

2008 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:	<table border="1"> <tr><th colspan="3">For office use only</th></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3">Payment</td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	For office use only						Payment						1	2	3			
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<p>FOR FUTURE COMPUTER USE ONLY</p>																				

Questions: Complete A through D only if this is your first return or the answer changed during 2008.

<input type="radio"/> A. Incorporated in (state);	<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 federal return 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 Withdrawn, 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	<input type="text"/>
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	<input type="text"/>
3. Subtotal (line 1 minus line 2).....	3	<input type="text"/>
4. Fire, property, and casualty companies (from page 4, line 20 of annual statement)	4	<input type="text"/>
5. Less: Underwriting profit derived from wet marine and transportation insurance	5	<input type="text"/>
6. Subtotal (line 4 minus line 5).....	6	<input type="text"/>
7. Total (line 3 plus line 6)	7	<input type="text"/>

Additions

8. Federal income taxes deducted in arriving at line 7	8	<input type="text"/>
9. State income taxes deducted in arriving at line 7	9	<input type="text"/>
10. Penalty interest on prepayment of loans	10	<input type="text"/>
11. Realized gains and losses on sales or exchanges by insurer of property excluded from line 7	11	<input type="text"/>
12. Decreases in certain reserves.....	12	<input type="text"/>
13. Total additions (add lines 8 through 12)	13	<input type="text"/>
14. Income after additions (line 7 plus line 13)	14	<input type="text"/>



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Subtractions	15. Amortization of past service credits..... ● 15	
	16. Increases in certain reserves..... ● 16	
	17. Depreciation in excess of annual statement allowance..... ● 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 percent of line 21) (not less than the minimum tax). Minimum tax is \$10 x the number of corporations in question H... 22	
	23. Tax adjustment for interest on certain installment sales..... ● 23	
	24. Total tax (line 22 plus line 23)..... ● 24	
Credits	25. Other credits (attach explanation)..... ● 25	
	26. Workers' Compensation credit ● 26	
	27. Fire insurance gross premiums tax credit..... ● 27	
	28. Total credits (add lines 25 through 27)..... ● 28	
	29. Line 24 minus line 28 (not less than the minimum tax)..... 29	
	30. OLHIGA (Oregon Life and Health Insurance Guaranty Association) offset ● 30	
	31. Excise tax after credits and offsets (line 29 minus line 30) (not less than the minimum tax)..... ● 31	
	32. 2008 estimated tax payments from Schedule ES below. Include payments made with your extension.... ● 32	
	33. Withholding payments made on your behalf from pass-through entity or real estate income..... ● 33	
	34. Tax due. Is line 31 more than line 32 plus line 33? If so, line 31 minus lines 32 and 33..... Tax due ● 34	
	35. Overpayment. Is line 31 less than line 32 plus line 33? If so, line 32 plus line 33, minus line 31... Overpayment ● 35	
	36. Penalty due with this return 36	
	37. Interest due with this return 37	
	38. Interest on underpayment of estimated tax. Attach Form 37 ● 38	
	39. Total penalty and interest (add lines 36 through 38)..... 39	
	40. Total due (line 34 plus line 39)..... Total due 40	
	41. Refund available (line 35 minus line 39)..... Refund 41	
	42. Amount of refund to be credited to 2009 estimated tax..... 2009 Credit ● 42	
	43. Net refund (line 41 minus line 42)..... Net refund 43	

Schedule ES—Estimated Tax Payments or Other Prepayments

	Name of payer	Payer FEIN	Date of payment	Amount paid
1. Voucher 1			/ /	1
2. Voucher 2			/ /	2
3. Voucher 3			/ /	3
4. Voucher 4			/ /	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 tax credit (attach computation and explanation)				7
8. Total prepayments (carry to line 32 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
	X	X	●
	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 Dept. 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 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.

FEIN and BIN	Name and Address	If new affiliate during this year, enter date affiliate became part of unitary group	If affiliate ceased to be part of the unitary group during the year, indicate date affiliate left group
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●

Attach additional schedules if needed