

STATE OF IDAHO  
 DEPARTMENT OF INSURANCE  
 700 WEST STATE STREET, 3rd FLOOR  
 PO BOX 83720  
 BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY	
0560	
1025	
1315-10	
TOTAL	_____

## 2016 STATEMENT OF PREMIUM TAXES AND FEES

### TITLE INSURANCE COMPANIES

C/A NO.		NAIC NO.		
COMPANY NAME				FOR CALENDAR YEAR ENDING DECEMBER 31, 2016
MAILING ADDRESS	CITY	STATE	ZIP CODE	DOMICILE STATE

### RECAP OF TAXES AND FEES

1. TOTAL TAXES DUE (Page 3, Schedule C, Line 4, GREATER of Column A or Column B) \$ \_\_\_\_\_
  
2. LESS 2016 PREPAYMENTS REMITTED: (1) JUNE 15 \$ \_\_\_\_\_  
 (2) SEPT. 15 \$ \_\_\_\_\_  
 (3) DEC. 15 \$ \_\_\_\_\_ \$ \_\_\_\_\_
  
3. TAX SUBTOTAL Line 1 less Line 2. If negative amount, also enter on Line 7. \$ \_\_\_\_\_
  
4. ANNUAL CONTINUATION FEE for Calendar Year 2017  
**ANNUAL STATEMENT PAGE 3, LINE 32** is used to determine fee amount.  

Surplus less than \$10,000,000	\$1,000.00
Surplus greater than \$10,000,000 but less than \$100,000,000	\$2,500.00
Surplus greater than \$100,000,000	\$4,500.00

Payment of continuation fee must be included.  
Do not use overpayment of tax on Line 3.

\$ \_\_\_\_\_
  
5. PLUS PENALTY, IF DUE (\$25.00 per day delinquency commences the day after due date and continues to date of postmark. Idaho Code § 41-404) \$ \_\_\_\_\_
  
6. AMOUNT ENCLOSED – ADD Lines 4, and 5. Include Line 3 if not a negative amount.  
 Make checks payable to: **Idaho Department of Insurance**.  
 There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105.  
 Your canceled check is your receipt. \$ \_\_\_\_\_  
 Indicate if payment is by EFT \_\_\_\_\_
  
7. REFUND DUE FOR TAX OVERPAYMENT ONLY \$ \_\_\_\_\_

By my signature below, being duly sworn upon oath, I declare that the premium tax report is a complete, true and correct statement of all premiums and fees on business written by said company during the year ending December 31, 2016 on insurance of property or risks resident or located in Idaho.

\_\_\_\_\_  
 Contact person

\_\_\_\_\_  
 Telephone number                      Ext.

\_\_\_\_\_  
 Email address

\_\_\_\_\_  
 Signature of Officer (required)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

**SCHEDULE A - COMPUTATION OF PREMIUM TAX - IDAHO BASIS**

- 1. DIRECT PREMIUMS WRITTEN (Must agree with Annual Statement, Schedule T, Line 13, Total of Columns 3, 4, and 5). \$ \_\_\_\_\_
  
- 2. LESS THAT PORTION OF PREMIUMS NOT SUBJECT TO TAX.  
An explanation must be attached showing the detail used to arrive at risk portion on all Idaho business. \$ \_\_\_\_\_
  
- 3. NET TAXABLE PREMIUMS - INSURANCE RISK PORTION (Line 1 - Line 2)  
Carry forward to Page 3, Schedule C, Line 1, Column A. \$ \_\_\_\_\_
  
- 4. PREMIUM TAX (1.5% of Line 3)  
Carry forward to Page 3, Schedule C, Line 1B, Column A. \$ \_\_\_\_\_

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**SCHEDULE B - COMPUTATION OF PREMIUM TAX - STATE OF DOMICILE BASIS**

- 1. IDENTIFY SPECIFIC BASIS FOR CALCULATING THE TITLE PREMIUMS RISK PORTION (i.e., Statute, Regulation, Bulletin, etc.) \_\_\_\_\_
  
- 2. DIRECT PREMIUMS WRITTEN (Report Idaho premiums as if your company were an Idaho insurer writing this business in your state of domicile) \$ \_\_\_\_\_
  
- 3. LESS ANY DEDUCTIONS ALLOWED BY YOUR STATE OF DOMICILE.  
Attach an explanation showing the calculations used to arrive at insurance risk portion on all Idaho business. This must agree with the process identified on Line 1. \$ \_\_\_\_\_
  
- 4. NET TAXABLE PREMIUMS - INSURANCE RISK PORTION (Line 2 - Line 3)  
Carry forward to Page 3, Schedule C, Line 1, Column B. \$ \_\_\_\_\_
  
- 5. PREMIUM TAX (Line 4 multiplied by the Premium Tax Rate in your state of domicile)  
Carry forward to Page 3, Schedule C, Line 1B, Column B. \$ \_\_\_\_\_

**SCHEDULE C – COMPUTATION OF RETALIATORY TAXES**

**MUST BE INCLUDED WITH RETURN**

Idaho Code § 41-340 (2) and (3)

<u>NET PREMIUMS SUBJECT TO TAX:</u>	Column A AMOUNT PAID IN IDAHO	Column B AMOUNT WOULD PAY IN DOMICILE STATE
1. TITLE PREMIUMS	\$ _____	\$ _____
A. TITLE TAX RATE	_____ 1.50% _____	_____
B. TITLE PREMIUM TAX (Line 1 x Line 1A)	\$ _____	\$ _____ ●
2. MUNICIPAL, CITY OR COUNTY PREMIUMS	XXXXXXXXXXXXXXXXXXXXXX	\$ _____
A. MUNICIPAL, CITY OR COUNTY TAX RATE	XXXXXXXXXXXXXXXXXXXXXX	_____
B. MUNICIPAL, CITY OR COUNTY TAX (Line 2 x Line 2A)	XXXXXXXXXXXXXXXXXXXXXX	\$ _____ ●
3. OTHER TAXES - Identify Each:		
_____	XXXXXXXXXXXXXXXXXXXXXX	\$ _____ ●
_____	XXXXXXXXXXXXXXXXXXXXXX	\$ _____ ●
Attach supporting documents/explanation for other taxes		
4. TOTAL TAXES (Lines 1B+2B+3) Carry GREATER AMOUNT of Column A or B Forward to Page 1, Recap of Taxes, Line 1	\$ _____	\$ _____