

	INSURANCE TAX RETURN Property, Casualty, Multiple-Line Companies State Form 6135 (R6 10/91) Approved by State Board Of Accounts, 1987	NAIC Number (5 digits)
		Federal Identification Number
		Calendar year Ended
COMPANY INFORMATION		
Company Name		
Address (Street, City, and State)		Zip Code
State of Incorporation		Date of Incorporation
INSTRUCTIONS		
<ol style="list-style-type: none"> 1. The Return, which must be typewritten, pertains to Indiana business during the twelve-month period ending December 31. It is due on or before March 1 and will be delinquent after that date. 2. The amount due should be calculated and a check payable to the Indiana Department of Insurance prepared for the amount shown on page 2, line 23 of this return. If preparing multiple returns for the Indiana Department of Insurance, a separate check must be prepared for each company. 3. The retaliatory portion, page 3, column 2, line 16, is to be completed as if your company were an Indiana company completing the form for your state of incorporation. Deductions may be made only if your domiciliary state allows such deductions for similar Indiana Companies. 4. Please refer to Indiana Insurance Code 27-1-18-2 for Gross Premium Privilege Tax, and 27-1-20-12 for Retaliatory Provisions. The code is available on Indiana's web site (www.state.in.us/legislative/ic/code/). 5. Attach a completed copy of the Indiana Business page from the Company's Annual Statement to this return and payment. 6. Do not include with any other filing or Insurance Department Correspondence. Each Return with original signatures, photocopies are not acceptable, and separate check must be mailed separately to the following address: 		
INDIANA DEPARTMENT OF INSURANCE POST OFFICE BOX 5416 INDIANAPOLIS, INDIANA 46255		
PREPARER INFORMATION		
Name of preparer or contact person		Telephone number ()

Casualty, Property, Multiple-Line, Title Companies

Name of Company _____		Indiana premium tax statement for year _____
PREMIUMS		
1.	Direct premiums (Column 1, Indiana State Page of Annual Statement)	\$ _____
	A. Membership fees or finance charge not included above	_____
2.	Reinsurance premiums received on risks located in Indiana	_____
3.	Total Premiums (line 1 plus line 1A, and line 2)	_____
DEDUCTIONS		
4.	Dividends to policyholders (Col. 3, Indiana State Page of Annual Statement)	\$ _____
5.	Considerations received for reinsurance of risks located within this state from companies authorized to transact business in this state	_____
6.	Total Deductions (line 4 plus line 5)	_____
7.	Taxable premiums (line 3 minus line 6)	_____
8.	Tax rate	2%
9.	Total Premium Tax (line 7x line 8)	_____
OFFSETS		
10.	Indiana Second Injury Fund Assessment (proof of payment)	\$ _____
	A. Residual Asbestos Fund (proof of payment)	_____
11.	Indiana Safety, Education and Training Fund Assessment (proof of payment)	_____
12.	Total Premium Tax Offsets (Total of lines 10, 10A, and line 11)	_____
13.	Adjusted Premium tax (line 9 minus line 12)	_____
ASSESSMENT CREDIT		
14.	Indiana Insurance Guaranty Fund Assessments; if taking credit, limited to 20% of assessment paid. See IC 27-6-8-15. (Proof of payment must be attached)	_____
15.	Comprehensive Health Association Assessment; See IC 27-8-10-2.1 (Proof of payment must be attached)	_____
16.	Indiana Life and Health Guaranty Fund Assessments; if taking credit, limited to 20% of assessment paid. See IC 27-8-8-16 (Proof of payment must be attached)	_____
17.	Total Assessment Credit, (lines 14, 15 and 16)	_____
18.	Net Premium Tax (line 13 minus line 17)	_____
19.	Retaliatory tax / assessment amount (total from page 3, line 16)	_____
20.	Total premium and retaliatory tax	_____
21.	Prior year overpayment not refunded	\$ _____
22.	Estimated tax paid	_____
	April 15	_____
	June 15	_____
	September 15	_____
	December 15	_____
	A. Total (line 21 plus Estimated tax payments)	_____
23.	NET TAX DUE (line 20 minus line 22A)	\$ _____

The undersigned Treasurer being first duly sworn upon his / her oath says that this return (including any accompanying schedules and statements) is to the best of his / her knowledge a true, correct and complete statement of the information called for and that proper care has been taken in the preparation of this return.

State of _____	Signature of Treasurer
_____ } SS:	Signature of Notary Public
County of _____	Printed or typed name of Notary Public
Date subscribed and sworn to Notary Public	County of residence
Date Commission expires	

All Property and Multiple-line Companies must complete the entire page.

Company Name	NAIC #	Tax Year _____
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Indiana Fire Marshall Tax	PREMIUM	Taxable %	Taxable Portion
1. Fire-Indiana State Page of Annual Statement-column 1, line 1		100%	
2. Homeowner Multiple Peril –column 1, line 4		35%	
3. Commercial multiple Peril –column 1, line 5		35%	
4. Inland Marine-column 1, line 9		15%	
5. Fire portion of crop and hail		100%	
6. Automobile Physical Damage-column 1, line 21		4%	
7. Aircraft (all perils)-column 1, line 22		4%	
8. Totals			
9. Tax @ 1/2%			
MEMO: Indiana Fire Marshall tax is included in the 2% Premium Tax			

Retaliatory Tax and Assessment Statement	Column 1 Indiana Basis	Column 2 State of Incorporation Basis
1. Gross Premium Tax (from Page 2, line 9 of this Return)		
2. Fire Marshall Tax (Included in Indiana Premium Tax) ALL OTHER TAXES (see note 1 on page 4)	XXXX	
3.	XXXX	
4.	XXXX	
5.	XXXX	
6.	XXXX	
All Worker's Compensation Assessments (see note 2 on page 4)		
7. Second Injury Fund Assessment	XXXX	
8. Safety , Education and Training Fund Assessment	XXXX	
9.	None	
10.	None	
11.	None	
Miscellaneous Assessments (see note 3 on page 4)		
12. Comprehensive Health Association Assessment	XXXX	
13.	None	
14.	None	
15. Total Taxes and Assessments	(1)	(2)
16. Retaliatory tax and assessment amount owed to Indiana. (Enter the difference between columns 1 and 2 here, if column 2 amount exceeds column 1 amount; otherwise enter "0"). ALSO ENTER THIS AMOUNT ON PAGE 2 LINE 19		\$
Please attach tax statement from your state of Incorporation, filled out with Indiana premiums on the basis of what an Indiana company would pay in your state including assessments.		

