



State of Illinois

Illinois Department of Insurance
P.O. Box 7087
Springfield, IL 62791

2023 Privilege and Retaliatory Tax Return for Life and Accident and Health Companies

Business during the Calendar Year 2023

Due: March 15, 2024

Web Site: idoi.illinois.gov (Department Links>Companies>Tax Forms)

Federal Employer Identification Number: _____ - _____ NAIC: _____

Name of Insurance Company

with principal office located at _____
Street and Number City State Zip Code

incorporated under the laws of the State of _____ as required by and in
accordance with 215 ILCS 5/410 of the Illinois Compiled Statutes.

Mailing address, if other than principal office location shown above: _____

Contact person: _____ Phone: () _____

E-mail of contact person _____

Instructions

Important Notice: The FEIN must be on this return to ensure proper posting to your company account.

1. The Privilege and Retaliatory Tax Return must be filed and the taxes due must be paid on or before March 15, 2025.
The official filing date is the U.S. Postal date.
2. Separate check and tax return is requested for each company of an insurance group.
3. No authority exists for granting any extension of time for filing the tax return or payment.
4. This tax return will be subject to audit and subsequent adjustments if necessary.
5. Any penalties to be levied will be assessed as provided by 215 ILCS 5/412, Illinois Compiled Statutes.
6. Remittance should be made payable and mailed with the completed tax return
to: Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791. Courier deliveries may be made
to 320 West Washington Street, Springfield, IL 62767-0001.
7. Amended tax returns should be filed under separate cover. Only the amended pages need to be filed with a detailed
letter of explanation.
8. The address used by the Department on all correspondence and invoice billing is the official address found in the
company Annual Statement. Correspondence may also be sent to the official company email address on file.

Do not mail checks or forms with the Annual Statement.

Important Notice: Disclosure of this information is **required** under the Illinois Compiled Statutes' insurance laws. Failure to provide this
information will result in a fine. This form has been approved by the Forms Management Center. IL 446-0126-I (Rev. 1/24)

NAIC Group Code _____

NAIC Company Code _____

**Direct Business in the State of Illinois During the Calendar Year
Life Insurance**

	1	2	3	4	5
Direct Premiums and Annuity Considerations	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life Insurance					
Annuity considerations					
Deposit-type contract funds		XXXXX		XXXXX	
Other considerations					
Totals (sum of Lines 1 to 4)					
Direct Dividends to Policyholders					
Life Insurance:					
Paid in cash or left on deposit					
Applied to pay renewal premiums					
Applied to provide paid-up additions or shorten the endowment or premium-paying period					
Other					
Totals					
Annuities:					
Paid in cash or left on deposit					
Applied to provide paid-up annuities					
Other					
Totals					
Grand Totals					

Accident and Health Insurance

	1	2	3	4	5
	Direct Premium	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
Group Policies					
Federal Employees Health Benefits Program Premium					
Credit (Group and Individual)					
Collectively Renewable Policies					
Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Non-cancellable					
Guaranteed Renewable					
Non-renewable for stated reasons only					
Other accident only					
All other					
Totals					
Total					

**Amounts must agree to Direct Business Page of company's Annual Statement. Do not send
Annual Statement page. All discrepancies must attach a letter of reconciliation.**

