

**SCHEDULE A - COMPUTATION OF PREMIUM TAX - PROPERTY AND CASUALTY (P/C)
(EXCLUDING ACCIDENT AND HEALTH)**

1. TOTAL DIRECT PREMIUMS WRITTEN PLUS SERVICE OR FINANCE CHARGES
(including policy, membership, installment and similar fees), LESS RETURN PREMIUMS
ON POLICIES NOT TAKEN. This amount must agree with the ATTACHED Annual Statement
Schedule T and Idaho Business Page, excluding accident and health direct premiums.
Report ALL Idaho premiums, **Idaho DOES NOT allow the Rule of 500 exemption.** \$ _____
2. IDAHO DOMESTIC INSURERS - Enter total premiums minus dividends from
attached SUPPLEMENT 1 - Business in Jurisdictions not Licensed. \$ _____
3. LESS DIVIDENDS PAID OR CREDITED TO THE ACCOUNT OF POLICYHOLDERS.
Must agree with ATTACHED Annual Statement Idaho Business Page and Schedule T, excluding
accident and health dividends. \$ _____
4. PREMIUMS EXEMPT BY STATE LAW AND/OR PREEMPTED BY FEDERAL LAW:
- | TYPE OF PREEMPTION/EXEMPTION | PREMIUMS |
|---|----------|
| A. <u>Multiple Peril Crop</u> | \$ _____ |
| B. <u>Federal Flood</u> | \$ _____ |
| C. _____ | \$ _____ |
| TOTAL EXEMPT PREMIUMS (Add Lines 4A through 4C) | \$ _____ |
5. NET TAXABLE PROPERTY AND CASUALTY PREMIUMS (Line 1 + Line 2 - Line 3 - Line 4)
Carry forward to Page 6, Schedule E, Line 1, Column A. \$ _____
6. PREMIUM TAX – 1.90% (1.46%) of Line 5. (Report negative amounts.)
Carry forward to Page 6, Schedule E, Line 1B, Column A.
If qualified for the 1.46% reduced tax rate under Idaho Code § 41-403,
You must complete and attach Page 7 and 8, Schedule F. \$ _____

RETALIATORY SCHEDULE E MUST BE COMPLETED.

7. **DIRECT PREMIUMS WRITTEN FOR PURCHASING GROUPS included on Line 1**
Must agree with ATTACHED Schedule T, Line 13, Column 9 and with the Premium Volume
Reports submitted by all individual Purchasing Groups \$ _____
- To verify Annual Statement purchasing group premiums, enter your company's
- _____ Direct Telephone _____ Ext. _____
Purchasing Group Contact Person

↔ **COPIES OF THE ANNUAL STATEMENT SCHEDULE T AND IDAHO
BUSINESS PAGE MUST BE INCLUDED FOR VERIFICATION.**

SCHEDULE B - COMPUTATION OF PREMIUM TAX - ACCIDENT AND HEALTH

1. TOTAL DIRECT PREMIUMS WRITTEN (including policy, membership, installment and similar fees), LESS RETURN PREMIUMS ON POLICIES NOT TAKEN.
 This amount must agree with the ATTACHED Annual Statement Idaho Business Page, Column 1.
 Report premiums for ALL Idaho residents, **Idaho DOES NOT allow the Rule of 500 exemption.** \$ _____
2. IDAHO DOMESTIC INSURERS - Enter total premiums minus dividends from attached SUPPLEMENT 2 - Accident and Health Business in Jurisdictions not Licensed. \$ _____
3. LESS DIVIDENDS PAID OR CREDITED TO THE ACCOUNT OF POLICYHOLDERS.
 This amount must agree with ATTACHED Annual Statement Idaho Business Page, Column 3. \$ _____
4. PREMIUMS EXEMPT BY STATE LAW AND/OR PREEMPTED BY FEDERAL LAW:
- | TYPE OF PREEMPTION/EXEMPTION | PREMIUMS |
|---|----------|
| A. <u>Federal Employers Health Care</u> | \$ _____ |
| B. <u>Federal Medicare Title XVIII</u> | \$ _____ |
| C. <u>Dental Premiums (per Schedule D)</u> | \$ _____ |
| D. _____ | \$ _____ |
| TOTAL EXEMPT PREMIUMS (Add Lines 4A through 4 D) \$ _____ | |
5. NET TAXABLE ACCIDENT AND HEALTH PREMIUMS (Line 1 + Line 2 - Line 3 - Line 4)
 Carry forward to Page 6, Schedule E, Line 2, Column A. \$ _____
6. PREMIUM TAX – 1.90% (1.46%) of Line 5 (Report negative amounts.)
 Carry forward to Page 6, Schedule E, Line 2B, Column A.
 If qualified for the 1.46% reduced tax rate under Idaho Code § 41-403,
 You must complete and attach Pages 7 and 8, Schedule F. \$ _____

RETALIATORY SCHEDULE E MUST BE COMPLETED.

↔ COPIES OF THE ANNUAL STATEMENT SCHEDULE T AND IDAHO BUSINESS PAGE MUST BE INCLUDED FOR VERIFICATION.

