

Gross Premium Tax Return Captive Insurance Companies

North Carolina Department of Revenue

To be filed by Protected Cell Insurance Companies
not filing as part of a Consolidated Group

For tax year beginning (MM-DD-YY) _____ and ending (MM-DD-YY) _____	DOR Use Only ____ / ____ / ____
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Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Mailing Address

City _____ State _____ Zip Code _____

Name of Contact Person _____ Phone Number _____ State of Domicile _____

FEIN/SSN

NAIC Number

Type of Captive (fill in applicable circle):

- | | |
|--|---|
| <input type="radio"/> Protected Cell Captive with 10 or fewer Cells | <input type="radio"/> Incorporated Cell Captive with 10 or fewer Cells |
| <input type="radio"/> Protected Cell Captive with more than 10 Cells | <input type="radio"/> Incorporated Cell Captive with more than 10 Cells |

Principal Place of Business in NC

Date Licensed to do Business in NC

Part 1. Computation of Tax Due on Direct Premiums (Direct premiums are premiums contracted for or collected on policies or contracts of insurance written by the company during the preceding calendar year. In the case of a multiyear policy or contract, the premiums are prorated among the years covered by the policy or contract. All direct premiums written by a North Carolina captive are subject to tax in North Carolina.)

1. Gross Direct Premiums Collected or Contracted For	1.	_____ .00
2. Less:		
a. Return Premiums	2a.	_____ .00
b. Dividends on Unabsorbed Premium or Premium Deposits Returned or Credited to Policyholders	2b.	_____ .00
3. Net Taxable Direct Premiums Line 1 minus Lines 2a and 2b	3.	_____ .00
4. Tax on Direct Premiums Multiply Line 3 by the applicable percentage(s) below; add the amounts and enter sum	4.	_____ .00

- | | |
|--|--|
| <input checked="" type="radio"/> Multiply the first \$20 million by 0.400% | <input checked="" type="radio"/> Multiply the amount over \$20 million by 0.300% |
|--|--|

Part 2. Computation of Tax Due on Assumed Reinsurance Premiums (No tax on assumed reinsurance premiums is payable in connection with the receipt of assets in exchange for the assumption of loss reserves and other liabilities of one insurer by another insurer if the two insurers are under common control and the Commissioner of Insurance verifies that the transaction between the insurers is: (1) part of a plan to discontinue the operations of one of the insurers, and (2) the intent of the insurers is to renew or maintain business with the captive insurance company.)

5. Assumed Reinsurance Premiums	5.	_____ .00
6. Less: Deductions (Attach Schedule)	6.	_____ .00
7. Net Taxable Assumed Reinsurance Premiums Line 5 minus Line 6	7.	_____ .00
8. Tax on Assumed Reinsurance Premiums Multiply Line 7 by the applicable percentage(s) below; add the amounts and enter sum	8.	_____ .00

- | | |
|--|--|
| <input checked="" type="radio"/> Multiply the first \$20 million by 0.225% | <input checked="" type="radio"/> Multiply the amount over \$40 million but no more than \$60 million by 0.050% |
| <input checked="" type="radio"/> Multiply the amount over \$20 million but no more than \$40 million by 0.150% | <input checked="" type="radio"/> Multiply the amount over \$60 million by 0.025% |

Part 3. Total Premium Tax Due for Protected Cell Insurance Companies with 10 or Fewer Cells

9. Enter the sum of Part 1, Line 4 and Part 2, Line 8 9. _____ .00

10. Total Premium Tax Due For Protected Cell Insurance Companies with 10 or Fewer Cells 10. _____ .00

- If the amount on Line 9 is more than \$100,000, enter \$100,000
- If the amount on Line 9 is less than \$5,000, enter \$5,000
- If the amount on Line 9 is between \$5,000 and \$100,000, enter the amount of Line 9 on Line 10

Part 4. Total Premium Tax Due for Protected Cell Insurance Companies with More Than 10 Cells

11. Enter the sum of Part 1, Line 4 and Part 2, Line 8 11. _____ .00

12. Minimum Tax 12. 10000 .00

13. Compare the amount on Line 11 with the amount on Line 12.
If the amount on Line 11 is less than \$10,000, enter \$10,000 on Line 13.
Otherwise, enter amount of Line 11 on Line 13. 13. _____ .00

14. Enter the number of cells over 10 14. _____

15. Multiply Line 14 by \$5,000 15. _____ .00

16. Add \$100,000 to the amount on Line 15 16. _____ .00

17. Maximum Tax 17. 200000 .00

18. Compare the amount on Line 16 with the amount on Line 17.
If the amount on Line 16 is greater than \$200,000, enter \$200,000 on Line 18.
Otherwise, enter amount of Line 16 on Line 18. 18. _____ .00

19. Total Premium Tax Due For Protected Cell Insurance Companies with More Than 10 Cells
Compare the amount on Line 13 with the amount on Line 18. Enter the lesser of Line 13 or Line 18. 19. _____ .00

Part 5. Total Premium Tax Due with This Return

20. Enter the Amount From Part 3, Line 10 or Part 4, Line 19 20. _____ .00

21. Penalty 21. _____ .00

22. Interest 22. _____ .00

23. Total Premium Tax Due with this Return (Add Lines 20 through 22) 23. \$ _____ .00

A list of the names and identifying numbers of each cell and a schedule showing direct premiums and assumed reinsurance premiums for each cell along with appropriate pages from the financial statements of each cell filed with North Carolina Commissioner of Insurance in support of premiums reported on this return must be attached.

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Returns are due by the 15th day of the 3rd month following the end of the calendar year. Your check or money order must be in the form of U.S. currency from a domestic bank.