Calendar Year		Life and Accident and Health Insurance Companies	
Privilege Tax Calculation	1 Premium	2 Premium Rate	3 Premium Tax
1. Life Insurance Prem Written (P. 24, Col. 1, Line 11 & Line 19 Per Annual Statement)			
2. Deductions			
2a. Dividends paid in cash or left on deposit			
2b. Dividends applied in reduction of premiums			
2c. Return premiums			
2d. Total deductions			
3. Net Taxable Direct Life Premium Written			
4. Net Direct Life Premium Tax (Line 3, Col. 1 x Col. 2)		.005	
5. Accident and Health Premium Written (P. 24, Col. 1, Line 46)			
6. Deductions			
6a. Federal Employees Health (P. 24, Col. 1, Line 39)			
6b. Dividends paid in cash or credited to policyholders on premiums reported on P. 24, Col. 7, Line 46)			
6c. Medicare Advantage (MA) and/or Medicare Advantage--Part D (MA-PD) Premiums			
6d. Medicare Part D Standalone Premiums			
7. Net Taxable Accident and Health Premium Written (Col. 1, Line 5 minus Line 6)			
8. Net Accident & Health Premium Tax (Line 7, Col. 1 x Col. 2)		.004	
9. Privilege Tax before Credits (Col. 3, Line 4 plus Col. 3, Line 8)			
Less Credit to the Privilege Tax			
Corporate & Replacement Income Tax Complete Lines 10 and 11 if Corporate and Replacement Income Taxes are not paid on a Unitary Method. If paid on a Unitary Method, go to U-1 Schedule on page 5 and show on line 13. Domestic companies: If income tax total is negative as a result of refunds, the amount of refund that was used as an offset in the prior year paid, must be shown as a negative amount on line 16 and added to line 9. 9a. New Markets Tax Credit (attach a schedule of the Tier 2 investor allocation of the New Markets credits, listing each insurance company and the amount)		10. and 11. Include Illinois Personal Property Replacement Corporate Income Tax.	
10. Illinois Corporate Income Tax Payments			
11. Corporate Income Tax Cash Refunds Received			
12. Total Net Income Taxes (10 minus 11)			
13. Unitary Member Income Tax Offset (Schedule U-1)			
14. Total Life Insurance Premium & Accident and Health Premium (Col. 1, Line 3 plus Col. 1, Line 7)			
15. Intergradation Offset is excess of 1.5% Net Taxable Premium (Line 14 x 1.5%)			
16. Intergradation Offset Amount (Line 12 or 13 minus Line 15)			
17. Net Privilege Tax (Line 9 minus Line 9a and Line 16). If applicable, carry to Page 4, Line 8.			

Company Name: _____

Computation of Retaliatory Taxes

Under 215 ILCS 5/444 and 5/444.1 of the Illinois Compiled Statutes, when the laws of any other state require of companies domiciled in Illinois the payment of penalties, fees, charges or taxes greater than those required in the aggregate for like purposes under the laws of Illinois by companies domiciled in such states, the Director of Insurance is required to impose comparable requirements on a retaliatory basis. All insurance related taxes and fees, including premium taxes, based on the State of Incorporation requirements, should be calculated below with the total carried forward to Page 6, Line 2 under Column 2. Please attach a detailed reconciliation incorporating the Illinois data in place of the State of Domicile data.

State of Incorporation Premium Tax Rate: _____

Retaliatory Tax Calculation	Column 1 State of Illinois Basis	Column 2 State of Incorporation Basis
1. Annual Statement Filing Fee Paid	xxxxxxxxxxxxxxxxxx	
2. Certificate of Authority Fee Paid	\$400.00	
3. Fire Marshal Tax Paid	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxx
4. Fire Department Tax Paid (proof of payment must be attached)	xxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxx
5. Financial Regulation Fee Paid		
6. Policy Form Filing Fee Paid		
* 7a. Illinois Corporate & Replacement Income Taxes Paid (show cash refund of prior year tax as a negative)		xxxxxxxxxxxxxxxxxx
** 7b. Corporate Income Tax paid in state of domicile	xxxxxxxxxxxxxxxxxx	
7c. Other State of Illinois Taxes and Fees Paid per Article XXV		xxxxxxxxxxxxxxxxxx
7d. Other State of Incorporation Taxes and Fees Paid, such as Fraud Fee (attach reconciliation)	xxxxxxxxxxxxxxxxxx	
*** 8. Net Privilege, Premium, Franchise Tax Paid		
9. Total Illinois Basis (may be negative if income tax refund was received)		xxxxxxxxxxxxxxxxxx
10. Total State of Incorporation Basis (cannot be less than -0-)	xxxxxxxxxxxxxxxxxx	
11. Total Retaliatory Tax Due (Line 10 minus Line 9; balance cannot be less than -0-).	xxxxxxxxxxxxxxxxxx	

* If Illinois Corporate and Replacement income taxes are paid on a unitary method, please complete Schedule U-1, page 5 in detail. Cancelled checks and IL1120 must be attached to verify payments made by non-licensed insurance companies.

