

**REPORT OF ASSESSABLE PREMIUMS  
IN JURISDICTIONS NOT LICENSED  
LIFE AND DISABILITY (ACCIDENT AND HEALTH) INSURERS  
DOMICILED/INCORPORATED IN IDAHO ONLY**

**DUE APRIL 1, 2017**

Cert. Of Auth. No.	NAIC No.	
COMPANY NAME		DOMICILE STATE
MAILING ADDRESS, CITY, STATE, ZIP		

**All life and disability (accident and health) insurance companies domiciled in Idaho must file this Report regardless of premium volume. Please review line instructions carefully.**

**Part I** Attach **Schedule T** from the Company's 2016 Annual Statement (letter size forms, please). Check that form is attached \_\_\_\_\_

**Part II.**

- 1 Under Idaho Life and Health Insurance Guaranty Association law, insurance companies domiciled in Idaho must also include direct premiums from states in which it is not licensed to do business and in foreign countries in its Idaho assessable premium basis.

Please attach to this form a schedule that calculates the assessable premium for the states in which the company is not licensed and all foreign countries, using the same basis as is used for the company's Idaho assessable premium (i.e. in the same manner as use on the company's *Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit* and *Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit* for Idaho). The first line for this schedule's calculations will be the premiums for these jurisdictions as shown on Schedule T.

- 2 From the schedule created in accordance with the instructions above, enter the total Life Premiums. Life Premiums \$ \_\_\_\_\_
- 3 From the schedule created in accordance with the instructions above, enter the total Annuity Considerations. Annuity Considerations \$ \_\_\_\_\_
- 4 From the schedule created in accordance with the instructions above, enter the total Disability Premiums. Disability Premiums \$ \_\_\_\_\_
- 5 Attach the Company-created schedule (letter size forms, please). Check that form is attached \_\_\_\_\_

**Part III. Must be completed by all Companies:**

<p>1 Certification of Officer <i>Under penalties 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 and belief is a true, correct, and complete statement.</i></p> <hr/> <p style="text-align: center;">Signature of Officer <span style="float: right;">Date</span></p> <hr/> <p>Name and Title (Please Type)</p>	<p>2 Contact Person Print Name of Contact Person: _____</p> <p>Telephone Number with Extension: _____</p> <p>E-mail Address: _____</p>
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**Part IV.** Submit completed and signed Report with required Annual Statement Exhibit and company-created schedule no later than April 1, 2017, to:

**Idaho Life and Health Insurance Guaranty Association  
6700 N Linder Road, Suite 156, #144  
Meridian, ID 83646**