

SCHEDULE A - HOSPITAL AND PROFESSIONAL SERVICE CORPORATIONS

TOTAL PREMIUMS WRITTEN

ATTACHED Annual Statement, Schedule T, Line 13, sum of Column 2, 3, 4, 5. _____

NET SUBSCRIBERS' (MEMBER) CONTRACTS IN FORCE PER MONTH:

	<u>Members</u>	<u>Subscribers</u>		<u>Members</u>	<u>Subscribers</u>
JANUARY	_____	_____	JULY	_____	_____
FEBRUARY	_____	_____	AUGUST	_____	_____
MARCH	_____	_____	SEPTEMBER	_____	_____
APRIL	_____	_____	OCTOBER	_____	_____
MAY	_____	_____	NOVEMBER	_____	_____
JUNE	_____	_____	DECEMBER	_____	_____
			TOTALS	_____	_____

X \$.04 =

TOTAL TAX DUE ON SUBSCRIBERS \$ _____

Carry forward to Page 1, Recap of Taxes and Fees, Line 1

↔ MUST ATTACH ANNUAL STATEMENT:

**EXHIBIT 1 ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION, STATE OF IDAHO
SCHEDULE T**

NAME OF ADMINISTERED PLAN: _____

ADDRESS: _____ CITY: _____

NAME OF CONTACT PERSON: _____

*** Submit a Schedule C for EACH administered self-funded plan**

SCHEDULE C – EACH INDIVIDUAL SELF FUNDED PLANS

NUMBER OF BENEFICIARIES COVERED PER MONTH: Idaho Code § 41-4012

JANUARY	_____	JULY	_____
FEBRUARY	_____	AUGUST	_____
MARCH	_____	SEPTEMBER	_____
APRIL	_____	OCTOBER	_____
MAY	_____	NOVEMBER	_____
JUNE	_____	DECEMBER	_____

TOTAL BENEFICIARIES _____

X \$.04 =

TOTAL TAX DUE \$ _____

Add each to total reported on Page 1, Recap of Taxes and Fees, Line 2