EXM-10-06

2006

STATE OF NEW JERSEY

FOREIGN OR ALIEN COMPANIES

Insurer NAIC Code Number _____

Type or print the requested information

FEDERAL EMPLOYER I.D. NUMBER

COMPANY NAME

MAILING ADDRESS

CITY STATE ZIP CODE

IMPORTANT: THE FOLLOWING INSTRUCTIONS MUST BE ADHERED TO:

The Original Return must be filed with the Director, Division of Taxation on or before March 1 annually and shall be accompanied with a CHECK PAYABLE TO - " NJ DIVISION OF TAXATION -- INSURANCE TAX"

PLEASE REFER TO THE INSTRUCTIONS CONCERNING ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS

Mail to: Division of Taxation
PO Box 247 (160 South Broad Street)
Trenton, NJ 08646-0247

ALSO

A duplicate return must be filed with the Commissioner of Banking and Insurance at the same time.

Mail to: Department of Banking and Insurance
PO Box 325 (20 West State Street)
Trenton, NJ 08625-0325

WHEN COMPLETING THIS RETURN, PLEASE BE SURE TO FOLLOW THE GENERAL FILING INSTRUCTIONS PAGE 5.

ANNUAL REPORT
Statement of Premium Taxes and Other Obligations
Life Insurance Companies

Commissioner of Banking and Insurance, State of New Jersey :
Director, Division of Taxation, State of New Jersey :

The _____

incorporated or organized under the laws of _____

and with offices located at _____
MAILING ADDRESS OF OFFICE PREPARING RETURN

hereby submit the following statement for the calendar year ending December 31, 20 ____, as required by, and in accordance with the New Jersey Revised Statutes Title 54 chapters 16, 17, 18 and 18A.

Alien Insurers: Indicate Port of Entry _____
State

STATE OF _____
COUNTY OF _____ } ss.

On this _____ day of _____ A.D. 20 _____ before me _____

personally appeared _____
(INSERT SECRETARY OR U.S. MANAGER)

_____ Insurance Company of _____

who being duly sworn according to law, on his oath did depose and say that the foregoing report is true and correct.

Subscribed and sworn to before me the day and year aforesaid.

_____

_____
(INSERT SECRETARY OR U.S. MANAGER)

_____

_____
(OFFICIAL TITLE)

IMPORTANT:
THIS BLOCK MUST BE COMPLETED
FEDERAL EMPLOYER IDENTIFICATION
NUMBER _____

(NAME OF PARTY TO CONTACT REGARDING THIS RETURN) *(TITLE)* *(PHONE NUMBER)* *(FAX NUMBER)*

(SIGNATURE OF INDIVIDUAL PREPARING THIS RETURN) *(PREPARER'S IDENTIFICATION NUMBER)*

(NAME OF TAX PREPARER'S EMPLOYER) *(EMPLOYER'S IDENTIFICATION NUMBER)*

STATE OF INCORPORATION	(1) Life Insurance	(2) Annuity Considerations	(3) Individual Accident & Health	(4) Group Accident & Health	(5) Other Explain	(6) Other Explain	(7) TOTAL
1 . Premiums Per Schedule T (Attach reconciliation if different)							
2 . Dividends paid in Cash: excluding $ dividends on Qualified Pension Plans							
3 . Dividends used for renewal; excluding $ dividends on Qualified Pension Plans							
4 . Dividends left on deposit; excluding $ dividends on Qualified Pension Plans							
5 . Life premiums on Qualified Pension Plans							
6 . All Other explain							
7 . Total deductions lines 2 thru 6							
8 . Taxable Premiums line 1 less line 7							
9 . Tax Rate							
10 . Tax line 8 X 9							
STATE OF NEW JERSEY * (Attach a copy of New Jersey State page 24 of Annual Statement as filed with the New Jersey Department of Banking and Insurance)							
11 . Premiums Per Schedule T (Attach reconciliation if different)		XXXXXX			XXXXXX		
12 . Dividends paid in Cash: excluding $ dividends on Qualified Pension Plans		XXXXXX			XXXXXX		
13 . Dividends used for renewal; excluding $ dividends on Qualified Pension Plans		XXXXXX			XXXXXX		
14 . Dividends left on deposit; excluding $ dividends on Qualified Pension Plans		XXXXXX			XXXXXX		
15 . Life premiums on Qualified Pension Plans (Attach documentation)		XXXXXX			XXXXXX		
16 . All Other explain		XXXXXX			XXXXXX		
17 . Total deductions lines 12 thru 16		XXXXXX			XXXXXX		
18 . Taxable Premiums line 11 less line 17		XXXXXX			XXXXXX		
19 . Tax Rate	2.1%	XXXXXX	2.1%	1.05%	XXXXXX		
20 . Tax line 18 X 19		XXXXXX			XXXXXX		

* Even if the premium basis for the State of Incorporation and the State of New Jersey are the same, lines 11 to 17 must be completed.

