



Form 176-I
Preferred Provider Gross Revenue
Excise Return

2003
Massachusetts
Department of
Revenue

Taxable under the provisions of MGL Chapter 63, section 23 as provided by Chapter 176-I, section 11. For the taxable year ending December 31, 2003.

Name of corporation Federal Identification number

Address of principal office City/Town State Zip Approval date from Division of Insurance

Mailing address City/Town State Zip Organized under the laws of

Name of treasurer

Type of organization:
[] Accident and health insurer [] Nonprofit hospital [] HMO
[] Optometric service corporation [] Nonprofit medical service corporation [] Dental service corporation
[] Other

Has the federal government changed your taxable income for any prior year which has not yet been reported to Massachusetts? [] Yes [] No.

Computation of Excise

Income

Use whole dollar method

1 Gross premiums received for coverage of covered persons residing in Massachusetts (premiums for Medicare Supplemental Coverage are excludable)
2 Premiums returned or credited to policyholders as dividends (unabsorbed premium deposits) on direct business

Excise

3 Taxable amount. Subtract line 2 from line 1.
4 Tax at 2.28%. Multiply line 3 by .0228.
5 Credit recapture (attach Schedule H-2).
6 Tax due before credits. Add lines 4 and 5.
7 Economic Opportunity Area Credit (attach Schedule EOAC). Do not claim the EOAC, FEC, or LIHC here if claimed on Forms 63-20-23, DL-1, or DL-2.
8 Full Employment Credit (attach Schedule FEC).
9 Low-Income Housing Credit (attach documentation).
10 Excise due before voluntary contribution. Subtract the total of lines 7 through 9 from line 6. Not less than "0".
11 Voluntary contribution for endangered wildlife conservation.
12 Excise due plus voluntary contribution. Add lines 10 and 11.

Payments

13 2002 overpayment applied to 2003 estimated tax.
14 2003 Massachusetts estimated tax payments. Do not include amount from line 13.
15 Payments made with extension.
16 Total payments. Add lines 13 through 15.

Refund or Balance Due

17 Amount overpaid. Subtract line 12 from line 16.
18 Amount overpaid to be credited to 2004 estimated tax.
19 Amount overpaid to be refunded. Subtract line 18 from line 17.
20 Balance due. Subtract line 16 from line 12.
21 M-2220 penalty; Other penalties; Total penalty.
22 Interest on unpaid balance.
23 Total payment due at time of filing.

Under the penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer Social Security number Telephone number Date

Individual or firm signature of preparer Employer Identification number Address Date

If you are signing as an authorized delegate of the appropriate corporate officer, check here [] and attach Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. This return, together with payment in full, is due on or before March 15, 2004. Mail to: Massachusetts Department of Revenue, PO Box 7052, Boston, MA 02204. Make remittance payable to: Commonwealth of Massachusetts.