



Check if: Amended Return

Print or Type	Name of Insurance Company		FEIN	Minnesota Tax ID (required)
	Mailing Address		Check if New Address <input type="checkbox"/>	NAIC Number
	City	State	Zip Code	Contact Person
	Email Address		Daytime Phone	Fax Number
	Type of Premiums (Check All that Apply)		Type of Company	
<input type="checkbox"/> Health/Accident <input type="checkbox"/> Life <input type="checkbox"/> Other		<input type="checkbox"/> Stock <input type="checkbox"/> Mutual		

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

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

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

Continue on line 24 of page 2.

Amount Due/Overpaid	21	Tax due (or overpaid) (enter amount from line 45)	21
	22	Total additional charge, penalty and interest (enter amount from line 46)	22
	23	TOTAL AMOUNT DUE (or overpaid) (add lines 21 and 22)	23

If you owe additional tax:
 Payment method: Electronic payment Check (payable to Minnesota Revenue; write MN tax ID number on check; attach voucher)
 Enter amount paid _____ Date paid _____ (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 _____
 Amount on line 23 to be refunded _____

*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	<input type="checkbox"/> 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	

2024 Insurance Premium Tax Return for Life and Health Companies (continued)

	A	B
	State of Incorporation Basis	Minnesota Basis
Part 1 — Life Premiums		
24 Net taxable business (enter amount from line 17)	24 _____	_____
25 Premium tax percentage rate	25 _____ %	_____ 1.5%
26 Life premium tax liability (multiply line 24 by percentage on line 25)	26 _____	_____
Part 2 — Accident and Health		
27 Net taxable business — Part 2 (enter amount from line 20)	27 _____	_____
28 Premium tax percentage rate	28 _____ %	_____ 2%
29 Accident and health premium tax liability (multiply line 27 by the percentage on line 28)	29 _____	_____
30 Total premium tax liability (add lines 26 and 29)	30 _____	_____
31 Other taxes (itemize on a separate schedule)	31 _____	_____
32 Licenses and fees (from M11B, line 10. Attach form M11B)	32 _____	_____
33 Total taxes, licenses and fees (add lines 30 thru 32)	33 _____	_____
34 Enter amount from line 33, Column A or B, whichever is greater	34 _____	_____
35 Total licenses and fees paid to Minnesota (from M11B, line 11. Attach form M11B)	35 _____	_____
36 Subtract line 35 from line 34 (if zero or less, skip lines 37 through 39 and enter this amount on line 40)	36 _____	_____
37 Minnesota Guaranty Fund Association offset (see instructions)	37 _____	_____
38 Short Line Railroad Transfer Credit (attach credit certificate)	38 _____	_____
39 Film Production Credit (attach credit certificate)	39 _____	_____
40 State Housing Tax Credit	40 _____	_____
Enter the credit certificate number from State Housing: SHTC - _____ - _____		
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 _____	_____
42 Historic structure rehabilitation credit (must attach credit certificate) enter NPS project number: _____	42 _____	_____
43 Tax liability (subtract line 42 from line 41)	43 _____	_____
Tax Prepayments and Amount Due		
44 a Prior year's overpayment 44a _____		
b Estimated payment March 15 44b _____		
c Estimated payment June 15 44c _____		
d Estimated payment Sept. 15 44d _____		
e Estimated payment Dec. 15 44e _____		
Add lines 44a through 44e 44 _____		
45 Tax due (or overpaid) (subtract line 44 from line 43). Enter on line 21, page 1	45 _____	_____
Additional Charge, Penalty, Interest		
46 a Additional charge for underpaying estimated tax (determine from worksheet in the instructions) . . . 46a _____		
b Penalty (see instructions) 46b _____		
c Interest (see instructions) 46c _____		
Total additional charge, penalty and interest (add lines 46a through 46c). Enter on line 22, page 1	46 _____	_____

Calculate Your Adjusted Liability

Tax Prepayments and Amount Due

Additional Charge, Penalty, Interest

2024 Insurance Premium Tax Return for Life and Health Companies

For insurance tax laws, see Minnesota Statutes, Chapter 297I at www.leg.state.mn.us.

GFA Assessment

If you were assessed and made a payment to The Guaranty Fund Assessment (GFA) in 2016, and/or 2018, you may be able to claim a credit on line 37. See line 37 instructions.

Before You File

You Need a Minnesota Tax ID

Your Minnesota tax ID is the seven-digit number you're assigned when you register with the Department of Revenue. You must include your Minnesota tax ID on your return so that your filing and any payments you make are properly credited to your account.

