

Domestic Health Insuring Corporation

Calendar 2018

NAVIGATION LINKS

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Company:  Domicile:  NAIC

ASSESSMENTS AND FEES		
1	All Ohio direct premiums. Deduct non-taxable amounts below. (Health Annual Statement, Schedule T, Line 36, col. 8) (a):	0.00
2	Other taxable amounts, including gross risk revenue premiums (e.g. Health Blank, Income Stmt., line 5, gross as to claims) Describe (b):	0.00
3	Less: Qualified Small Employer Health Care Alliances holding certificate of authority under O.R.C. §1731.021. Must attach supporting documentation to receive credit (b):	0.00
4	Less: Premiums not subject to Ohio Tax: <ul style="list-style-type: none"> <li>a. Exempt Medicare: Parts A, B, and C (c):</li> <li>b. Medicare Part D:</li> <li>c. Federal Health Benefits:</li> <li>d. Other:</li> </ul> Describe B and/or D:	0.00 0.00 0.00 0.00
5	Total Taxable Premiums (Lines 1 + 2 - 3 - 4):	0.00
6	Total Taxable Premium multiplied @ 1.0%:	0.00
7	Tax before credits (Line 6, or \$250 minimum tax):	250.00
TAX SUMMARY		
8	Business Tax Credit (Form INS7140) pursuant to O.R.C. §5729.031. (If not applicable, do not fill out form.) <ul style="list-style-type: none"> <li>Charge Allocation</li> <li>0.00</li> </ul>	0.00
9	Subtotal after Business Tax Credit, or \$250 minimum tax:	250.00
10	Non-Refundable Credits: (b) <ul style="list-style-type: none"> <li>A.                             <ul style="list-style-type: none"> <li>Credit for purchases of qualified low-income community investments under O.R.C. §5725.33 (b):</li> <li>0.00</li> </ul> </li> <li>B.                             <ul style="list-style-type: none"> <li>Job retention credit under O.R.C. §122.171 (b):</li> <li>0.00</li> </ul> </li> <li>Other (List) (b):</li> <li>0.00</li> </ul>	0.00
11	Credit for Voluntary Contribution pursuant to O.R.C. §3901.47(E) (b):	0.00
12	Credit for Payments to the Ohio Life & Health Insurance Guaranty Assn., pursuant to O.R.C. §3956.20 (b):	0.00
13	Total Non-Refundable Credits (add Lines 10, 11, and 12):	0.00
14	Refundable Credits: (b) <ul style="list-style-type: none"> <li>A.                             <ul style="list-style-type: none"> <li>Job creation credit under O.R.C. §5725.32 and §122.17 (c):</li> <li>0.00</li> </ul> </li> <li>B.                             <ul style="list-style-type: none"> <li>Venture capital credit under O.R.C. §5725.19 and §150.07 (c):</li> <li>0.00</li> </ul> </li> <li>C.                             <ul style="list-style-type: none"> <li>Other (List) (c):</li> <li>0.00</li> </ul> </li> </ul>	0.00
15	Total Net Tax (Line 9 Minus Line 13 Minus Line 14):	250.00

NOTE:

- You must have a Certificate of Authority as a Health Insuring Corporation to file tax return on this form (INS7141).
- Documentation must be attached electronically (see below) prior to submission of this tax return. Click "Attach Documents" below, attaching one file at a time.
- Private insurance purchased to supplement Medicare is not excludable unless part of a Medicare Part C plan.
- Medicaid payments after September 30, 2009 are taxable. DO NOT DEDUCT

DO NOT FILE HARDCOPY  
NOT ACCEPTABLE FOR FILING

See Filing Instructions for Payment Details - DO NOT SEND PAYMENTS TO THE DEPARTMENT OF INSURANCE.

TAX PREPARER'S INFORMATION	
Name	<input type="text"/>
Title	<input type="text"/>