

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	THIRD QUARTERLY PREPAYMENT INSTALLMENT DUE <b>DECEMBER 15, 2016</b>
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 <b>(REQUIRED)</b>	_____ Date		
<b>NAIC #</b> _____ Company Name, Address	A3. 15% Total Dental Tax Due		B3. B2 X 15% = Tax Due On Premiums
			TOTAL PREPAYMENT DUE 12/15/16 ADD <b>(A3 + B3)</b>  (0560)
CONTACT NAME: E-MAIL ADDRESS: PHONE NUMBER:	IS PAYMENT SENT BY EFT _____  INS-PTX-QP3-DECEMBER (Rev 10-15)		PENALTY:  (1315-10)