If you do not have a Minnesota tax ID, apply online at www.revenue.state.mn.us or call 651-282-5225 or 1-800-657-3605.

It is also important to enter your federal ID number and NAIC number on your return, but not in place of your Minnesota tax ID number.

Filing Requirements

All life and health insurance companies licensed in Minnesota during the tax year must file a premium tax return even if they have not transacted insurance business in Minnesota during the tax year. Unlicensed Insurance companies collecting premiums on Minnesota risks must also file a premium tax return. Insurers with a premium tax liability of more than \$500 must also make estimated tax payments. (*M.S. 297I.05, subd. 14*)

Insurance companies are exempt from Minnesota corporation franchise tax. (*M.S. 290.05, subd. 1c*)

Annual Financial Statements. Insurance companies that do not file statements with the NAIC are required to file a copy of their statement with the Department of Revenue

(9" x 14" version). If any premiums or deductions reported on Form M11L cannot be verified from the annual statement, you must attach documentation to your tax return substantiating the amounts.

File Electronically

The premium tax return (Form M11L) may be filed electronically using a certified software provider. Please see the certified software providers listed under the File Electronically link on the Insurance Premium Tax webpage.

Which Form to File

Life and health insurance companies use Form M11L to file premium taxes.

Property, casualty and title insurance companies use Form M11 to file premium taxes.

Due Date

File your Form M11L with all required attachments and pay any tax due by March 1. Payment extensions are not allowed.

The U.S. postmark date, or date recorded or marked by a designated delivery service, is considered the filing date (private postage meter marks are not valid). When the due date falls on a Saturday, Sunday or legal holiday, returns and payments electronically made or postmarked the next business day are considered timely. When a return or payment is late, the date it is received at the Department of Revenue is treated as the date filed or paid.

Extension for Filing Return. If good cause exists, you may request a filing extension.

Payments

Electronic Payments

If your total insurance taxes and surcharges due for the last 12-month period ending June 30 is \$10,000 or more, you are required to pay your tax electronically in all subsequent years.

You must also pay electronically if you're required to pay *any* Minnesota business tax electronically, such as withholding tax.

To pay electronically, go to the department's website at www.revenue.state.mn.us and log in to e-Services. You'll need your user name, password and bank routing and account numbers. You cannot use a foreign bank account.

If you use other electronic payment methods, such as Automated Clearing House (ACH) credit method or Fed Wire, instructions are available on our website or by calling Business Registration Office at 651-282-5225 or 1-800-657-3605.

Check or Money Order

If you are not required to pay electronically and you choose to pay by check, you must mail a personalized payment voucher along with your estimated tax payment to help ensure the payment is credited correctly. Go to www.revenue.state.mn.us and select **Make a Payment**. Select **Check or Money Order**. Use the **Payment Voucher System** to create a voucher.

2024 Form M11L Instructions (Continued)

When you pay by check, your check authorizes us to make a one-time electronic fund transfer from your account. You will not receive your canceled check.

Note: If you make your payments electronically, do not send in a voucher.

Estimated Tax Payments

If your total annual tax liability is more than \$500, you must make estimated payments. To avoid an additional charge for underpaying the tax, your payments must be made on time and be at least one-fourth of the prior year's total annual tax liability, or one-fourth of 80% of the current year's total annual tax liability.

Estimated payments are due quarterly on March 15, June 15, Sept. 15 and Dec. 15. When the due date falls on a weekend or legal holiday, payments made electronically or postmarked on the next business day are considered timely.

If you make your payments electronically, do not send in a voucher.

If you do not pay the correct amount of estimated tax by the due dates and your tax liability is more than \$500, you may have to pay an additional charge for underpaying. Complete the worksheet on page 3. Overpayments from prior years or prior estimated overpayments should be applied before underpayment charges are figured.

Return Payment

If there is an amount due on Form M11L, either pay it electronically or by check.

Note: If no amount is due or if you pay electronically, do not send in a voucher.

Completing Form M11L

Check Boxes

At the top of the form, check if the return is:

- an **Amended Return**: Check only if you are amending a previously filed return for the same period. Include all original and corrected premiums on the amended return.

Columns A and B

All domestic, foreign and alien insurers must complete Column B (Minnesota basis).

Foreign and alien insurers (*except Arizona, Hawaii, Massachusetts New York, and Rhode Island domiciled companies*) must also complete Column A (for purposes of applying Minnesota retaliatory laws) and Schedule M11B.