SCHEDULE C – EACH INDIVIDUAL SELF FUNDED PLAN

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

PREPARE SEPARATE SCHEDULE C FOR EACH SELF FUNDED PLAN SUBJECT TO REGULATION UNDER TITLE 41 CHAPTER 40 IDAHO CODE. (SEE INSTRUCTIONS FOR ADDITIONAL INFORMATION)

NAME OF ADMINISTERED PLAN: _____

ADDRESS: _____ CITY: _____

NAME OF CONTACT PERSON: _____

PHONE OR E-MAIL ADDRESS _____

NUMBER OF BENEFICIARIES COVERED PER MONTH:

| | | | |
|----------|-------|-----------|-------|
| 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 6, Column A, Line 4 – OTHER TAXES

SCHEDULE D – DENTAL PLANS

Idaho Code 41-402(9) change effective July 1, 2007

TOTAL DENTAL PREMIUMS FOR THE YEAR, ALSO REPORT ON PAGE 3, Line 4C _____

* EACH INDIVIDUAL INSURED, GROUP CERTIFICATE HOLDER, OR BLANKET POLICY PARTICIPANT PER MONTH

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

* TOTAL CONTRACTS _____

X \$.04 =

TOTAL TAX DUE \$ _____

ADD each to total reported on Page 6, Column A, Line 4 – OTHER TAXES

SCHEDULE E - COMPUTATION OF RETALIATORY TAXES

Idaho Code § 41-340 (2) and (3)

| <u>NET PREMIUMS SUBJECT TO TAX:</u> | Column A AMOUNT PAID IN IDAHO | Column B AMOUNT WOULD PAY IN DOMICILE STATE |
|---|-----------------------------------|---|
| 1. PROPERTY AND CASUALTY PREMIUMS | \$ _____ | \$ _____ |
| A. PREMIUM TAX RATE | _____ <u>1.90% or 1.46%</u> _____ | _____ |
| B. PREMIUM TAX (Line 1 x Line 1A) | \$ _____ | \$ _____ |
| 2. ACCIDENT AND HEALTH PREMIUMS | \$ _____ | \$ _____ |
| A. PREMIUM TAX RATE | _____ <u>1.90% or 1.46%</u> _____ | _____ |
| B. PREMIUM TAX (Line 2 x Line 2A) | \$ _____ | \$ _____ |
| 3. MUNICIPAL, CITY OR COUNTY PREMIUMS | XXXXXXXXXXXXXXXXXXXXXXX | \$ _____ |
| A. MUNICIPAL, CITY OR COUNTY TAX RATE | XXXXXXXXXXXXXXXXXXXXXXX | _____ |
| B. MUNICIPAL, CITY, COUNTY TAX (Line 3 x Line 3A) | XXXXXXXXXXXXXXXXXXXXXXX | \$ _____ |
| 4. OTHER TAXES – Identify Each: | | |
| <u>SELF-FUNDED PLANS (Schedule C)</u> | \$ _____ | \$ _____ |
| <u>DENTAL PLANS (Schedule D)</u> | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| 5. TOTAL TAXES (Lines 1B+2B+3B+4) Carry GREATER AMOUNT of Column A or B forward to Page 1, Recap of Taxes, Line 1 | \$ _____ | \$ _____ |

SCHEDULE F - QUALIFICATION FOR REDUCED PREMIUM TAX

Idaho Code § 41-403

Complete, sign and attach, only if you are requesting the reduced tax rate on Pages 2 or 3.

An itemized schedule must be ATTACHED showing qualified investment descriptions, amounts, types, inception and maturity dates for each Idaho investment; and must agree with amounts reported on Annual Statement, Page 2 as Net Admitted Assets in Column 3.

Reduced Tax Qualification for Year Ending December 31, 2008

Public Obligations \$ _____

Corporate Bonds \$ _____

Preferred Stock \$ _____

Common Stock \$ _____

Mortgage Loans \$ _____

Real Estate \$ _____

Time Deposits \$ _____

Other (Explain) _____ \$ _____

TOTAL QUALIFYING IDAHO INVESTMENTS \$ _____

Enter Total Admitted Assets
(ATTACH Annual Statement, Page 2, Line 26, Column 3) \$ _____

Percentage of Qualifying Idaho Investments to Admitted Assets _____%

NOTE: Qualification for the reduced premium tax rate (1.46% or retaliatory rate, whichever is greater) shall be in strict conformity with the provisions of Idaho Code § 41-403, and the computation for qualification made hereon shall be subject to examination and review by the Department of Insurance.

I hereby certify that the investments listed herein are qualifying Idaho investments as provided by Idaho Code § 41-403, and that the company, as shown above, has qualified at all times throughout the year for the reduced premium tax rate.

Date

Signature

Name and Title (Type or print)

**MONTHLY TOTALS REQUIRED FOR
QUALIFYING IDAHO INVESTMENTS**

| | TOTAL ADMITTED ASSETS | TOTAL QUALIFIED IDAHO INVESTMENTS | PERCENTAGE RATIO |
|---|--------------------------------------|--|-----------------------------|
| Per Annual Statement Prior Year's Balance December 31, 2007 | \$ _____ | \$ _____ | _____ |
| January | \$ _____ | \$ _____ | _____ |
| February | \$ _____ | \$ _____ | _____ |
| March | \$ _____ | \$ _____ | _____ |
| April | \$ _____ | \$ _____ | _____ |
| May | \$ _____ | \$ _____ | _____ |
| June | \$ _____ | \$ _____ | _____ |
| July | \$ _____ | \$ _____ | _____ |
| August | \$ _____ | \$ _____ | _____ |
| September | \$ _____ | \$ _____ | _____ |
| October | \$ _____ | \$ _____ | _____ |
| November | \$ _____ | \$ _____ | _____ |
| December 31, 2008 | \$ _____ | \$ _____ | _____ |