

STATE OF IDAHO - PREPAYMENT OF ANNUAL PREMIUM TAXES

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	FIRST QUARTERLY PREPAYMENT INSTALLMENT DUE JUNE 15, 2009
I certify that information entered on this document is a true and correct declaration of Idaho business.	A1. 2008 Total Dental Contracts *(see above)		B1. 2008 Net Taxable Premiums less Dental
	A2. X \$.04 Per Contract		B2. X Tax Rate 2009 - 1.70% or 1.48%
Signature and Title of Officer <b>(REQUIRED)</b>	Date		
Company Name, Address	A3. 60% Total Dental Tax Due		B3. 60% Net Taxable Premiums
	IS PAYMENT SENT BY EFT _____  INS-PTX-QP1(Rev 4-09)		TOTAL PREPAYMENT(A3 + B3) DUE 6/15  (0560)

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I certify that information entered on this document is a true and correct declaration of Idaho business.	A1. 2008 Total Dental Contracts *(see above)		B1. 2008 Net Taxable Premiums less Dental
	A2. X \$.04 Per Contract		B2. X Tax Rate 2009 - 1.70% or 1.48%
Signature and Title of Officer <b>(REQUIRED)</b>	Date		
Company Name, Address	A3. 20% Total Dental Tax Due		B3. 20% Net Taxable Premiums
	IS PAYMENT SENT BY EFT _____  INS-PTX-QP1(Rev 4-09)		TOTAL PREPAYMENT(A3 + B3) DUE 9/15  (0560)

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I certify that information entered on this document is a true and correct declaration of Idaho business.	A1. 2008 Total Dental Contracts *(see above)		B1. 2008 Net Taxable Premiums less Dental
	A2. X \$.04 Per Contract		B2. X Tax Rate 2009 - 1.70% or 1.48%
Signature and Title of Officer <b>(REQUIRED)</b>	Date		
Company Name, Address	A3. 15% Total Dental Tax Due		B3. 15% Net Taxable Premiums
	IS PAYMENT SENT BY EFT _____  INS-PTX-QP1(Rev 4-09)		TOTAL PREPAYMENT(A3 + B3) DUE 12/15  (0560)