

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	SECOND QUARTERLY PREPAYMENT INSTALLMENT DUE SEPTEMBER 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 X \$.04 Per Contract	B2. B1 X 1.50% Tax Rate 2016	
_____ Signature and Title of Officer (REQUIRED)	_____ Date	B3. B2 X 20% = Tax Due On Premiums	
NAIC # _____ Company Name, Address	A3. 20% Total Dental Tax Due	TOTAL PREPAYMENT DUE 9/15/16 ADD (A3 + B3) (0560)	
CONTACT NAME: E-MAIL ADDRESS: PHONE NUMBER:	IS PAYMENT SENT BY EFT _____ INS-PTX-QP2-SEPTEMBER (Rev 10-15)	PENALTY: (1315-10)	