State of Rhode Island and Providence Plantations

2013 Form T-71

Insurance Companies Tax Return of Gross Premiums

13111699990101

- [x] Insurance Company
- [x] Nonprofit Hospital Service Corp, Nonprofit Dental Corp, Nonprofit Medical Service Corp and HMO
- [x] Amended

Name	Federal employer identification number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999
Address	**State or country of incorporation or organization**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX
Address 2	**Company type: stock, mutual or participating**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX

City, town or post office	State	ZIP code	E-mail address
XXXXXXXXXXXXXXXXXXXXXX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXX

Schedule A - Computation of Tax

ATTACH LEGIBLE COPY OF SCHEDULE T AND SCHEDULE OF DIRECT BUSINESS IN THIS STATE FROM THE ANNUAL STATEMENT SUBMITTED TO THE INSURANCE COMMISSIONER

	1a	Direct premiums (Gross premiums less return premiums from Schedule T, Part 1 of Annual Statement to Insurance Commissioner)	1a	99,999,999 99		
	b	Reinsurance assumed from companies not authorized to do business in Rhode Island (covering property and risks in Rhode Island)	1b	99,999,999 99		
	2	TOTAL PREMIUMS. Add lines 1a and 1b			2	99,999,999 99
Deductions	3a	Dividends paid or credited to policyholders - Direct (Mutual & Mutual Plan Companies Only)	3a	9,999 99		
	b	Federally exempt premiums. See instructions. (Gross premiums less return premiums)	3b	99,999,999 99		
	c	Capital investments deduction	3c	99,999,999 99		
	d	Tax Incentives for Employers deduction - **RIGL §44-55**. Attach Form RI-107	3d	99,999,999 99		
	4	TOTAL DEDUCTIONS. Add lines 3a, 3b, 3c and 3d			4	99,999,999 99
Tax and Fee Amount	5	Net taxable premium. Subtract line 4 from line 2			5	99,999,999 99
	6a	Rhode Island tax. Multiply line 5 by the tax rate of 2% (0.02)	6a	99,999,999 99		
	b	Retaliatory tax from page 2, Schedule B, line 3	6b	99,999,999 99		
	7	TOTAL TAX DUE. Add lines 6a and 6b			7	99,999,999 99
	8a	RI Credits from Schedule B-CR, Business Entity Credit Schedule, line 17	8a	99,999,999 99		
	b	Life and Health Guaranty Fee	8b	99,999,999 99		
	9	TOTAL CREDITS. Add lines 8a and 8b			9	99,999,999 99
	10	TAX AFTER CREDITS. Subtract line 9 from line 7. If zero or less, enter zero			10	99,999,999 99
	11	FEES under Retaliatory Provisions from page 2, Schedule C, line 3			11	99,999,999 99
	12	TOTAL TAX AND FEES DUE. Add lines 10 and 11			12	99,999,999 99
Payments	13a	Payments made on 2013 Declaration of Estimated Tax	13a	99,999,999 99		
	b	Other payments	13b	99,999,999 99		
	14	TOTAL PAYMENTS. Add lines 13a and 13b			14	99,999,999 99
Balance Due	15	Net tax due. Subtract line 14 from line 12			15	99,999,999 99
	16	Interest due: (a) Late payment interest _____ (b) Underestimating interest _____ Total (a) + (b)			16	99,999,999 99
	17	TOTAL DUE WITH RETURN. Add lines 15 and 16			17	99,999,999 99
Refund	18	Overpayment. Subtract lines 12 and 16 from line 14			18	99,999,999 99
	19	Amount of overpayment to be applied to 2014 estimated tax			19	99,999,999 99
	20	Amount to be refunded. Subtract line 19 from line 18			20	99,999,999 99

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXX	MM/DD/YYYY	999-999-9999
Paid preparer signature	**Print name**	**Date**	**Telephone number**
	XXXXXXXXXXXXXXXXXXXX	MM/DD/YYYY	999-999-9999

Paid preparer address	City, town or post office	State	ZIP code	PTIN
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XX	99999	99999999999999999

May the Division of Taxation contact your preparer? YES [x]

Revised 09/2013 Key #13

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Insurance Companies Tax Return of Gross Premiums

13111699990102

Name	Federal employer identification number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

Schedule B - Computation of Tax Upon Retaliatory Basis (RIGL 44-17-1)

1	Tax that would be imposed by taxpayer's state or country	1	99,999,999 99
2	Rhode Island tax. Amount from Schedule A, line 6a	2	99,999,999 99
3	Tax Due. Subtract line 2 from line 1. If zero or less, enter zero. Enter here and on page 1, Schedule A, line 6b.	3	99,999,999 99

Schedule C - Computation of Reciprocal Fees and Assessments (RIGL 27-2-17)

1	Fees and assessments that would be imposed by taxpayer's state or country	1	99,999,999 99
2	Fees billed by the RI Insurance Division related to annual filings and fees (see instructions)	2	99,999,999 99
3	Reciprocal fees and assessments due. Subtract line 2 from line 1. If zero or less, enter zero. Enter here and on page 1, Schedule A, line 11	3	99,999,999 99