Note: All premiums, deductions and resulting taxes listed in Column A must be in accordance with the laws of the state or country of incorporation as they would apply to a Minnesota insurer licensed and doing business in that state or country. If the taxing authority of the state or country of incorporation requires a supplemental schedule to support tax computations, the same type of schedule (applying to business in Minnesota) must be attached to Minnesota Form M11L.

In Column B (Minnesota basis), include direct premiums; stop-loss premiums; assessments; deposits; policy, membership and survey fees; and dues, dividends and interest applied to reduce current premiums, pay renewal premiums, shorten the premium paying period or provide extended and paid-up additional insurance.

Exclude employer contributions credited for the insurer's employees' and agents' life, accident and health insurance plans; and all return premiums on policies not taken, except cash surrender values paid upon the cancellation and surrender of policies or certificates of life insurance. If these premiums were included on line 8, you may deduct them on line 15; if they were included on line 18, you may deduct them on line 19.

Line instructions

Round amounts to the nearest dollar. Decrease any amount less than 50 cents and increase any amount that is 50 cents or more to the next higher dollar.

If the reported premiums are different from the premiums on the state page or Schedule T, attach a schedule reconciling the difference.

Lines 5 and 6

Dividends

Enter the dividends to be included in the gross taxable business. If dividends listed differ from your annual statement, attach a statement explaining the differences.

Line 7

Other Additions

Attach a separate schedule itemizing the additions and amounts included on this line.

2024 Form M11L Instructions (Continued)

Lines 10 through 15

Dividends

Enter dividends only if returned to the insured person or entity paying the premium.

Lines 25 and 28

Premium Tax Percentage Rate

If premiums are taxed at more than one rate, enclose a schedule showing rates and premiums. Life insurance premiums are taxed at 1.5% and accident and health premiums are taxed at 2%.

Lines 37 through 40

Non-Refundable Credits

If assessments and credits are more than your tax before refundable credits (positive amount on line 36), use only the amount necessary to reduce your tax to zero; the remaining amount may be deducted in future tax years.

Line 37

Guaranty Fund Assessment. Twenty percent of assessments (less any refunds) made and paid to the Minnesota Life and Health Guaranty Association or the Minnesota Insurance Guaranty Association are allowable offsets against the tax liability for the five years following the payment of the assessment.

If you receive a refund for an assessment from the association, the refund must be subtracted from the paid assessment amount. If a refund is more than the assessment, the excess must be paid to Minnesota.

Line 38

Short Line Railroad Transfer Credit. Enter the credit amount indicated on the Short Line Railroad Infrastructure Certificate. If the amount exceeds liability, the excess is a carryforward to each of the five succeeding taxable years.

Line 39

Film Production Credit. Enter the credit amount indicated on the Film production credit certificate statement. If the amount of the credit exceeds liability, the excess is a credit carryforward to each of the five succeeding taxable years.

Line 40

State Housing Tax Credit. Enter 85 percent of the contribution amount indicated on the State Housing Tax Credit certificate. The credit must be claimed for the taxable year in which the contribution payment is received by the account. If the amount of the credit exceeds liability, the excess is a credit carryforward to each of the ten succeeding taxable years.

Line 41

Tax Before Refundable Credits

The amount on line 41 can only be negative due to return premiums. It cannot be negative due to the non-refundable credit exceeding the tax liability.

Line 42

Refundable Credit

Historic Structure Rehabilitation Credit. To qualify for this credit, you must be eligible for the federal Historic Rehabilitation Credit for improving a certified historic structure located in Minnesota and have your application approved by the State Historic Preservation Office (SHPO) of the Minnesota Historical Society. For details, go to www.mnhs.org/shpo.

Enter the five-digit NPS project number from the credit certificate you received from SHPO and the amount of your credit on line 42.

- If your credit application was submitted to SHPO on or before December 31, 2017, report the credit amount shown on your credit certificate.
- If your credit application was submitted to SHPO after December 31, 2017, report one-fifth of the credit amount shown on your credit certificate.

Include the credit certificate when you file your return.

Lines 44a Through 44e

Estimated Tax Payments

If any line contains more than one payment, you must attach a schedule.

If payments are included from a merged company, attach a schedule listing the merged company name, NAIC number, payment amounts and payment dates.

2024 Form M11L Instructions (Continued)

Line 46a

Additional Charge for Underpaying Estimated Tax

If you did not pay the correct amount of estimated tax by the due dates and your tax liability on line 40 is more than \$500, you may have to pay an additional charge for underpaying. Complete the worksheet on page 5 to determine the amount to enter on line 46a.

