

**• 2011 Form 20-INS
Oregon Insurance
Excise Tax Return**



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● Beginning (short year only) / /	● Ending (short year only) / /
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● Name:	● FEIN:	For office use only
● Address:	BIN:	
● City:		●
● St:	● ZIP code:	Payment
● <input type="checkbox"/> New name		●
● <input type="checkbox"/> New address		1 2 3
● Phone:		● ● ●
● <input type="checkbox"/> Extension		FOR FUTURE COMPUTER USE ONLY
● <input type="checkbox"/> Form 37		
● <input type="checkbox"/> Amended		
Contact:		
Web:		

Questions: Complete A through D only if this is your first return or the answer changed during 2011.

● A. Incorporated in (state); ● Incorporated on (date)	● B. State of commercial domicile	● C. Date business activity began in Oregon	● D. Business Activity Code
● E. (1) <input type="checkbox"/> Consolidated federal return; ● (2) <input type="checkbox"/> Consolidated Oregon return; ● (3) <input type="checkbox"/> Corporations included in consolidated federal return, but not in Oregon return	● G. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire.		
● F. <input type="checkbox"/> Low-income taxpayer	● H. Number of Oregon corporations		
● I. List the tax years for which your federal taxable income was changed by an IRS audit or by an amended annual report filed during this tax year.			
● J. If first return, indicate <input type="checkbox"/> New business, or <input type="checkbox"/> Successor to previous business	Name of previous business	FEIN	BIN
● K. If final return, indicate <input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, or <input type="checkbox"/> Merged or reorganized	Name of merged or reorganized corporation	FEIN	BIN
L. If you did not complete Schedule AP, fill in the amount of your Oregon sales ● L			

Income Net income from the annual statement to the insurance commissioner:

1. Life, accident, and health companies (from page 4, line 35 of annual statement)	1	
2. Less: Income, expenses, and other items attributable to separate accounts from 'Summary of Operations,' page 4, lines 5 & 8.1 of the annual statement for life companies	2	
3. Subtotal (line 1 minus line 2).....	3	
4. Fire, property, and casualty companies (from page 4, line 20 of annual statement)	4	
5. Less: Underwriting profit derived from wet marine and transportation insurance	5	
6. Subtotal (line 4 minus line 5).....	6	
7. Total (line 3 plus line 6)	7	

Additions

8. Federal income taxes deducted in arriving at line 7	● 8	
9. State income taxes deducted in arriving at line 7	● 9	
10. Penalty interest on prepayment of loans	● 10	
11. Realized gains and losses on sales or exchanges by insurer of property excluded from line 7	● 11	
12. Decreases in certain reserves.....	● 12	
13. Total additions (add lines 8 through 12)	● 13	
14. Income after additions (line 7 plus line 13)	14	



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Subtractions	15. Amortization of past service credits..... ● 15	
	16. Increases in certain reserves..... ● 16	
	17. Depreciation in excess of annual statement allowance..... ● 17	
	18. Total subtractions (add lines 15 through 17)..... ● 18	
	19. Income before net loss deduction (line 14 minus line 18)..... 19	
If income is derived from sources both in Oregon and other states, carry amount on line 19 to Schedule AP-2, line 1. Please complete both Schedules AP-1 and AP-2.		
	20. Net loss deduction (attach schedule) ● 20	
	21. Oregon taxable income (line 19 minus line 20 or amount from Schedule AP-2, line 11)..... ● 21	
	22. Excise tax (6.6% or 7.6%; see instructions). 22	
	23. Tax adjustment for interest on certain installment sales..... ● 23	
	24. Total tax (line 22 plus line 23)..... ● 24	
Credits	25. Other credits (attach explanation)..... ● 25	
	26. Workers' Compensation credit ● 26	
	27. Fire insurance gross premiums tax credit..... ● 27	
	28. OLHIGA (Oregon Life and Health Insurance Guaranty Association) offset..... ● 28	
	29. Total credits/offsets (add lines 25 through 28)..... ● 29	
	30. Excise tax after credits and offsets (line 24 minus line 29) (not less than minimum tax) ● 30	
	31. 2011 estimated tax payments from Schedule ES below. Include payments made with your extension.... ● 31	
	32. Withholding payments made on your behalf from pass-through entity or real estate income..... ● 32	
	33. Tax due. Is line 30 more than line 31 plus line 32? If so, line 30 minus lines 31 and 32..... Tax due ● 33	
	34. Overpayment. Is line 30 less than line 31 plus line 32? If so, line 31 plus line 32, minus line 30... Overpayment ● 34	
	35. Penalty due with this return35	
	36. Interest due with this return36	
	37. Interest on underpayment of estimated tax (attach Form 37). ● 37	
	38. Total penalty and interest (add lines 35 through 37) 38	
	39. Total due (line 33 plus line 38)..... Total due 39	
	40. Refund available (line 34 minus line 38)..... Refund 40	
	41. Amount of refund to be credited to 2012 estimated tax..... 2012 Credit ● 41	
	42. Net refund (line 40 minus line 41)..... Net refund 42	

Schedule ES—Estimated Tax Payments or Other Prepayments

	Name of payer	Payer FEIN	Date of payment	Amount paid
1. 1st Quarter			/ /	1
2. 2nd Quarter			/ /	2
3. 3rd Quarter			/ /	3
4. 4th Quarter			/ /	4
5. Overpayment of last year's tax elected as a credit against this year's tax				5
6. Payments made with extension or other prepayments for this tax year and date paid.....			/ /	6
7. Claim of right credit (attach computation and explanation)				7
8. Total prepayments (carry to line 31 above)				8

Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Sign Here	Signature of officer	Signature of preparer other than taxpayer	License number of preparer
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	●
	Date	Date	Telephone number ()
	Print name of officer	Print name of preparer	
	Title of officer	Address of preparer	

Attach Oregon schedules and file with the Oregon Department of Revenue

Mail refund returns and no tax due returns to: Refund, PO Box 14777, Salem OR 97309-0960	Mail tax-to-pay returns with payment and payment voucher to: Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470
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Schedule AF: Schedule of Affiliates for Form 20-INS

Domestic insurers, inter-insurance, and reciprocal exchanges. Use this schedule to list those affiliates doing business in Oregon that are included in the consolidated return.

Do not include in this list the corporation filing this tax return. You may copy this form if you have more than 10 affiliates to include on this list.

Table with 4 columns: FEIN and BIN, Name and Address, If new affiliate during this year, enter date affiliate became part of unitary group, and If affiliate ceased to be part of the unitary group during the year, indicate date affiliate left group. It contains 10 rows for affiliates #1 through #10.

Attach additional schedules if needed