NEAR FINAL DRAFT 8/12/25

DEPARTMENT OF REVENUE

# 2025 M11L, Insurance Premium Tax Return for Life and Health Companies

*Due March 1, 2026*

* 2 2 6 2 8 1 *

Check if: X Amended Return

**Print or Type**

| Name of Insurance Company | FEIN | Minnesota Tax ID *(required)* |
|---|---|---|
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 0123456789 | 0123456789 |

| Mailing Address | Check if New Address | NAIC Number | State/Country of Incorporation |
|---|---|---|---|
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | X | 0123456789 | XXXXXXXXXXXXXXXX |

| City | State | Zip Code | Contact Person |
|---|---|---|---|
| XXXXXXXXXXXXXXXXXXXX | XX | XXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |

| Email Address | Daytime Phone | Fax Number |
|---|---|---|
| XXXXXXXXXXXXXXXXXXXXXXXXX 12345678900 | 012345678900 | 012345678900 |

Type of Premiums (Check All that Apply): X Health/Accident X Life X Other

Type of Company: X Stock X Mutual

**Premiums**

**Part 1 — Life Premiums**

| | | A - State of Incorporation Basis | B - Minnesota Basis |
|---|---|---|---|
| 1 | Life premiums | 0123456789 | 0123456789 |
| 2 | Annuity considerations | 0123456789 | |
| 3 | Total Minnesota direct business *(add lines 1 and 2)* | 0123456789 | |
| 4 | Minnesota business assumed from unauthorized insurers *(reinsurance)* | 0123456789 | |
| 5 | Current dividends applied *(see instructions)* | 0123456789 | 0123456789 |
| 6 | Dividends previously left on deposit applied | 0123456789 | 0123456789 |
| 7 | Other additions *(itemize on a separate schedule)* | 0123456789 | 0123456789 |
| 8 | Gross taxable business *(add lines 3 through 7)* | 0123456789 | 0123456789 |

**Deductions**

| | | | |
|---|---|---|---|
| 9 | Deductible annuity considerations | 0123456789 | |
| 10 | Dividends paid in cash *(see instructions)* | 0123456789 | 0123456789 |
| 11 | Dividends to pay renewal premiums or reduce current premiums | 0123456789 | 0123456789 |
| 12 | Dividends applied to provide extended and paid-up additions or shorten the premium paying period | 0123456789 | 0123456789 |
| 13 | Dividends left on deposit to accumulate interest | 0123456789 | 0123456789 |
| 14 | Unabsorbed portion of premiums credited to policyholders | 0123456789 | 0123456789 |
| 15 | Other nontaxable business and dividends *(attach a schedule)* | | |
| 16 | Total deductions *(add lines 9 through 15)* | 0123456789 | 0123456789 |
| 17 | Net taxable business — Part 1 *(subtract line 16 from line 8)* | 0123456789 | 0123456789 |

**Part 2**

**Part 2 — Accident and Health**

| | | | |
|---|---|---|---|
| 18 | Gross accident, health and other premiums | 0123456789 | 0123456789 |
| 19 | Nontaxable premiums and dividends paid in cash | 0123456789 | 0123456789 |
| 20 | Net taxable business — Part 2 *(subtract line 19 from line 18)* | 0123456789 | 0123456789 |

**Continue on line 24 of page 2.**

**Amount Due/Overpaid**

| | | |
|---|---|---|
| 21 | Tax due (or overpaid) *(enter amount from line 45)* | 0123456789 |
| 22 | Total additional charge, penalty and interest *(enter amount from line 46)* | 0123456789 |
| 23 | **TOTAL AMOUNT DUE (or overpaid)** *(add lines 21 and 22)* | 0123456789 |

**If you owe additional tax:**

Payment method: X Electronic payment X Check (payable to Minnesota Revenue; write MN tax ID number on check; attach voucher)

Enter amount paid 0123456789 Date paid 0123456789 *(If amount paid is different from line 23, attach an explanation.)*

**If you overpaid:**

Amount on line 23 to be credited to next year's estimated tax 0123456789

Amount on line 23 to be refunded 0123456789

**Sign Here**

*I declare that this return is correct and complete to the best of my knowledge and belief.*
*I confess judgment to the state of Minnesota for the amount of tax shown due to the extent not timely paid.*

| Authorized Signature | Title | Date | Daytime Phone | |
|---|---|---|---|---|
| XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXX | XXXXXXX | 0123456789 | X |

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

| Signature of Preparer | Print Name of Preparer | Date | Daytime Phone |
|---|---|---|---|
| XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXX | XXXXXXX | 0123456789 |

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.

