



# 2020 Police Premium Report

## Informational Report on Auto Insurance Premiums Due March 1, 2021

Check if:		<input checked="" type="checkbox"/> Amended Return	<input checked="" type="checkbox"/> No Activity Return
Name of Insurance Company	NAIC Number	Minnesota Tax ID (required)	State/Country of Incorporation
NAMEXX	1234567890	12345678900	XXXXXXXXXXXXXXXXXX

**Note:** Numbers in parentheses refer to line numbers on NAIC Minnesota state page. Also include all finance and service charges.

Premiums for Police State Aid

<b>1</b> Gross direct premiums less return premiums on auto insurance coverages (lines 19.1–19.4), plus fees, premium finance and other service charges	<b>1</b>	12345678900
<b>2</b> Dividends on auto liability insurance coverages	<b>2</b>	12345678900
<b>3</b> Net applicable premiums (subtract line 2 from line 1)	<b>3</b>	12345678900
<b>4</b> Gross direct premiums less return premiums on auto physical damage (lines 21.1 and 21.2), plus policy fees, premium finance and other service charges	<b>4</b>	12345678900
<b>5</b> Dividends on auto physical damage coverages	<b>5</b>	12345678900
<b>6</b> Net applicable premiums (subtract line 5 from line 4)	<b>6</b>	12345678900
<b>7</b> Total applicable premiums (add lines 3 and 6)	<b>7</b>	12345678900

**No payment due. For informational purposes only.**

**Attach this report to your Form M11. Keep a copy for your records.**

*I declare that this return is correct and complete to the best of my knowledge and belief.*

Sign Here

Authorized Signature	Title	Date	Daytime Phone	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.
NAME HEREXXXXXXXXXXXXX	NAME HERE	12051966	6126781234	
Signature of Preparer	Print Name of Preparer	Date	Daytime Phone	
NAME HEREXXXXXXXXXXXXX	NAME HERE	12051966	6126781234	

Mail to:  
Minnesota Department of Revenue  
Mail Station 1780  
600 N. Robert St.  
St. Paul, MN 55145-1780

Do not send to the Minnesota Department of Commerce.