RECONCILED TAX STATEMENT

NORTH DAKOTA DEPARTMENT OF INSURANCE

SFN 11050 (8-2013)

DEPARTMENT USE ONLY
Tax/Fee Paid (if different):
Penalty/Interest Paid:

PLEASE TYPE ALL DATA ON FORM

Company Name: (REQUIRED)		
Company Street Address: (REQUIRED)		
City:	State:	ZIP Code:
Preparer's Name:		
Telephone Number:	Email Address:	

State of Domicile:
Tax Period (1/1 - 12/31):
NAIC CoCode:

Gross direct premiums, assessments, membership, subscriber and policy fees, finance and service charges: LESS return premiums, refunds, and abatements.	**ROUND TO WHOLE DOLLARS**	**ROUND TO WHOLE DOLLARS**
1. Accident and Health Insurance	1. $	
2. Life Insurance	2. $	
3. Property & Casualty Insurance	3. $	
DEDUCTIONS:		
4. Qualifying dividends on A & H Insurance	4. $	
5. Qualifying dividends on Life Insurance	5. $	
6. Qualifying dividends on P & C Insurance	6. $	
7. Net Taxable Premiums - **IF LESS THAN ZERO, ENTER ZERO**		
7a. A & H Insurance (line 1 less line 4)	7a. $	
7b. Life Insurance (line 2 less line 5)	7b. $	
7c. P & C Insurance (line 3 less line 6)	7c. $	
8. Tax based on North Dakota rate		
8a. A & H Insurance (line 7a X 1.75%)	8a. $	
8b. Life Insurance (line 7b X 2.00%)	8b. $	
8c. P & C Insurance (line 7c X 1.75%)	8c. $	
9. Tax based on North Dakota rate (sum of lines 8a-8c)	9. $	
10. Tax based on retaliatory rate (attach computation)	10. $	
11. Additional taxes (retaliatory) - attach specifics	11. $	
12. Enter the **GREATER** of line 9 **OR** line 10 plus line 11	12. $	
13. Enter the **GREATER** of line 12 OR $200		13. $
14. Credits:		
14a. Examination fees/expenses	14a. $	
14b. Ad valorem tax	14b. $	
14c. CHAND assessment	14c. $	
14d. Life and Health Guaranty Association	14d. $	
14e. Low-Risk Incentive Fund	14e. $	
15. Total credits (sum of lines 14a-14e)		15. $
16. Total tax/fee liability (line 13 less line 15 - **IF LESS THAN ZERO, ENTER ZERO**		16. $
17. Prepayments:		
17a. Refund credit **(attachment required)**	17a. $	
17b. First quarter	17b. $	
17c. Second quarter	17c. $	
17d. Third quarter	17d. $	
18. Total prepayments (sum of lines 17a through 17e)		18. $
19. **TAX DUE WITH RETURN** (if line 16 is greater than line 18, subtract line 18 from line 16)		19. $
20. **OVERPAYMENT** (if line 18 is greater than line 16, subtract line 16 from line 18)		20. $
21. Check one if overpayment is indicated on line 20 ☐ Cash Refund ☐ Credit		

I declare under the penalties provided by law that to the best of my knowledge this is a true, complete, and correct return.

Authorized Signature:	Date:

DETAILED INSTRUCTIONS ON BACK

PLEASE **TYPE** ALL DATA ENTERED ON FRONT.

ATTACH an 8 1/2 X 11 copy of the North Dakota State Page from the Annual Statement.

ACCURATELY COMPLETE COMPANY NAME, ADDRESS, COCODE, PREPARER'S NAME, AND TELEPHONE NUMBER.

INSTRUCTIONS BY LINE

1. Accident and Health Premiums: From ND state page of Annual Statement, total direct premium.
2. Life Premiums: From ND state page of Annual Statement, total direct premium.
3. Property and Casualty Premiums: From ND state page of Annual Statement, total direct premium, **plus** finance and service charges.
4. Enter dividends paid to policyholders or used in reduction of premiums for Accident and Health insurance.
5. Enter dividends paid to policyholders or used in reduction of premiums for Life insurance. DO NOT DEDUCT DIVIDENDS USED TO PURCHASE PAID UP ADDITIONS.
6. Enter dividends paid to policyholders or used in reduction of premiums for Property and Casualty insurance.
7. Net Taxable Premiums:
   - 7a. Enter the total of line 1 LESS line 4
   - 7b. Enter the total of line 2 LESS line 5
   - 7c. Enter the total of line 3 LESS line 6
8. Tax on ND Basis:
   - 8a. Multiply line 7a times 1.75% and enter amount
   - 8b. Multiply line 7b times 2.00% and enter amount
   - 8c. Multiply line 7c times 1.75% and enter amount
9. Enter sum of lines 8a through 8c.
10. Enter tax on a retaliatory basis. **Attach a detailed computation of calculations.**
11. Include any tax charged by state of domicile over and above that charged in North Dakota. **Attach details.** Do not include renewal fees.
12. Enter the **GREATER** of line 9 **or** line 10 PLUS line 11.
13. Enter the **GREATER** of line 12 or $200. The $200 minimum fee IS NOT in addition to tax due. See N.D. Century Code Section 26.1-03-17(6).
14. Credits allowed pursuant to N.D. Century Code Section 26.1-03-17(2):
    - 14a. Examination fees/expense paid to the North Dakota Commissioner during the taxable year.
    - 14b. Principal office ad valorem tax if the ad valorem tax was paid during the taxable year.
    - 14c. Assessments paid to the Comprehensive Health Association of North Dakota (CHAND) shall be taken in the calendar year in which paid.
    - 14d. Part B assessments paid to the North Dakota Life and Health Insurance Guaranty Association. The credit shall be 20% of the amount of the assessment for each of the 5 years following the year in which the assessment was paid.
    - 14e. Contributions to the Low Risk Incentive Fund. See N.D. Century Code Section 26.1-50-06. Attach supporting documentation verifying contribution.
15. Enter the sum of lines 14a through 14e.
16. Enter line 13 LESS line 15. **IF LESS THAN ZERO, ENTER ZERO.** Excess credits from lines 14a - 14e are forfeited.
17. Prepayments:
    - 17a. **Total** refund credit - **Attach credit voucher from this Department allowing credit.**
    - 17b. Enter **monetary** payment made with the first quarter estimated tax statement for the taxable year.
    - 17c. Enter **monetary** payment made with the second quarter estimated tax statement for the taxable year.
    - 17d. Enter **monetary** payment made with the third quarter estimated tax statement for the taxable year.
18. Enter sum of lines 17a through 17e.
19. Enter tax due, if applicable.
20. Enter overpayment, if applicable.
21. Check preference for cash refund or credit if overpayment is stated on line 20 (see N.D. Century Code Section 26.1-03-17(5)). Any credit issued must be applied against any tax due on estimated and reconciled tax forms filed in a subsequent period. A copy of a credit voucher issued by this Department must be attached to the estimated or reconciled tax form on which the credit is taken. You will receive any applicable credit voucher within 90 days from the due date of this filing.

Penalties shall be assessed pursuant to N.D. Century Code Section 26.1-03-17(3) and (6) for failure to file the quarterly estimated or reconciled tax statements, or both, or to pay the tax or fees due. **Postmarks are acceptable.** Due dates: Estimates - May 30, August 29, November 29; Reconciled - March 1 of the following year.

Checks for premium tax or the minimum premium tax filing fee must be separate from checks for Annual Statement renewal fees.

MAIL TO: North Dakota Insurance Department, 600 East Boulevard Avenue, Dept. 401, Bismarck, ND 58505.