

ODI Gateway

Logout

**Foreign Property and Casualty Companies
Statement of Fees, Premium Taxes and Other Obligations**

Calendar 2018

NAVIGATION LINKS

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

Company: _____		Domicile: OH 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: 0	Fee Basis: \$	0.00 0.00	15 0.00
6. Renewal Agent / Agency Fees Number of renewals: 0	Fee Basis: \$	0.00 0.00	15 0.00
Other fees charged on State of Incorporation Basis (Describe*):			
7a. REQUIRES INPUT		0.00	
7b.		0.00	
7c.		0.00	
7d.		0.00	
8. Taxes based upon Income (Attach CT-616, 1120, etc.)* (b)		0.00	
9. Taxes assessed by municipalities (Attach CT-33M, KY, AL, etc.)* (b)		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, State Page) PLUS Finance and Service Charges not included with gross direct premiums		0.00	0.00
12. Less: Federally reinsured multi-peril crop premiums		0.00	0.00
13. Less: Other Ohio premiums exempt from taxes* (b) Describe: REQUIRES INPUT			0.00
14. Less: Other premiums not taxed under incorporation basis* (b) Describe: REQUIRES INPUT		0.00	
15. Less: Dividends (Not all lines of business for Ohio; refer to INS7148)* (a)		0.00	0.00
16. Net Taxable Premiums		0.00	0.00
17. Premium Tax	Incorporation Basis* (c) 0.0 %	Ohio Basis 1.40%	0.00 0.00

- a. Dividends must be included in premiums to be deducted. See Form INS7148.
- b. 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.
- c. If more than one rate applies to the incorporation basis, insert a blended rate and attach a DETAILED SCHEDULE justifying your calculated rate. Schedule of blended rate attached

INS 7147

TY2019

Save Draft

Next

[ODI Gateway](#)

[Logout](#)

**Foreign Property and Casualty Companies
Statement of Fees, Premium Taxes and Other Obligations
Calendar 2018**

- NAVIGATION LINKS**

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

Company:

Domicile: NAIC:

FIRE MARSHALL TAX					
Lines of Business	PREMIUMS	INCORP. PERCENT	OHIO PERCENT	INCORP. BASIS	OHIO BASIS
18. Fire	0.00	0.00%	100.00%	0.00	0.00
19. Farmowners multiple peril	0.00	0.00%	35.00%	0.00	0.00
20. Homeowners multiple peril	0.00	0.00%	40.00%	0.00	0.00
21. Commercial multiple peril					
- Non-liability portion	0.00	0.00%	50.00%	0.00	0.00
- Liability portion	0.00	0.00%	0.00%	0.00	0.00
22. Ocean marine	0.00	0.00%	10.00%	0.00	0.00
23. Inland marine	0.00	0.00%	10.00%	0.00	0.00
24. Earthquake	0.00	0.00%	10.00%	0.00	0.00
25. Auto physical damage State Page, line 21	0.00	0.00%	10.00%	0.00	0.00
State Page, line 21b	0.00				
Less: Excludable Premiums Ohio	0.00				
Less: Excludable Premiums Foreign	0.00				
26. Aircraft physical damage (Fire portion only)	0.00	0.00%	20.00%	0.00	0.00
27. All other lines that include Fire hazard: (Ohio and Incorp. Basis)	0.00	0.00%	10.00%	0.00	0.00
(Incorp. Basis only)	0.00	0.00%		0.00	
28. Total Premiums: Add lines 18-27				0.00	0.00

INS 7147

TY2019

ODI Gateway

Logout

**Foreign Property and Casualty Companies
Statement of Fees, Premium Taxes and Other Obligations
Calendar 2018**

NAVIGATION LINKS

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

Company:

Domicile: OH NAIC

FIRE MARSHALL TAX					
Lines of Business	DIVIDENDS	INCORP. PERCENT	OHIO PERCENT	INCORP. BASIS	OHIO BASIS
29. Fire	0.00	0.00 %	100.00 %	0.00	0.00
30. Farmowners multiple peril	0.00	0.00 %	35.00 %	0.00	0.00
31. Homeowners multiple peril	0.00	0.00 %	40.00 %	0.00	0.00
32. Commercial multiple peril					
- Non-liability portion	0.00	0.00 %	50.00 %	0.00	0.00
- Liability portion	0.00	0.00 %	0.00 %	0.00	0.00
33. Ocean marine	0.00	0.00 %	10.00 %	0.00	0.00
34. Inland marine	0.00	0.00 %	10.00 %	0.00	0.00
35. Earthquake	0.00	0.00 %	10.00 %	0.00	0.00
36. Auto physical damage: State Page, line 21.1	0.00	0.00 %	10.00 %	0.00	0.00
State Page, line 21.2	0.00				
Less: Excludable Premiums Ohio	0.00				
Less: Excludable Premiums Foreign	0.00				
37. Aircraft physical damage (Fire portion only)	0.00	0.00 %	20.00 %	0.00	0.00
38. All other lines that include Fire hazard: (Ohio and Incorp. Basis)	0.00	0.00 %	10.00 %	0.00	0.00
(Incorp. Basis only)	0.00	0.00 %		0.00	
39. Total Dividends: Add lines 29-38				0.00	0.00
40. Premiums subject to Fire Marshall Tax: Line 28 minus Line 39				0.00	0.00
41. Fire Marshall Tax: Line 40 times tax rate (Incorporation Basis)				0.00	0.00
%, Ohio Basis 3/4 %)					

**Foreign Property and Casualty Companies
Statement of Fees, Premium Taxes and Other Obligations
Calendar 2018**

NAVIGATION LINKS

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

Company: _____

Domicile: NAIC

RECAPITULATION	INCORPORATION BASIS	OHIO BASIS
42. Fees, other obligations & taxes. Total Lines 10, 17, and 41	0.00	350.00
43. If the INCORP BASIS amount is higher on line 42, enter the Incorp. Basis amount from Line 42. Do Not Complete the Ohio Basis Column.		
44. If the OHIO BASIS amount is higher on line 42, enter the Ohio Basis amount from Line 17. Do Not Complete the Incorp. Basis Column.		0.00
45. Enter the amount shown on Line 10, Ohio Basis		
46. Retaliatory Tax before credits: enter the GREATER of Line 43 minus Line 45, or \$250 minimum tax.		
47. Premium tax before credits: enter the greater of Line 44 or \$250 Min. Tax.		250.00
48. Business Tax Credit (Exhibit A, Column 2) <small>Change Allocation</small> 0.00		0.00
49. Enter the greater of \$250 Minimum Tax, OR Line 46 or 47 (whichever is applicable) minus Line 48. Do not use negative amounts.		250.00
50. Non-Refundable Credits:(b) A. Credit for purchases of qualified low-income community investments under §5725.33 O.R.C.(c) B. Job retention credit under §122.17 O.R.C. (c) C. Other (List): (c)		0.00
51. Credit for Voluntary Contribution pursuant to Section 3901.47(E), O.R.C.* 0.00		0.00
52. Credit for Payments to the Ohio Life & Health Insurance Guaranty Assn. pursuant to Section 3956.20, O.R.C.*		0.00
53. Total Non-Refundable Credits (add Lines 50, 51 and 52)		0.00
54. Refundable Credits: (b) A. Job creation credit under §5725.32 and §122.17. (c) B. Venture capital credit under §5725.19 and §150.07. (c) C. Other (List): (c)		0.00
55. Premium Tax Net of Credits (Line 49 minus Line 53 minus Line 54)		250.00
56. Enter the amount from Line 41, Ohio Basis (Ohio Fire Marshal Tax)		0.00
57. Total Net Tax (Line 55 for Incorp. Basis; Line 55 plus Line 56 for Ohio Basis)		250.00

SAMPLE
DO NOT FILE HARDCOPY
NOT ACCEPTABLE FOR FILING

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.

TAX PREPARER'S INFORMATION	
Name	
Title	