

**2009 Form 20-INS**  
**Oregon Insurance**  
**Excise Tax Return**



\* 0 2 9 3 0 9 0 1 0 1 0 0 0 0 \*

<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:	<b>For office use only</b>  Payment <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<p>FOR FUTURE COMPUTER USE ONLY</p>								

**Questions: Complete A through D only if this is your first return or the answer changed during 2009.**

<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 annual report 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 Withdrawn, 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 <b>Schedule AP</b> , 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	
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	
3. Subtotal (line 1 minus line 2).....	3	
4. Fire, property, and casualty companies (from page 4, line 20 of annual statement) ....	4	
5. Less: Underwriting profit derived from wet marine and transportation insurance ....	5	
6. Subtotal (line 4 minus line 5).....	6	
7. Total (line 3 plus line 6) .....	7	

**Additions**

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



\* 0 2 9 3 0 9 0 1 0 2 0 0 0 0 \*

Subtractions table with lines 15-24 and Credits table with lines 25-42. Includes instructions for income derived from sources both in Oregon and other states.

Schedule ES - Estimated Tax Payments or Other Prepayments

Table for Schedule ES with columns: Name of payer, Payer FEIN, Date of payment, Amount paid. Rows 1-8 for vouchers and overpayment.

Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Signature and information table with fields for Sign Here, Signature of officer, Signature of preparer, License number, Date, Telephone number, Print name, 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



\* 0 2 9 3 0 9 0 1 0 3 0 0 0 0 \*

**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