** Include this amount in the State of Incorporation Basis ONLY if it is in addition to the premium tax.

*** State of Illinois Basis Privilege Tax Amount should be the same as on Page 3, Line 17 plus Page 3, Line 9a.

Calendar Year
Income Tax Offset Based on Unitary Method of Corporate and Replacement Tax

	Identity		Payment		Refund		Results
	1	2	3	4	5	6	7
	Company Name of Each Unitary Member	Company FEIN	Net Income	Percentage Allocation	Tax Offset Allocation by Percentage (Col. 4 x Line 16)	Refund Offset Allocation by % (Col. 4 x Line 17)	Allowed (Col. 5 minus Col. 6)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15	Column Totals						

Taxes Paid in Calendar Year by (Name of Company and the FEIN of member that made the payments) (show cash refunds of prior year tax as a negative amount): _____

16. Total Taxes Paid in Calendar Year _____ (Cancelled checks or other proof of payment must be attached to verify payments made by non-licensed insurance companies or holding company parent.)
17. Total Cash Refund received in Calendar Year _____
18. Net Available for Offset _____ (must agree with Column 7, Line 15 above).
 (This amount will be verified per the Department of Revenue records.)

Procedure to Determine the Income Tax Offset on the Unitary Method

We will use Schedule U-1 to determine the income tax offset for companies using the Unitary Method. The allocation of the total income tax paid will be based on net income of each individual company as a percent of the Unitary group total. Net income is defined as the sum of Schedule UB, Step 4 Line 3, Line 7, and Line 9 of the previous calendar year IL-1120. This allocation is multiplied to the unitary calendar year amount paid and the result is the available income tax offset for that individual company.

If the unitary group received a refund during the calendar year, the refund must also be allocated among the individual companies. If a member of the unitary group received a refund during the calendar year, the refund must be allocated among all members of the unitary group. Only the net amount is allowed.

Each unitary group must complete Schedule U-1 to be allowed the offset. Any unitary group that does not complete Schedule U-1 will not be allowed to use the Illinois Corporate and Replacement income taxes in the calculation of the privilege and retaliatory taxes.

Company Name: _____

Federal Employer Identification Number: ____ - ____ - ____ - ____ - ____ - ____

Calendar Year Payment Summary	Column 1	Column 2
1. Amount due as Privilege Tax (Line 17, Page 3)		
2. Amount due as Retaliatory Tax (Line 11, Page 4)		
3. Total Privilege and Retaliatory Tax (Line 1 plus Line 2)		
4. Total Privilege Tax Quarterly Installments Paid without applying prior year-end overpayment		
5. Total Retaliatory Tax Quarterly Installments Paid without applying prior year-end overpayment		
6. Total Quarterly Estimated Payments (Line 4 plus Line 5)		
7. Prior Year-End Overpayment (as reported on prior year tax return)		
8. Total Credits (Line 6 plus Line 7)		
9. Balance Due (Line 3 less Line 8). If negative enter on Line 14.		
*10. Failure to file tax return penalty (\$400 per month or 10% of tax, whichever is greater)		
*11. Failure to pay tax penalty (10% of tax due)		
*12. Interest on the tax paid after due date per current IRS rate, with a minimum of 12%		
13. Total remittance with tax return (sum of Lines 9, 10, 11 and 12)		
**14. Tax Overpayment (if Line 8 is greater than Line 3)		
* Calculate per 215 ILCS 5/412 of the Illinois Compiled Statutes. ** Overpayments must be applied to future privilege or retaliatory tax liabilities unless there is a -0- tax. Cash refund requests must be submitted under separate cover with detailed factual support.		

Name: _____ Title: _____ of the
 (Signature of Corporate Officer)

_____ (Company)

declares under penalties of perjury that the foregoing return (including the accompanying schedules) has been examined by him, and to the best of his knowledge and belief is true, correct and complete.

Date: _____