

**STATE OF IDAHO - PREPAYMENT OF ANNUAL PREMIUM TAXES**

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

|  |       |  |  |
|--|-------|--|--|
| DELINQUENT IF NOT SUBMITTED/POSTMARKED ON OR BEFORE THE DUE DATE VIA ELECTRONIC PAYMENT OR MAIL CARRIER  |       | * EACH INDIVIDUAL INSURED, GROUP CERTIFICATE HOLDER, OR BLANKET POLICY PARTICIPANT                   | THIRD QUARTERLY PREPAYMENT INSTALLMENT DUE DECEMBER 15, 2018 |
| I certify that information entered on this document is a true and correct declaration of Idaho business. |       | A1. 2017 Total Dental Contracts*(see above)  | B1. 2017 Net Taxable Premiums less Dental                    |
| Signature of Company Officer:  |       |  |  |
| Title:   | Date: | A2. A1 X \$.04 Per Contract  | B2. B1 X 1.50% Tax Rate 2018                                 |
| <b>NAIC #:</b>   |       | A3. 15% Total Dental Tax Due   | B3. B2 X 15% = Tax Due On Premiums                           |
| Company Name:  |       |  |  |
| Mailing Address:   |       | TOTAL PREPAYMENT DUE 12/15/18<br>ADD (A3 + B3)   |  |
| City, State, Zip:  |       | <b>OR</b>  |  |
|  |       | IF 2017 ANNUAL TAX LIABILITY LESS THAN \$400, ENTER \$0.00 PREPAYMENT DUE IDAHO CODE § 41-402 (3)(A) |  |
|  |       | (0560)   |  |
| CONTACT NAME:  |       | <b>PENALTY:</b>  |  |
| E-MAIL ADDRESS:  |       | # of days delinquent   |  |
| PHONE NUMBER:  |       | (1315-10)  |  |