NEAR FINAL DRAFT 8/12/25

DEPARTMENT OF REVENUE

* 2 2 6 3 3 1 *

2025 IG259, Fire Premium Report

Informational Report on Fire, Lightning, Sprinkler Leakage and Extended Coverage Premiums
Due March 1, 2026

Check if: [X] Amended Return [X] No Activity Return

Name of Insurance Company	NAIC Number	Minnesota Tax ID *(required)*	State/Country of Incorporation
NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12345678900	12345678900	XXXXXXXXXXXXX

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

Premiums for Fire State Aid

	A Gross Direct Minus Return Premiums	B Dividends	C Net Premiums (A minus B)	D % Fire and Extended Coverage	E Net Applicable Premiums (C times D)
1 Fire, lightning and sprinkler leakage (1) **1**	1234567890	1234567890	1234567890	100%	1234567890
2 Allied lines					
a Crop (2.1) **2a**	1234567890	1234567890	1234567890	1%	1234567890
b Other than crop (2.1) **2b**	1234567890	1234567890	1234567890	30%	1234567890
3 Multi-peril					
a Farmowners (3) **3a**	1234567890	1234567890	1234567890	35%	1234567890
b Homeowners (4) **3b**	1234567890	1234567890	1234567890	35%	1234567890
c Commercial nonliability (5.1) **3c**	1234567890	1234567890	1234567890	55%	1234567890
d Commercial liability (5.2) . **3d**	1234567890	1234567890	1234567890	35%	1234567890
4 Inland marine (9) **4**	1234567890	1234567890	1234567890	15%	1234567890
5 Earthquake (12) **5**	1234567890	1234567890	1234567890	15%	1234567890
6 Aircraft physical damage (22) . **6**	1234567890	1234567890	1234567890	10%	1234567890
7 Other fire, lightning, sprinkler leakage, extended coverage .. **7**	1234567890	1234567890	1234567890	%	1234567890
8 Add lines 1 through 7, column E **8**					1234567890

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
NAME HEREXXXXXXXXXX	NAME HERE	12051966	6126781234
Signature of Preparer	**Print Name of Preparer**	**Date**	**Daytime Phone**
NAME HEREXXXXXXXXXX	NAME HERE	12051966	6126781234

[X] I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.

Mail to: Minnesota Department of Revenue, Mail Station 1780, 600 N. Robert St., St. Paul, MN 55146-1780.
Do not send to the Minnesota Department of Commerce.