

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

FOR DEPARTMENT USE ONLY	0560 TOTAL _____
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STATEMENT OF BACK TAXES DUE

COMPANY NAME	
MAILING ADDRESS	DOMICILE STATE

List the premiums, if any, which your company has written in Idaho during the preceding three (3) years - Idaho Code § 41-310 (1) and (2).

<u>YEAR</u>	<u>PREMIUMS WRITTEN</u>	X	<u>TAX RATE</u>	<u>AMOUNT DUE</u>
_____	_____		_____	\$ _____
_____	_____		_____	_____
_____	_____		_____	_____
TOTAL				\$ _____

Has premium tax been submitted to the Department of Insurance on this amount?

YES [] Attach statement or documentation of payment.

NO [] Make your check payable to: **Idaho Department of Insurance**.
 There will be a \$20.00 charge on returned checks. Idaho Code § 28-22-105
 Your canceled check is your receipt.

Under penalty of perjury, I declare that this statement (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge is a true, correct, and complete statement. Statement must be duly sworn to by two executive officers that all premiums received with respect to insurance subject to resident, located or performed in Idaho.

 Signature of Company Official Date

_____(_____)_____
 Telephone Number Ext.

 Name (Type or Print)

 Title