Schedule B - Summary of Taxes and Other Obligations

	(1) State of Incorporation Tax	(2) State of New Jersey Tax
21 . Total Life Tax Sch. A Col. 1, Line 10 -- Carry to Col. (1) Total Life Tax Sch. A Col. 1, Line 20 -- Carry to Col. (2)		•
22 . Total Annuity Tax Sch. A, Col. 2, Line 10 -- Carry to Col. (1)		XXXXXXXXXXX
23 . Total Ind. A&H Tax Sch. A, Col. 3, Line 10 -- Carry to Col. (1) Total Ind. A&H Tax Sch. A, Col. 3, Line 20 -- Carry to Col. (2)		•
24 . Total Group A&H Tax Sch. A, Col. 4, Line 10 -- Carry to Col. (1) Total Group A&H Tax Sch. A, Col. 4, Line 20 -- Carry to Col. (2)		•
25 . Total Other Tax Sch. A Col. 5, Line 10 -- Carry to Col. (1)		XXXXXXXXXXX
26 . Total Other Tax Sch. A Col. 6, Line 10 -- Carry to Col. (1) Total Other Tax Sch. A Col. 6, Line 20 -- Carry to Col. (2)		•
27 . Total Lines 21 to 26 Col. 1 and 2 (Should agree with Sch. A Col. 7 Line 10 and 20 respectively)		•

TAXABLE PREMIUMS AS DETERMINED WITH REFERENCE TO N.J.S.A. 54:18a-6

NOTE: If Taxable Premiums are determined as provided in N.J.S.A. 54:18A-6 (12.5% Limitation), then Schedule E -- Calculation of Taxable Premiums as Provided in N.J.S.A. 54:18A-6 -- must be completed.

Type	Sch. E. Sec. II Col. B Total Premiums	Rate	Tax
28 . Life		2.1%	•
29 . Individual A & H		2.1%	•
30 . Group A & H		1.05%	•
31 . Total (Lines 28 thru 30)		XXXXXXXXXXX	•
32 . Total Tax (Lesser of Sch. B Line 27 Column 2 or Sch. B Line 31, Column 2)			•

All other taxes, fees and obligations:	State of Incorporation Tax	State of New Jersey Tax
33 . Company License		XXXXXXXXXXX
34 . Filing fees		XXXXXXXXXXX
35 . Income tax (Attach Schedule)		XXXXXXXXXXX
36 . Agents and brokers license fees -- Complete Sch. C (page 4)		
37 . Other -- Attach Detailed Schedule		
38 .		
39 . Total All Other -- (lines 33 thru 38, col. 1 & 2)		•
40 . Total Tax -- (lines 32 plus 39, col. 1 & 2)		•
41 . Retaliatory Tax -- (excess of line 40 col. 1 over line 40 col. 2)	XXXXXXXXXXX	•
42 . Total Tax due New Jersey -- (line 40 col. 2 plus line 41 col. 2)	XXXXXXXXXXX	•

CALCULATION OF TOTAL AMOUNT DUE	
43 . Other Credits -- Attach Detailed Schedule	•
44 . Smart Moves For Business Program Tax Credit from Form 307 (see instructions)	•
45 . Guaranty Fund Assessment Credit (from Schedule D, Line 8 on Page 4)	•
46 . Total Tax Credits (Total of Line 43 to line 45)	•
47 . Balance of Tax Liability Due (Line 42 less line 46)	•
48 . Credit for Prepayment of Premium Tax paid March 1 and June 1 of prior calendar year	•
49 . Balance Due (Line 47 less line 48)	•
50 . Prepayment of 2007 Tax -- (50% of line 32, column (2))	•
51 . Total Amount Due State of New Jersey (Line 49 plus line 50)	•
52 . If line 49 plus line 50 is less than zero enter the amount of the overpayment	•
53 . Amount of line 52 to be applied to June 1, 2007 prepayment	•
54 . The amount of line 52 to be refunded	•

PAYMENT OF THE AMOUNT INDICATED AT LINE 51 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN.

NOTE: If the taxpayer is currently paying or has previously paid to the Department of Banking and Insurance license and/or filing fees attributable to the tax year covered by this return, such payments must be included at the appropriate Line(s) [Schedule B Column 1 and/or 2 Lines 33 to 38}.

The taxpayer should take credit for the amount of any of the above referenced license and/or filing fees actually paid to the State of New Jersey. Such credits must be included at line 43 of Schedule B and a detailed schedule must be attached to this return.

