

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

**STATEMENT OF ANNUAL PREMIUM VOLUME
 PURCHASING GROUPS
 DUE MARCH 1, 2016**

***ALL 4 PAGES MUST BE COMPLETED IN ADDITION TO THE CONTINUATION FEE STATEMENT**

PURCHASING GROUP OFFICIAL NAME				FOR CALENDAR YEAR BUSINESS ENDING DECEMBER 31, 2015
MAILING ADDRESS	CITY	STATE	ZIP CODE	DOMICILE STATE
PURCHASING GROUP E-MAIL ADDRESS		LICENSE #		
PURCHASING GROUP CONTACT NAME		PURCHASING GROUP CONTACT E-MAIL ADDRESS		
CONTACT PHONE NUMBER		PURCHASING GROUP FEIN NUMBER		

IDAHO LICENSED INSURANCE COMPANIES-Do not report surplus line premium on this line.**

1. Gross Direct Premiums Written in Idaho. \$ _____
2. Less Premiums Returned to Policyholders. \$ _____
3. Net Taxable Premiums (Line 1 less Line 2). \$ _____

SURPLUS LINE POLICIES-Idaho does not permit the allocation of premium on an Idaho risk to another state under the Rule of 500, situs of contract, Master Policy, or any other allocation method.**

4. Gross Direct Premiums Written in Idaho \$ _____
5. Less Premiums Returned to Policyholders \$ _____
6. Net Taxable Premiums (Line 4 less Line 5). \$ _____

**** Idaho is the insured's home state if the insured principal place of business is maintained here or, in the case of an individual, the individual's principal residence is here.**

****As of July 21, 2011, the NRRA permits only the insured's home state to require the payment of premium tax for nonadmitted insurance.**

****For further information about the NRRA, please see the Department of Insurance's web site at www.doi.idaho.gov, Bulletins 2011 No. 11-08.**

ARE THE INSURER(S), IDENTIFIED ON PAGE 2, RESPONSIBLE FOR ALL PREMIUM TAX THAT IS TO BE PAID TO THE STATE OF IDAHO? YES _____ NO _____

IF NO, COMPLETE THE ITEMS BELOW.

**PREMIUM REPORT BY SURPLUS LINES BROKER
INFORMATIONAL PURPOSES ONLY *This is Not a bill.**

To Avoid Audit Discrepancies - Please communicate with the responsible party for the premium tax so effective dates of policies and amounts reported during the calendar year match.

NAME OF SURPLUS LINE BROKER RESPONSIBLE FOR PAYING THE TAX	BROKER NUMBER	BROKER E-MAIL ADDRESS OR PHONE NUMBER	NET TAXABLE PREMIUM AMOUNT BY BROKER <u>*This is Not a bill.</u>
		Net Taxable Premium Amount by Surplus Line Broker(s)(Should Equal Line 6 from Page 1) =	

Net Taxable Premium Amount by Insurer(s) from Page 2 +	Net Taxable Premium Amount by Surplus Line Broker(s) from Page 3 =	Must Equal Total Taxable Premiums from Page 1* <u>*This is Not a bill.</u>

*Attach clear and concise explanation for difference if any exists.

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, 2015 on insurance of property or risks resident or located in Idaho.

Contact Person

Signature of Authorized Representative

Telephone Number Ext.

Title

Email Address

Date

IDAHO INSURED REPORT FOR PURCHASING GROUPS

NAME OF PURCHASING GROUP _____

ALL FIELDS MUST BE COMPLETED-Write NONE if no Premium Written for the Year
This form is required per Idaho Code § 41-247, 41-4808, 41-4811, 41-4816 and 41-1233.
This form may be duplicated, if necessary attach either an excel or PDF computer list.
Please Type.

Name _____ Premium Written \$ _____

Policy # _____ Effective Date _____

Termination Date _____

Name _____ Premium Written \$ _____

Policy # _____ Effective Date _____

Termination Date _____

Name _____ Premium Written \$ _____

Policy # _____ Effective Date _____

Termination Date _____

Name _____ Premium Written \$ _____

Policy # _____ Effective Date _____

Termination Date _____

Name _____ Premium Written \$ _____

Policy # _____ Effective Date _____

Termination Date _____

Name _____ Premium Written \$ _____

Policy # _____ Effective Date _____

Termination Date _____

Name _____ Premium Written \$ _____

Policy # _____ Effective Date _____

Termination Date _____

Name _____ Premium Written \$ _____

Policy # _____ Effective Date _____

Termination Date _____