

Tax Year Beginning \_\_\_\_\_

Tax Year Ending

FEIN	Mississippi Secretary of St	Mississippi Secretary of State ID				
Legal Name and DBA	CHECK ALL T	CK ALL THAT APPLY				
Address	Amended Return	Accident and Health				
	Final Return	Fire and Casualty				
City State Zip +4	Accrual Basis	Life Insurance				
County Code NAICS Code	Receipts and Disbursements Basis					
COMPUTATION OF TAX	(ROUI	ND TO THE NEAREST DOLLAR)				
Combined income tax return (enter FEIN of reporting company)						
1 Mississippi net taxable income (from page 2, line 17A or Form 83-310, page 1, li	ine 5, column C)					
2 Income tax	2					
Retaliatory taxes paid to other states (Mississippi corporations only; from page 4, part V, line 1)	3					
Income tax credits (from Form 83-401, line 3 or Form 83-310, page 1, line 5, col	umn B) 4					
5 Net income tax due (line 2 minus line 3 and line 4)	5					
PAYMENTS AND TAX DUE						
6 Overpayment from prior year	6					
7 Estimated tax payments and payment with extension	7					
8 Total payments (line 6 plus line 7)	8	00				
9 Net total income tax due (line 5 minus line 8)	9	00				
10 Interest and penalty on underestimated income tax payments (from Form 83-30)	5, line 17)	.00				
11 Late payment interest	11	00				
12 Late payment penalty	12					
13 Late filing penalty (minimum \$100)	13	.00				
14 <b>Total balance due</b> (if line 5 is larger than line 8, add lines 9 through 13)	14	-00				
15 <b>Total overpayment</b> (if line 8 is larger than line 5, subtract line 5 from line 8)	15					
16 Total overpayment credited to next year (from line 15)	16	00				
17 Total overpayment refunded (line 15 minus line 16)	17	7				



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	COMPUTATION OF NET INCOME		A MISSISSIPPI		B COMPANY-WIDE
1	Direct premiums (except accident and health premiums)				
	Less: return premiums	1A		.00	1B00
2	Direct accident and health premiums	2A		<b>.</b> 00	2B00
3	Reinsurance assumed	3A		<b>=</b> 00	3B00
4	Considerations for annuities	4A		<b>.</b> 00	4B00
5	Considerations for supplementary contracts	5A		<b>=</b> 00	5B00
6	Unearned premiums (December 31st, prior year)	6A		<b>=</b> 00	6B00
7	Gross investment income	7A		<b>.</b> 00	7B00
8	Other income	8A		<b>.</b> 00	8B00
9	Total net income (add line 1 through line 8)	9A		.00	9B
[	DEDUCTIONS				
10	Unearned premiums (December 31st, current year)	10A		<b>=</b> 00	10B00
11	Reinsurance ceded	11A		<b>=</b> 00	11B00
12	Dividends to policy holders	12A		.00	12B00
13	Total deductions (add line 10 through line 12)	13A		<b>.</b> 00	13B
N	MISSISSIPPI NET TAXABLE INCOME				
14	Gross income (line 9 minus line 13)	14A		<b>=</b> 00	14B00
15	Total deductions allocated and apportioned (from page 4, part III, line 23)	15A		.00	15B00
16	Less: Mississippi net operating loss (from Form 83-155, part I, line 2)	16A		<b>.</b> 00	16B00
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)	17A		00	17B 00
I de	Check box if return may be discussed with preparer eclare, under penalties of perjury, that I have examined this return and accompans is a true, correct and complete return. Declaration of preparer (other than taxpa	ying sch yer) is ba	nedules and statements, a ased on all information of	nd to ti which	ne best of my knowledge and belief, preparer has any knowledge.
_	Officer Signature and Title		Date		Business Phone
	Paid Preparer Signature Date		Paid Preparer Address		1
	Paid Preparer PTIN Paid Preparer Phone	City		State	Zip Code

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PART I: EXPENSE APPORTIONMENT RATIOS		A MISSISSIPPI			E	3 COMPAN	Y-WIDE	C MISSISSIPPI RATIO	
Α	pplicable ratio(s) used on page 4, part IV, line 2								
1	Loss adjustment expenses (direct losses)	1A			1B			1C	%
2	Accident and health expenses (direct premiums and reinsurance assumed)	2A			2B			2C	. %
3	Other underwriting expenses (direct premiums (less return premiums), annuity considerations and reinsurance assumed)	ЗА			3B			3C	%
4	Investment expenses (gross investment income)	4A			4B			4C	%
	PART II: DEDUCTIONS ALLOCATED			A MISSIS	SSIPPI			B COMPAN	Y-WIDE
5	Losses, death benefits, accident and health benefits (less applicable recoveries)								
	a Paid		5Aa _			00	5Ba _		
	b Unpaid at December 31st, current year		5Ab _			=00	5Bb _		-00
	c Unpaid at December 31st, prior year		5Ac _			_ =00	5Bc _		
6	Loss adjustment expenses allocated		6A _			00	6B _		
7	Matured endowments		7A _			_ =00	7B		.00
8	Annuity benefits		8A _			= 00	8B		
9	Disability benefits		9A _			00	9B _		
10	Surrender benefits		10A _			— <b>=</b> 00	10B _		
11	Payments on supplementary contracts		11A _			— <b>"</b> 00	11B _		
12	Net additions to reserve funds (required by law								
	for liquidating policies at maturity)		12A _			_ =00	12B _		
13	Commissions		13A _			_ =00	13B _		-00
14	Gross premium privilege tax		14A _			= 00	14B _		.00
15	Other allocable taxes		15A _			= 00	15B _		-00
16	Rent, allocated		16A _			_ =00	16B		-00
17	Agency expense (attach schedule)		17A _			=00	17B _		
18	Medical and inspection fees, allocated		18A _			00	18B		
19	Other allocable deductions (attach schedule)		19A _			00	19B		
20	Total allocable deductions		20A _			_ =00	20B _		<b>.</b> 00
1									

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PART III: DEDUC	CTIONS APPO	RTIONED		A MIS	SISSIPPI		B CON	IPANY-WIDE
21 Non-allocable	e loss adjustme	ent expenses	21A _		.00	21B		00
22 Total apportion	oned expenses	(from page 4, part IV, line 3)	22A _		<u> </u>	22B		
23 Total allocate	ed and apportio	ned deductions (line 20 plus						
		n page 2, line 15)	23A _		.00	23B		= 00
PART IV: DEDU	CTIONS APPO	ORTIONED (FROM ANNUAL	STATEM	IENT)				
Expenses must b	e separately ap	pportioned. Attach supplement	ary pages	s to return as	s needed.			
Page	Page Line Descriptio		'n	A Column (X9)		B Less Allo Expense		C Balance Apportionable
		-						
Totals (total colu	umn Δ minus to	otal column B)		•		-		
2 Applicable expe	ense apportionr	ment ratio (from page 3, part I)						%
		oi (multiply line 1, column C by , part III, line 22)					_	
PART V: RETAL	IATORY TAXE	S PAID (MISSISSIPPI COR	PORATIO	NS ONLY)				
		tate and attach copies of return			nts. Attach supplem	entary schedule	es as nee	ded.
A Taxir	ng Authority	B Amount	 t		A Taxing Authori	ty	В	3 Amount
						<u> </u>		
								,
,								
_				1 Total a	ımounts (total amou	nts from		
					n B; enter amount o			