SCHEDULE C – AGENTS AND BROKERS LICENSE FEES

No. of Licenses_____	Cost per License	Total Cost
STATE OF INCORPORATION		
STATE OF NEW JERSEY	$20.00	

Total Cost = (No. of Licenses) times (Cost per License)

SCHEDULE D-CALCULATION OF GUARANTY FUND ASSESSMENT CREDIT

Eligibility-Provided for by the New Jersey Life and Health Insurance Guaranty Association Act (N.J.S.A. 17B:32A-18), a member Life and Health insurer may offset against its premium tax liability, attributable to premiums written in that year, any assessments for which a certificate of contribution has been issued, to the extent of 10% of the amount of those assessments for each of the five calendar years following the second year after the year in which those assessments were paid, except that no member insurer may offset its premium tax liability by more than 20% of its tax liability in any one year. **Be sure to include proof of payment for all assessments listed below.**

YEAR ASSESSMENT PAID	YEARS IN WHICH A CREDIT FOR AN ASSESSMENT CAN BE CLAIMED (CREDIT IS 10% OF ASSESSMENT) 1	2	3	4	5	6	7	AMOUNT OF ASSESSMENT	MAXIMUM ALLOWABLE CREDIT 10% OF ASSESSMENT
1999	XX	XX	2002	2003	2004	2005	2006		1.
2000	XX	XX	2003	2004	2005	2006	2007		2.
2001	XX	XX	2004	2005	2006	2007	2008		3.
2002	XX	XX	2005	2006	2007	2008	2009		4.
2003	XX	XX	2006	2007	2008	2009	2010		5.
Maximum Credit Available for this Return (add lines 1 through 5 above)									6.
Enter 20% of the tax liability reported on Schedule B, Line 32 Column 2									7.
Enter the lesser of line 6 or 7 here and on Schedule B, Line 45 Column 2									8.

SCHEDULE E
LIFE INSURANCE COMPANIES
CALCULATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6

SECTION 1 – COMPLETE ONLY IF *LICENSED* SUBSEQUENT TO 6/30/84

WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN AND ALL OF ITS AFFILIATES AS DEFINED IN N.J.S.A. 17:27A-1 et seq.

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12 ½% OF AMOUNT IN COLUMN (A)	(C) NEW JERSEY PREMIUMS
1. Life Insurance Premiums of Company and all of its Affiliates			
2. Individual Accident & Health Insurance Premiums of Company and all of its Affiliates			
3. Group Accident & Health Insurance Premiums of Company and all of its Affiliates			
4. TOTAL			

SECTION II – MUST BE COMPLETED BY ALL COMPANIES ELECTING TO CALCULATE TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12 ½% OF AMOUNT IN COLUMN (A)
1. Life Insurance premiums		
2. Individual Accident & Health Insurance Premiums		
3. Group Accident & Health Insurance Premiums		
4. TOTAL		

NOTE: IN ORDER TO DETERMINE WHICH FIGURES SHOULD BE APPLIED AS TAXABLE PREMIUMS AT LINE(S) 28, 29 AND 30 OF SCHEDULE B, PLEASE REFER TO THE INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

FOREIGN OR ALIEN COMPANIES
GENERAL FILING INSTRUCTIONS

Please note that material changes have made to the tax form due to computerization of Department of Banking and Insurance and Division of Taxation records. Listed below you will find instructions which highlight special areas of concern when completing the tax return.

1. **NAIC** code—At the top left side of the page of the return is a space to provide the insurer's five digit NAIC (**N**ational **A**ssociation of **I**nsurance **C**ommissioners) code. This space must be completed by all taxpayers.
2. Peel Off Labels—Will no longer be provided.
3. Port of entry—At the middle of the first page, a line has been added for alien insurers to indicate their port of entry.
4. When completing Schedule A of the return, please give your attention to the following instructions.
   a. Please express tax rates inserted by taxpayers in percentage and not decimal format. (2.25%, **NOT** .0225 or 2¼.)
   b. Only place one number in each cell. When completing State of Incorporation taxes on Schedule A (Lines 1-10) there must be only one tax rate attributable to the taxable premiums reported at line 8 of each column. If the premiums usually included at line 8 of a particular column are taxed at different rates in the taxpayer's home state then they must be placed in separate columns when completing lines 1 to 10. The taxpayer should use column 5 and/or 6 to report any premiums taxed at different rates. A schedule should be attached indicating the types of premiums included in column 5 and/or 6. If further columns are required, then a separate schedule should be attached. However, please note that line 27, Column 1 of Schedule B must include the total of all taxes reported at line 10 of schedule A, including any listed on a separate schedule.
5. **Schedule A** –Please note that Schedule A, including lines 1 to 20, must be completed by all taxpayers, even if the taxpayer is calculating the tax based on the 12.5% limitation indicated in Schedule E.
6. **Penalty and Interest** –Any taxpayer which shall fail to file its return when due or fail to pay tax when due shall be subject to penalties and interest as provided for in the State Tax Uniform Procedure Law N.J.S.A. 54:48-1 et seq. and N.J.S.A. 18:2-2.1 et seq.
7. Please note that attachments must be included with the return being filed with the Division of Taxation and with the duplicate original return which is simultaneously being filed with the Department of Banking and Insurance.

INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE PREMIUMS PROVIDED IN N.J.S.A. 54:18A-6 (SCHEDULE E)

If the company was licensed subsequent to 6/30/84 and the amount indicated at Section I, Line 4, Column C *is not greater* than the amount indicated at Section 1, Line 4, Column B, then the company does not qualify to use this limitation. Taxable premiums are then those included at line 20 of Schedule A.

If the company was licensed subsequent to 6/30/84 and the amount indicated at Section I, Line 4, Column C *is greater* than the amount indicated at Section 1, Line 4, Column B then taxable premiums are the amounts indicated at Section II, Column B. These amounts should be entered at the applicable Line(s) (28, 29, 30) of Schedule B. A detailed schedule of Worldwide and New Jersey Premiums of the Company and each affiliate must also be submitted with this schedule.

If the company was licensed prior to7/1/84 and if the amount indicated at Section II, Line 4, Column B *is less* than taxable premiums indicated at line 20 of Schedule A, then enter amounts from Section II, Line 4, Column B at the applicable Line(s) (28, 29, 30) of Schedule B. If the amount indicated at section II, Line 4, Column B *is not less* than taxable premiums indicated at line 20 of Schedule A, then taxable premiums are those included at line 20 of Schedule A.

INSTRUCTIONS FOR COMPLETING SCHEDULE E

1. This schedule is to be completed only by those companies electing to calculate taxable premiums as provided in N.J.S.A. 54:18A-6 (12.5% limitation).
2. If the company was licensed subsequent to 6/30/84 complete both Section I and Section II.
3. If the company was licensed prior to 7/1/84 complete only Section II.
4. Worldwide Premiums should be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, Line 20.
5. Schedule B, Lines 21 to 27 must be completed by ALL TAXPAYERS.

SMART MOVES FOR BUSINESS PROGRAM CREDIT

A taxpayer who has registered with the New Jersey Department of Transportation and who has an authorized report/plan to provide commuter transportation benefits may claim a tax credit based on the direct expenditures attributed to the plan.

To claim the credit the taxpayer must complete Form 307 and attach it to the return. This form and related information may be obtained from the Taxpayer Forms Service, PO Box 269, Trenton, NJ 08695-0269, or by calling 1-800-323-4400 for New Jersey taxpayers or 609-826-4400 for out-of-state taxpayers, or by accessing the Division of Taxation website at www.state.nj.us/treasury/taxation.

If Form 307 is being submitted, the appropriate tax liability to be reported on line 13 of Part III is the tax amount reported at column 2, Line 27, Schedule B of this premium tax return. The tax credit amount to be reported on line 18, part III of Form 307 is the amount reported on Line 45, Schedule B of this return.

ELECTRONIC FUNDS TRANSFERS

The Division of Taxation has established procedures to allow the remittance of tax payments through electronic funds transfer (EFT). Taxpayers with a prior year's liability of $10,000 or more in any one tax are required to remit all tax payments using EFT.

If you have questions concerning the EFT Program, Call 609-984-9830 or write to the N.J. Division of Revenue, EFT section, PO Box 191, Trenton, N.J. 08646-0191.

If remitting payment by EFT, the Total Amount Due indicated at line 51 must be transmitted in one transaction with an applicable year of 2006. The prepayment of the 2007 tax liability included in this amount will automatically be credited to the 2007 tax year when the taxpayer files the 2007 Insurance Premium Tax Return. A separate transaction for the 2007 prepayment at line 50 is not required.

IMPORTANT NOTE

PAYMENT for the amount indicated at Schedule B, Line 51 of the Insurance Premium Tax Return **MUST BE SUBMITTED TO THE DIVISION OF TAXATION** at the address indicated on the first page of this return. **DO NOT** send payment of this amount to the Department of Banking and Insurance.

However, if the taxpayer is simultaneously paying an Annual Statement Filing Fee, Renewal of Certificate of Authority Fee, Maintenance Fee, Insurance Development Fund Surcharge, etc. these amounts must be submitted under separate cover to the address indicated on the notice for the particular fee, surcharge, etc., and **MUST NOT** be included with the Insurance Premium Tax Return.

ALL ATTACHMENTS MUST BE INCLUDED WITH **BOTH THE ORIGINAL RETURN FILED WITH THE DIVISION OF TAXATION **AND** THE DUPLICATE RETURN FILED SIMULTANEOUSLY WITH THE DEPARTMENT OF BANKING AND INSURANCE.