Line 46b

Penalty

Late Payment. If you file on time but do not pay all the tax due by the due date, a late payment penalty is due. The penalty is 5% of the unpaid tax for any part of the first 30 days the payment is late, and 5% for each additional 30-day period, up to a maximum of 15%.

Late Filing. Add a late filing penalty to the late payment penalty if your return is not filed by the due date. The penalty is 5% of the unpaid tax. When added to the late payment penalty, the maximum combined penalty is 20%.

Payment Method. If you are required to pay electronically and do not, an additional 5% penalty applies to payments not made electronically, even if a paper check is sent on time.

Line 46c

Interest. You must pay interest on the unpaid tax plus penalty from the due date until the total is paid. The interest rate for calendar year 2025 is 8%. The rate may change for future years.

To figure how much interest you owe, use the following formula with the appropriate interest rate:

$$\text{Interest} = (\text{tax} + \text{penalty}) \times \# \text{ of days late} \times \text{interest rate} \div 365$$

Mailing Your Return

Mail your return and all required attachments to:

Minnesota Department of Revenue
Mail Station 1780
600 N. Robert St.
St. Paul, MN 55146-1780

For express deliveries, use our street address:

Minnesota Department of Revenue
600 N. Robert St.
St. Paul, MN 55101

Business Information Changes

Be sure to let us know within 30 days if you change mailing addresses, phone numbers, or any other business information. To do so, go to our website, login to e-Services and update your profile information. By notifying us, we will be able to let you know of any changes in Minnesota tax laws and filing requirements.

Information and Assistance

Website: www.revenue.state.mn.us

Email: insurance.taxes@state.mn.us

Phone: 651-556-3024

This material is available in alternate formats.

For questions about licensing and regulations, contact the Minnesota Department of Commerce:

Website: www.mn.gov/commerce

Email: licensing.commerce@state.mn.us

Phone: 651-539-1599 or 1-800-657-3978

Fax: 651-539-0107

2024 Form M11L Instructions (Continued)

Worksheet: Additional Charge for Underpaying Estimated Tax

1 Enter 80% of your total annual tax liability from line 40 of your 2024 Form M11L.
If your tax liability was \$500 or less, you do not owe an additional charge. **1** _____

2 Enter the amount from line 40 of your 2023 Form M11L. If you were not required to file
a 2023 return, you do not owe an additional charge **2** _____

	Due Dates			
	March 15	June 15	Sept. 15	Dec. 15
3 Enter one-fourth of step 1 or step 2 (whichever is less) in each column 3	_____	_____	_____	_____
4 Amounts paid on or before the due date for each period. Include credits applied, such as prior year's overpayment 4	_____	_____	_____	_____
5 Overpayment of previous installment (<i>see worksheet instructions</i>) . . . 5	_____	_____	_____	_____
6 Add steps 4 and 5 6	_____	_____	_____	_____
7 Underpayment (or overpayment). Subtract step 6 from step 3 7	_____	_____	_____	_____
8 Date underpayment is paid or March 1, 2025, whichever is earlier 8	_____	_____	_____	_____
9 Number of days from the due date to the date on step 8 9	_____	_____	_____	_____
10 Additional charge (step 9 ÷ 365 × interest (<i>see below</i>) × step 7) 10	_____	_____	_____	_____
11 TOTAL. Add amounts in each column of step 10. Enter the result here and on Form M11L, line 43a 11	_____	_____	_____	_____

If step 11 is zero, keep this worksheet for your records. If it is more than zero, attach a copy of the worksheet to your Form M11L.

Interest: 2024 = 8% (0.08); 2025 = 8% (0.08)

Worksheet Instructions

Step 5

Payments of estimated tax are applied against any underpayments of required estimated payments in the order that the estimated payments were due.

For example, if your first estimated payment is underpaid by \$100 and you deposit \$200 for your second estimated payment, \$100 of your second payment is applied to the first estimated payment. The additional charge for the first estimated payment is computed from the first estimated payment's due date to the date the second payment is made.

Also, the second estimated payment will then be underpaid by \$100 (assuming that the second payment is \$200) until sufficient repayments are received to eliminate the underpayment.

If more than one payment has been made for a required estimated payment, attach a separate computation for each payment.

If there are payments included from a merged company, attach a schedule listing the merged company name, NAIC number, payment amounts and payment dates.

Credit the excess of any overpayment for a period on step 5 of the next payment period.

Step 10

If there is no underpayment on step 7, enter "none" on step 10 for that period.