

2012 Form 20-INS
Oregon Insurance
Excise Tax Return



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

Questions: Complete A through D only if this is your first return or the answer changed during 2012.

<input type="radio"/> A. Incorporated in (state);	<input type="radio"/> Incorporated on (date)	<input type="radio"/> B. State of commercial domicile	<input type="radio"/> C. Date business activity began in Oregon	<input type="radio"/> D. Business Activity Code
<input type="radio"/> E. (1) <input type="checkbox"/> Consolidated federal return; <input type="radio"/> (2) <input type="checkbox"/> Consolidated Oregon return; <input type="radio"/> (3) <input type="checkbox"/> Corporations included in consolidated federal return, but not in Oregon return				
<input type="radio"/> F. <input type="checkbox"/> Low-income taxpayer	<input type="radio"/> G. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire.			
<input type="radio"/> H. Number of Oregon corporations	<input type="radio"/> 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.			
<input type="radio"/> J. If first return, indicate <input type="checkbox"/> New business, or <input type="checkbox"/> Successor to previous business	Name of previous business	FEIN	BIN	
<input type="radio"/> 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 Withdrawn, 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	
<input type="radio"/> L. If you did not complete Schedule AP, fill in the amount of your Oregon sales <input type="radio"/> 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. Decreases in certain reserves.....	11	
12. Total other additions (from Schedule ASC-CORP, see instructions)....	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. Total other subtractions (from Schedule ASC-CORP, see instructions).... ● 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. Total other credits (from Schedule ASC-CORP, see instructions).... ● 25	
	26. Fire insurance gross premiums tax credit..... ● 26	
	27. OLHIGA (Oregon Life and Health Insurance Guaranty Association) offset..... ● 27	
	28. Total credits/offsets (add lines 25 through 27)..... ● 28	
	29. Excise tax after credits and offsets (line 24 minus line 28) (not less than minimum tax) ● 29	
	30. 2012 estimated tax payments from Schedule ES below. Include payments made with your extension.... ● 30	
	31. Withholding payments made on your behalf from pass-through entity or real estate income..... ● 31	
	32. Tax due. Is line 29 more than line 30 plus line 31? If so, line 29 minus lines 30 and 31..... Tax due ● 32	
	33. Overpayment. Is line 29 less than line 30 plus line 31? If so, line 30 plus line 31, minus line 29... Overpayment ● 33	
	34. Penalty due with this return 34	
	35. Interest due with this return 35	
	36. Interest on underpayment of estimated tax (attach Form 37). ● 36	
	37. Total penalty and interest (add lines 34 through 36)..... 37	
	38. Total due (line 32 plus line 37)..... Total due 38	
	39. Refund available (line 33 minus line 37)..... Refund 39	
	40. Amount of refund to be credited to 2013 estimated tax..... 2013 Credit ● 40	
	41. Net refund (line 39 minus line 40)..... Net refund 41	

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 30 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
	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 only 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