NOTES TO TAX RETURN

Note 1: Enter and describe other taxes imposed by your state of domicile for items such as Firemen's or Police Pension, Firemen's Relief, Fire Department, etc. not included on lines 1 or 2. See additional partial listing below. **Attach completed copies of all state tax returns for your state of domicile using Indiana premiums in calculation.**

Note 2: Enter assessments made by your state of domicile against Indiana companies writing Worker's Compensation Insurance and for which premium tax credit is not given. These assessments are known by various titles but would include Subsequent Injury Fund, Supersedeas Fund, Administrative Assessment, Special Disability Assessments, Maintenance Fund, Occupational Safety Assessments, etc. See Additional partial listing of such items below. Show all Calculations.

Note 3: Enter other assessments made by your state of domicile against Indiana Companies for which credit is not given. To be included are assessments such as Fraud Bureau, Arson Investigation, statistical agent services operated by the Insurance Department, funding of specialized Insurance Department general operating/maintenance expense assessments, etc. See additional partial listing of such items below. Show calculations where needed.

The categorical description of taxes, assessments and fees listed below are not intended to be all-inclusive. If applicable to your state of incorporation, proper entry should be made on the Retaliatory Statements. It is the responsibility of the insurer to disclose, in the Retaliatory Statements, all charges made by its state of incorporation against foreign insurers which, by IC 27-1-20-12 (a), are subject to retaliation.

YOU ARE OBLIGATED TO REPORT ALL ASSESSMENTS OF DOMICILE, LISTED OR NOT. FAILURE TO PROVIDE FULL DISCLOSURE WILL SUBJECT THE INSURER TO THE LATE PAYMENT PENALTIES SPECIFIED BY INDIANA INSURANCE CODE.

Agent's Fingerprint Fee Arson, Fire and Fraud Prevention Account Assessment for Maintenance Bureau Assessment to Fund Ins. Dept. Budget Deficiency Assessment to Fund Insurance Department Consultants or Specialized Services Attorney Gen. Expenditure, Assmt. For Consumer Affairs Bureau of Fraudulent Claims Business Profit Tax Capitol Stock Tax Casualty Insurance Maintenance Tax Certificate of Compliance Fee Certificate of Deposit or Valuation Commissioner Regulatory Trust Fund Corporation Excise Tax Corporation Registration Fee or Permit Corporation Tax County License Fee Credit Insurance Fee Curative Centre Fund Death and Permanent Total Disability Bank Fund Dependency Death Cause Deposit Fee Deposit Tax Disability (Non-occupational) Benefits Law Expense Downtown Improvement and Parking Tax Expense of Administering Motor Vehicle Security Expenses of State Board of Worker's Compensation Fee for Furnishing Certified Copy of Annual Statement Filing Examination Report Fee Filing papers and/or Other Filing Fees Fire Company Maintenance Tax Fire Department Tax Assessment or Charge Fire Fighting Academy Fire Insurance Tax, Assessment or Charge Franchise Tax Health Maintenance Organization Fund Tax Ins. Dept. Gen. Operation Expense Assessment Insurance Advisory Association Insurance Checking Office Insurance Examining Bureau Insurance Rating Commission Assessment License Tax Major Medical fund Michigan Insurance Bureau Minimum Direct Written Premium Motor Vehicle Accident Indemnification Corporation Expense Motor Vehicle Financial Security (compulsory) Act Expense	Motor Vehicle Insurance Merit Rating Board Motor Vehicle Maintenance Tax Motor Vehicle Safety (Financial) Responsibility Act Expense Municipal License Tax Municipal or Local Taxes, Fees, or Occupational Licenses for which Premium Tax Credit is not given Municipal Tax Net Income Tax Occupational Safety Standard Act Ocean Marine Underwriting Profit Tax Permit Fee Permit Tax Police Pension Fund Privilege License Fee Privilege Tax Property & Liability Insurance Security Fund Public Motor Vehicle Liability Security Fund Rate Division Assessment Reopened Case Fund Single Business Tax Special Automobile Association Special Disability (W/C) Assessment Special Fund for Active Cases Special fund for Disability Benefits Special Fund Worker's Compensation Special Medical Malpractice Association Special Occupational Health and Safety Fund State Fire Marshall Regulatory Assessment State Operated Statistical Agent Services State Rating Bureau, Division of Insurance Operating Assessment Statutory Deposit Maintenance/Service Fee Stock Worker's Compensation Security Fund Supersedeas Fund (W/C) Synopsis Preparation Fee Underwriting Association Assessment Uninsured Employer's Fund Vending Machine License Fee Veterans Second Injury Fund Vocational Rehabilitation Fund Worker's Compensation Administrative Assessment Worker's Compensation Board Expense Worker's Compensation Maintenance Tax Worker's Compensation Rate Adjustment Fund Worker's Compensation Rehabilitation Div. Tax Workmen's Compensation Special Fund Workmen's Compensation Security Fund
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