

**Foreign Health Insuring Corporations
Statement of Fees, Premium Taxes and Other Obligations
Calendar 2014**

NAVIGATION LINKS

- [Filing Instructions](#)
- [Tax Forms Instructions](#)
- [Tax Forms Index](#)

Company: _____

Domicile: _____ NAIC #: _____

FEES AND OTHER OBLIGATIONS		INCORPORATION BASIS	OHIO BASIS
1.	Filing copy of Charter of Incorporation (New Licensees Only)	0.00	0.00
2.	Filing Annual Statement	0.00	175.00
3.	Certificate of Authority	0.00	175.00
4.	Line 4 is no longer used.		
5.	Agent / Agency New Appointment Fees Number of appointments: <input type="text" value="0"/>	Fee Basis: \$ <input type="text" value="0.00"/> 0.00	0 @ \$15 and 0 @ \$20 0.00
6.	Renewal Agent / Agency Fees Number of renewals: <input type="text" value="0"/>	Fee Basis: \$ <input type="text" value="0.00"/> 0.00	0 @ \$15 and 0 @ \$20 0.00
Other fees charged on State of Incorporation Basis (Describe*) (a)			
7a.	<input type="text" value="Required Input"/>	0.00	
7b.	<input type="text"/>	0.00	
7c.	<input type="text"/>	0.00	
7d.	<input type="text"/>	0.00	
8.	Taxes based upon income (Attach CT-33, IL-1120, etc.)	0.00	
9.	Taxes assessed by municipalities (Attach CT-33M, KY, AL, etc.)	0.00	
10.	Total Fees & Other Obligations	0.00	350.00

Line 10 (Ohio Basis) should agree with all invoices for the above fees (lines 1 through 6) invoiced by the Ohio Department of Insurance, in this calendar year, regardless of whether or not the account was paid. The reason for using the above Ohio fees is solely for the purpose of computing the basis for retaliatory taxes.

PREMIUM TAX		INCORPORATION BASIS	OHIO BASIS
11.	Gross Direct Premiums (A/S, Schedule T, Column 36). Premiums for Medicare Title XVIII and Federal Employees Health Benefit Programs are not taxed. (c)	0.00	0.00
12.	Other taxable.	0.00	0.00
13.	Other premiums taxed by state of domicile* (a) Describe: <input type="text" value="Required Input"/>	0.00	
14.	Less: Qualified Small Employer Health Care Alliances holding certificate of authority under ORC 1731.021* (a) Alliance: <input type="text" value="Required Input"/>		0.00
15.	Less: Other premiums not taxed by state of domicile* (a) Describe: <input type="text" value="Required Input"/>	0.00	
16.	Net Taxable Premiums	0.00	0.00
17.	Premium Tax Rate* (b)	Incorporation Basis <input type="text" value="0.0%"/> Ohio Basis 1.00%	0.00

- a. Documentation must be attached electronically prior to submission of this tax return. Click the "Attach Documents" option which is located next to the SUBMIT button, attaching one file at a time.
- b. Insert Incorporation Basis Premium tax rate. Attach schedule if using a blended rate and check here: Schedule of blended rate attached
- c. Supplemental insurance NOT part of a Medicare Part C Plan

INS 7145

TY2015

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RECAPITULATION	INCORPORATION BASIS	OHIO BASIS
18 Fees, other obligations & taxes. Total Lines 10, and 17.	0.00	350.00
COMPLETE ONLY THE COLUMN THAT HAS THE HIGHEST AMOUNT ON LINE 16		
19 Enter the larger amount from Line 18.		350.00
20 Enter the amount shown on Line 10, Ohio Basis.		350.00
21 Tax before credits: enter the GREATER of Line 19 minus Line 20, or \$250.		250.00
22 Business Tax Credit (Exhibit A, Column 2). Change Allocation 0		0.00
23 Subtotal after Business Tax Credit, or \$250 Minimum Tax.		250.00
24 Non-Refundable Credits:(c)		
A. Credit for purchases of qualified low-income community investments under O.R.C. §5725.33 (c) 0.00		0.00
B. Job retention credit under O.R.C. §122.171 (c) 0.00		0.00
C. Other (List): (c) 0.00		0.00
25 Credit for Voluntary Contribution pursuant to Section 3901.47(E)* (a) 0.00		0.00
26 Credit for Payments to the Ohio Life & Health Insurance Guaranty Assn, pursuant to O.R.C. Section 3956.20* (a) 0.00		0.00
27 Total Non-Refundable Credits (add Lines 24, 25, and 26) 0.00		0.00
28 Refundable Credits:(c)		
A. Job creation credit under O.R.C. §5725.32 and §122.17. (c) 0.00		0.00
B. Venture capital credit under §5725.19 and §150.04 (a) 0.00		0.00
C. Other (List): (c) 0		0.00
29 Total Net Tax (Line 23 minus Line 27 minus Line 28)		250.00

NOTE:
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TAX PREPARER'S INFORMATION
Name
Title

INS 7145

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| Check For Errors | Save Draft | Attach Documents | Submit |
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