

STATE OF IDAHO - PREPAYMENT OF ANNUAL PREMIUM TAXES

ROUND ALL NUMBERS TO THE NEAREST DOLLAR, NOT REQUIRED TO REPORT CENTS

DELINQUENT IF NOT MAILED ON OR BEFORE DUE DATE TO: State of Idaho - Department of Insurance 700 West State Street, 3rd Floor Boise, ID 83720-0043 (208) 334-4250		* EACH INDIVIDUAL INSURED, GROUP CERTIFICATE HOLDER, OR BLANKET POLICY PARTICIPANT	FIRST QUARTERLY PREPAYMENT INSTALLMENT DUE JUNE 15, 2016
I certify that information entered on this document is a true and correct declaration of Idaho business.	A1. 2015 Total Dental Contracts *(see above)		B1. 2015 Net Taxable Premiums less Dental
	A2. $A1 \times \$0.04$ Per Contract		B2. $B1 \times 1.50\%$ Tax Rate 2016
_____ Signature and Title of Officer (REQUIRED)	_____ Date		
NAIC # _____ Company Name, Address	A3. 60% Total Dental Tax Due		B3. $B2 \times 60\% =$ Tax Due On Premiums
			TOTAL PREPAYMENT DUE 6/15/16 ADD (A3 + B3) (0560)
CONTACT NAME: E-MAIL ADDRESS: PHONE NUMBER:	IS PAYMENT SENT BY EFT _____ INS-PTX-QP1-JUNE (Rev 10-15)		PENALTY: (1315-10)