999 11B
12	Dividends to policy holders	9999999999 12A	9999999999 12B
13	Total deductions (add line 10 through line 12)	9999999999 13A	9999999999 13B

## MISSISSIPPI NET TAXABLE INCOME

14	Gross income (line 9 minus line 13)	9999999999 14A	9999999999 14B
15	Total deductions allocated and apportioned (from page 4, part III, line 23)	9999999999 15A	9999999999 15B
16	Less: Mississippi net operating loss (from Form 83-155, part I, line 2)	9999999999 16A	9999999999 16B
17	Net taxable income (loss) (line 14 minus line 15 and line 16; enter amount from 17A on page 1, line 1 or Form 83-310, page 1, line 5, column C)	9999999999 17A	9999999999 17B

Check box if return may be discussed with preparer

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer Signature and Title		Date	Business Phone	
Paid Preparer Signature		Date	Paid Preparer Address	
9X9X9X9X9				
Paid Preparer PTIN	Paid Preparer Phone	City	State	Zip Code

Mail Return To: DEPARTMENT OF REVENUE P.O. BOX 23050 JACKSON, MS 39225-3050

# Mississippi Insurance Company Income Tax Return 2020

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PART I: EXPENSE APPORTIONMENT RATIOS	A MISSISSIPPI	B COMPANY-WIDE	C MISSISSIPPI RATIO
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Applicable ratio(s) used on page 4, part IV, line 2

1 Loss adjustment expenses (direct losses)	1A	9999999999	1B	9999999999	1C	999.9999
2 Accident and health expenses (direct premiums and reinsurance assumed)	2A	9999999999	2B	9999999999	2C	999.9999
3 Other underwriting expenses (direct premiums (less return premiums), annuity considerations and reinsurance assumed)	3A	9999999999	3B	9999999999	3C	999.9999
4 Investment expenses (gross investment income)	4A	9999999999	4B	9999999999	4C	999.9999

PART II: DEDUCTIONS ALLOCATED	A MISSISSIPPI	B COMPANY-WIDE
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5 Losses, death benefits, accident and health benefits (less applicable recoveries)		
a Paid	5Aa	9999999999
b Unpaid at December 31st, current year	5Ab	9999999999
c Unpaid at December 31st, prior year	5Ac	9999999999
6 Loss adjustment expenses allocated	6A	9999999999
7 Matured endowments	7A	9999999999
8 Annuity benefits	8A	9999999999
9 Disability benefits	9A	9999999999
10 Surrender benefits	10A	9999999999
11 Payments on supplementary contracts	11A	9999999999
12 Net additions to reserve funds (required by law for liquidating policies at maturity)	12A	9999999999
13 Commissions	13A	9999999999
14 Gross premium privilege tax	14A	9999999999
15 Other allocable taxes	15A	9999999999
16 Rent, allocated	16A	9999999999
17 Agency expense (attach schedule)	17A	9999999999
18 Medical and inspection fees, allocated	18A	9999999999
19 Other allocable deductions (attach schedule)	19A	9999999999
20 Total allocable deductions	20A	9999999999

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**PART III: DEDUCTIONS APPORTIONED** **A MISSISSIPPI** **B COMPANY-WIDE**

12	21	Non-allocable loss adjustment expenses	21A	9999999999	21B	9999999999
14	22	Total apportioned expenses (from page 4, part IV, line 3)	22A	9999999999	22B	9999999999
16	23	Total allocated and apportioned deductions (line 20 plus line 21 plus line 22; enter on page 2, line 15)	23A	9999999999	23B	9999999999

**PART IV: DEDUCTIONS APPORTIONED (FROM ANNUAL STATEMENT)**

Expenses must be separately apportioned. Attach supplementary pages to return as needed.

Page	Line	Description	A Column (X)	B Less Allocable Expenses	C Balance Apportionable
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999
999999999	X9X9X9	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999	9999999999

1 Totals (total column A minus total column B) 9999999999 9999999999 9999999999

2 Applicable expense apportionment ratio (from page 3, part I) 999.9999

3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 22) 9999999999

**PART V: RETALIATORY TAXES PAID (MISSISSIPPI CORPORATIONS ONLY)**

Itemize retaliatory taxes paid by state and attach copies of returns documenting amounts. Attach supplementary schedules as needed.

A Taxing Authority	B Amount	A Taxing Authority	B Amount
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
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X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999

1 Total amounts (total amounts from column B; enter amount on page 1, line 3) 9999999999