FOR	M INS-5					E SERVIO					99
2	015					D PREV ATION / F	ENTION [·] RETURN		*1231	100*))
MRS Fire T	ax Account Number		NAIC I	D Nui	mber		Period Co	vered		Due Date	
						Januar	y 1 - Dece	ember 3	1, 2015	March 15, 2	2016
									CHECK A	NLL THAT APPLY:	
Business Name (Line 1)								Initia	al Return	
Business Name (Line 2	2)							- 1	Ame	ended return	
									Fina	l return	
Street Address and/or I	Post Office Box								Enter closing	g date: MM DD Y	YYYY
City					State	ZIP Co	de		Cha	nge of name/addr	ess
	С	OMPU	TATIO		F TAX (E PREMI	IUMS			
Α	iums allocated to fire (S		С		D		E		F		
Line of Business	Gross Premiums (Less Return Premiur and Premiums on Policies not Taken)	ns or Cr	ends Paid edited on Business		Total Net Taxable Premiums		of Premiums ted to Fire		Amount of Prem Allocated to F (column D x colu	ire	
1a. Fire	\$	\$		\$		10	00.00%				.00
1b. Inland Marine	\$	\$		\$		2	1.24%				.00
1c. Aircraft Physical Damage	\$	\$		\$		ŀ	Actual*				.00
Auto Physical Damage:											
1d. Private Passenger	·\$	\$		\$		-	1.91%				.00
1e. Commercial	\$	\$		\$			6.93%				.00
Multiple Peril: 1f. Farmowner's											
Multiple Peril	\$	\$		\$		4	7.56%				.00
1g. Homeowners Multiple Peril	\$	\$		\$		3	9.99%				.00
1h. Commercial Multip Peril (non-liability)		\$		\$		4	4.59%				.00
1i. All Other Fire Related	\$	\$		\$		10	00.00%				.00
2. Total amount of pr	emiums allocated to fire	(Add lines	1a through 1	i)			2.				.00
3. Tax liability (line 2	multiplied by 1.4% (0.01	14))					3.				.00
4. Estimated paymer	nts						4.				.00
5. Balance due (If lin	e 3 is greater than line 4	I, line 3 min	us line 4)				5.				.00
6. Overpayment to be	e refunded (If line 4 is g	reater than	ine 3, line 4	minus	line 3)		6.				.00
* Line 1c on	Ily: Enter in column F th	ne premium	s actually red	ceived	on fire risks	located in Ma	aine.			Rev 07/15	

2015 FORM INS-5, Page 2



MRS Fire Tax Account Number:

AFFIDAVIT AND SIGNATURE

This return is made in compliance with the provisions of 25 M.R.S. § 2399. The amount of all gross direct premiums or assessments for fire risks written by this insurer on risks located in, or received from risks resident of, the State of Maine during the year ending December 31, 2015 has been reported. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Date:	Signature:	Те	elephone #:
	Must be signed by the President, Trea	asurer, Secretary, Chief Accounting Officer or Attorney-ir	n-fact of a reciprocal insurer.
	Preparer's		

Date:

Signature:

ID Number:	
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INSTRUCTIONS

Premium amounts to be reported: A premium is an amount paid or payable for an insurance policy, including all fees (except provider fees paid for service contracts), such as membership, policy, survey, inspection, service and finance fees, that are assessed by and paid to an insurance company in consideration for an insurance policy. The instructions below provide guidance to assist in the preparation of this return. However, accurate and full reporting of premium amounts, including any applicable fees, is the responsibility of each taxpayer.

Note: The fire investigation and prevention tax applies in addition to the insurance premiums tax. A fraternal benefit society, order, or lodge, as defined in 24-A M.R.S. section 4101(1) is exempt from Maine insurance premiums taxes.

Line 1. Amount of Premiums Allocated to Fire. Calculate the total amount of premiums allocated to fire insurance for each line of business identified in column A.

Column B Gross Premiums. Enter the gross direct premiums written, less return premiums and premiums on policies not taken. Generally, gross direct premiums are reported on the Exhibit of Premiums and Losses (Maine State Page) of the NAIC Annual Statement, column 1 and related finance and service charges are reported on Schedule T, column 8 (Finance and Service Charges not Included in Premiums).

Column C Dividends Paid or Credited on Direct Business. Enter dividends paid or credited to policyholders on direct premiums. Amounts entered must agree with column 3 of the Maine portion of the NAIC annual statement.

Column D Total Net Taxable Premiums. Subtract the column C amount from the column B amount and enter the result.

Column E Percent of Premiums Allocated to Fire. The percentages listed represent the ratio of fire losses to total losses based on historical data. An insurer may not deviate from these percentages.

Column F Amount of Premiums Allocated to Fire. Multiply the column D amount by the column E percentage and enter the result.

Line 2. Total Premium. Add column F amounts for each line of business (line 1a through line 1i) and enter the sum on this line (Total amount of premiums allocated to fire).

Line 3. Tax Liability. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay 1.4% of the net taxable premiums for fire risks written in Maine.

Line 4. Estimated Payments. Enter the total amount of monthly estimated payments already made in 2015.

Line 5. Balance Due. Payment is due with this return. Late payments are subject to interest and penalties.

<u>Note:</u> Certain taxpayers with large annual tax liabilities are required to remit tax payments electronically. See MRS Rule 102 on the MRS website (select Laws & Rules) for details.

For calendar year 2016, the interest rate is 7%, compounded monthly. The penalty for failure to file a return is the greater of \$25 or 10% of the tax due. If the return is not filed within 60 days after the receipt of a demand notice to file, the penalty is the greater of \$25 or 25% of the tax due. The penalty for failure to pay a tax liability on time is 1%, up to a maximum of 25%, of the outstanding liability.

Line 6. Overpayment. All overpayments will be refunded.



If enclosing a check, make check payable to: <u>Treasurer. State of Maine</u> and MAIL WITH RETURN TO: MAINE REVENUE SERVICES P.O. BOX 1065 AUGUSTA, ME 04332-1065 If not enclosing a check, MAIL RETURN TO:

MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064