



**NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE**

Financial Audit Bureau

**ANNUAL PREMIUM TAX AND SURTAX RETURN**

**LIFE & HEALTH FORM 300**

**Due April 15, 2020**

Name of Insurer			
Mailing Address			
City, State, Zip			
Telephone			
State of Domicile			
<b>Contact Information</b>			
Name			
Phone Number			
Email Address			

NAIC No.	
NM No.	

Comment Box-Amended Return

**Check any appropriate box**  
 New Company  Address/ Name Change  Amended Return

Payment Type:  E-Check  
 ACH Credit or Check

**2019 LIFE & HEALTH PREMIUM TAXES**

<b>SECTION I LIFE &amp; HEALTH</b>	1. Direct Written Premiums reported on Schedule T .....	1.	
	2. Human Services Dept (HSD) Taxable Premiums.....	2.	
	3. Total Direct Written Premiums .....	3.	
	<b>Less exempt premiums:</b>		
	4. Premiums paid by Political Subdivisions .....	4.	
	5. Medicare Title XVIII .....	5.	
	6. Medicare Part D .....	6.	
	7. Federal Employees Health Benefits Program (FEHBP) .....	7.	
	8. Dividends paid or credited to policyholders .....	8.	
	9. Premiums received from authorized companies for reinsurance .....	9.	
10. Net Premiums.....	10.		

11. **TOTAL NET TAXABLE PREMIUMS** .... 11.

12. NEW MEXICO PREMIUM TAX RATE..... 12. **3.003%**

13. **TOTAL PREMIUM TAX DUE** ..... 13.

<b>SECTION II CREDITS &amp; PAYMENTS</b>	14. Final Medical Insurance Pool (MIP) Assessment .....	14.	
	15. Less MIP credits allowed at 50% .....	15.	
	16. Final Medical Insurance Pool (MIP) Assessment .....	16.	
	17. Less MIP credits allowed at 75% .....	17.	
	18. <b>Net Premium Tax Liability</b> .....	18.	
	Less Premium Tax Credits and Payments Applied:		
	<b>2019 Beginning Premium Tax Credit</b> .....		
	19. Total Premium Tax Credits applied throughout 2019 ( <b>Quarters 1-4</b> ).....	19.	Remaining credit
20. Premium Tax Credit applied on 2019 Final Return (to offset line 22).....	20.		
21. Total Estimated Quarterly Premium Tax Payments made ( <b>Quarters 1-4</b> )..	21.		
22. Premium Tax Due *.....	22.		

23. Original Amount Paid if Filing an Amendment .....

24. **Final Life & Health Premium Tax Payment Made** ..... 54 24.

\* If amount on line 22 is negative, the company has an overpayment (credit) that can be applied to 2020 taxes

# 2019 HEALTH INSURANCE SURTAX

SECTION III HEALTH INSURANCE SURTAX	1. Health Insurance Premiums as reported on NM Business Page .....	1.	_____
	<b>Less all excluded premiums per statute NMSA 59A-6-2(C):</b>		
	2. Premiums paid by Political Subdivisions.....	2.	_____
	3. Dividends paid or credited to policyholders Subdivisions.....	3.	_____
	4. Health Premiums received from authorized companies for reinsurance.....	4.	_____
	5. Medicare Title XVIII .....	5.	_____
	6. Medicare Part D .....	6.	_____
	7. Federal Employees Health Benefits Program (FEHBP) .....	7.	_____
	8. Premiums from Vision and Dental Only Contracts .....	8.	_____
	9. <b>TOTAL NET TAXABLE SURTAX PREMIUMS</b> .....	9.	_____
	10. <b>SURTAX RATE</b> .....	10.	<b>1.00%</b>
	11. <b>TOTAL SURTAX DUE</b> .....	11.	_____
	Less Surtax Credit Applied:		
	<i>2019 Beginning Surtax Credit</i> .....		
	12. Total Surtax Credit applied throughout 2019 ( <b>Quarters 1-4</b> ) .....	12.	
13. Surtax Credit applied on 2019 Final Return (to offset line 13).....	13.		
Less Estimated Quarterly Surtax Payments:			
14. Total Surtax payments made throughout 2019 ( <b>Quarters 1-4</b> ).....	14.	_____	
15. Surtax Due .....	15.	_____	

\* If amount on line 15 is negative, the company has an overpayment of surtax (credit) that can be applied to 2020 taxes

<b>Processing Fee added only if payment is made via E-Check</b> .....	51	\$	
<b>Original Amount Paid if Filing an Amendment</b> .....			
<b>16. Final Surtax Payment Made</b> .....	53	16.	
<b>Total Life &amp; Health Premium Tax and Surtax Payment Made</b> .....			

**A COPY OF THE SCHEDULE T FROM THE ANNUAL NAIC STATEMENT MUST BE SUBMITTED AS ATTACHMENT  
A COPY OF THE NEW MEXICO BUSINESS PAGE FROM THE ANNUAL NAIC STATEMENT MUST BE ATTACHED**

DEDUCTIONS: All final premium tax returns **MUST** be accompanied by breakdown sheet if claiming deductions for political subdivisions and/or exclusions from surtax. Any claim for MIP credit, **MUST** be accompanied by copies of MIP Assessment(s) and cancelled checks (front & back).

### DECLARATION

I declare under penalty of perjury as the authorized representative of the insurance company named above I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true and correct and complete.

By checking this box, I am acknowledging that I am a legally authorized representative of the company and

Authorized Signer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

FORM 300 (REV. 4-2/20)