DEPARTMENT OF REVENUE



# 2025 Insurance Premium Tax Return for Life and Health Companies (continued)

**Calculate Your Adjusted Liability**

| | | | A State of Incorporation Basis | B Minnesota Basis |
|---|---|---|---|---|
| | **Part 1 — Life Premiums** | | | |
| **24** | Net taxable business *(enter amount from line 17)* | **24** | 0123456789 | 0123456789 |
| **25** | Premium tax percentage rate | **25** | 0123456789 % | 1.5% |
| **26** | Life premium tax liability *(multiply line 24 by percentage on line 25)* | **26** | 0123456789 | 0123456789 |
| | **Part 2 — Accident and Health** | | | |
| **27** | Net taxable business — Part 2 *(enter amount from line 20)* | **27** | 0123456789 | 0123456789 |
| **28** | Premium tax percentage rate | **28** | 0123456789 % | 2% |
| **29** | Accident and health premium tax liability *(multiply line 27 by the percentage on line 28)* | **29** | 0123456789 | 0123456789 |
| **30** | Total premium tax liability *(add lines 26 and 29)* | **30** | 0123456789 | 0123456789 |
| **31** | Other taxes *(itemize on a separate schedule)* | **31** | 0123456789 | |
| **32** | Licenses and fees *(from M11B, line 10. Attach form M11B)* | **32** | 0123456789 | 0123456789 |
| **33** | Total taxes, licenses and fees *(add lines 30 thru 32)* | **33** | 0123456789 | 0123456789 |
| **34** | Enter amount from line 33, Column A or B, whichever is greater | **34** | | 0123456789 |
| **35** | Total licenses and fees paid to Minnesota *(from M11B, line 11. Attach form M11B)* | **35** | | 0123456789 |
| **36** | Subtract line 35 from line 34 *(if zero or less, skip lines 37 though 39 and enter this amount on line 40)* | **36** | | 0123456789 |
| **37** | Minnesota Guaranty Fund Association offset *(see instructions)* | **37** | | 0123456789 |
| **38** | Short Line Railroad Transfer Credit *(attach credit certificate)* | **38** | | 0123456789 |
| **39** | Film Production Credit *(attach credit certificate)* | **39** | | 0123456789 |
| **40** | State Housing Tax Credit | **40** | | 0123456789 |
| | Enter the credit certificate number from State Housing: SHTC - 1234 - 123456789 | | | |
| **41** | Tax before refundable credits. If line 36 is zero or less, enter the amount from line 36. If line 36 is positive, subtract any amounts on lines 37-40 from line 36. *(If result is less than zero, enter zero)* | **41** | | 0123456789 |
| **42** | Historic structure rehabilitation credit **(must attach credit certificate) enter NPS project number**: 0123456789 | **42** | | 0123456789 |
| **43** | Tax liability *(subtract line 42 from line 41)* | **43** | | 0123456789 |

**Tax Prepayments and Amount Due**

| | | | |
|---|---|---|---|
| **44** | a Prior year's overpayment | **44a** | 0123456789 |
| | b Estimated payment March 15 | **44b** | 0123456789 |
| | c Estimated payment June 15 | **44c** | 0123456789 |
| | d Estimated payment Sept. 15 | **44d** | 0123456789 |
| | e Estimated payment Dec. 15 | **44e** | 0123456789 |
| | Add lines 44a through 44e | **44** | 0123456789 |
| **45** | Tax due (or overpaid) *(subtract line 44 from line 43)*. **Enter on line 21, page 1** | **45** | 0123456789 |

**Additional Charge, Penalty, Interest**

| | | | |
|---|---|---|---|
| **46** | a Additional charge for underpaying estimated tax *(determine from worksheet in the instructions)* | **46a** | 0123456789 |
| | b Penalty *(see instructions)* | **46b** | 0123456789 |
| | c Interest *(see instructions)* | **46c** | 0123456789 |
| | Total additional charge, penalty and interest *(add lines 46a through 46c)*. **Enter on line 22, page 1** | **46** | 0123456789 |