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# TENNESSEE INTANGIBLE PERSONAL PROPERTY SCHEDULE

## Insurance Companies with Principal Office in Tennessee

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COMPLETE and RETURN to the COUNTY ASSESSOR OF PROPERTY NO LATER THAN **MARCH 1**.

County: \_\_\_\_\_

Tax Year: \_\_\_\_\_

Return to: \_\_\_\_\_

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In accordance with Tenn. Code Ann. § 67-5-1206, the president or chief financial officer of each insurance company principally located in Tennessee shall fill out and furnish under oath to the assessor of the county in which the principal office of such company is maintained an assessment schedule. The assessment schedule shall be derived from, and consistent with, the annual statement of such company as of the last day of the preceding calendar year as filed with the Commissioner of Commerce and Insurance.

1. Name of company \_\_\_\_\_
2. Name in which stock is listed \_\_\_\_\_
3. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. City of principal office \_\_\_\_\_
5. Date the company was first authorized and qualified to do insurance business. If the company is the continuing corporation resulting from a merger or consolidation, use the earliest date your predecessor corporations were authorized and qualified to do insurance business. \_\_\_\_\_
6. Does your insurance company have stockholders? (Yes/No)

If **No**... For a company without stockholders, after May 13, 2013 was the company:

(1) Converted from a stock insurance company? (Yes/No)

(2) Organized to receive the assets of a stock insurance company? (Yes/No)

Provide the total dividends paid to policyholders \_\_\_\_\_

*(Do not include returns or reductions of premiums or credits applied to premiums)*

***Skip to the signature section below to complete the schedule.***

If **Yes**...continue with the next question.

7. Provide the following information on the company's capital stock.

Total value of issued and outstanding capital stock \_\_\_\_\_

Number of Shares of Stock					
<i>(Attach supplemental list if additional space is needed.)</i>					
Class	Trade Symbol	Authorized	Issued	Outstanding	Par Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. Provide the total surplus funds on hand in the following categories.

Special Surplus Funds	_____
Contributed Surplus Funds	_____
Paid-In Surplus Funds	_____
Unassigned Surplus Funds	_____
Total Surplus Funds	_____

9. Provide the following information on all property owned by the company that is exempt from ad valorem taxation by any law of this state or the United States. *(Attach supplemental list if additional space is needed.)*

Property Location	Parcel ID Number	Code Section Granting Exemption	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Value:			_____

Total value of exempt property held at the end of each quarter:

Quarter 1	_____
Quarter 2	_____
Quarter 3	_____
Quarter 4	_____

10. Provide the following information for real property owned by the company that is located outside the state of Tennessee. *(Attach supplemental list if additional space is needed.)*

Location	Parcel ID Number	Assessor Appraisal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Value:		_____

11. Provide the following information for tangible personal property owned by the company having a situs outside the state of Tennessee. *(Attach supplemental list if additional space is needed.)*

Location	Parcel ID Number	Assessor Appraisal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Value:		_____

12. Provide the amount of direct premiums and annuity considerations received by the company.  
 From policies on persons residing in or property located in Tennessee \_\_\_\_\_  
 Total for the company from all sources \_\_\_\_\_

13. Provide the following information for real property owned by the company that is located in Tennessee. *(Attach supplemental list if additional space is needed.)*

Location	Parcel ID Number	Assessor Appraisal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Value:		_____

14. Provide the following information for tangible personal property owned by the company having a situs in Tennessee. *(Attach supplemental list if additional space is needed.)*

Location	Parcel ID Number	Assessor Appraisal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Value:		_____

15. Provide the location and Assessor's appraisal of all leased real property in Tennessee occupied by the company as its principal office and for which the company was responsible for the ad valorem taxes under a lease agreement registered in the county of the principal office (*provide copy of lease*).

Property Owner	Property Location	Parcel ID Number	Assessor Appraisal
_____	_____	_____	_____
_____	_____	_____	_____
Total Value:			_____

I hereby declare that the information contained in this schedule, including any accompanying supplemental list or data, has been examined by me and to the best of my knowledge and belief is true, correct and complete based upon information available to me.

Signature	Email address
Name, printed	Phone Number
Official Capacity	Date

**FOR ASSESSOR'S USE ONLY**

Account ID	Schedule Received	First Full Year in Business	Stock-holders?

Stock	Surplus

Exempt Property

<u>Property Outside Tennessee</u>	
Real Property	Tangible Personal

<u>Property Inside Tennessee</u>		
Real Property	Tangible Personal	Leased Principal Office