



**QUARTERLY STATEMENT
OF ESTIMATED PREMIUM
AND ASSOCIATED TAX**

STATE FORM 38337 (R4/10-95)
APPROVED BY STATE BOARD OF ACCOUNTS, 1987

Make checks payable and return to:
INDIANA DEPARTMENT OF INSURANCE
P.O. Box 5416
Indianapolis, IN 46255

INSTRUCTIONS

1. Please read the back of this sheet before submitting your return.
2. Please type or print.
3. If you need additional copies, please reproduce this form.
4. Make your check for premium tax only, and return with this form to the "Indiana Department of Insurance" at the above address.
5. Quarterly Premium Tax Payments and statements are due April 15, June 15, Sept. 15 and Dec. 15

QUARTERLY STATEMENT OF ESTIMATED PREMIUM AND ASSOCIATED TAX FOR THREE MONTH PERIOD ENDING _____, 20__

Name of Insurer	
Address (Street, State, Zip Code)	
State of Incorporation	Company NAIC Number (5 Digit)
1. Basis for Estimates:	
(A) Total Indiana Premium and Associated Tax paid for business done during the previous calendar year	\$
2. Estimated Premium Tax installment due, must be at least:	
(A) One-fourth of the total Indiana Premium and Associated Tax paid for business done during the previous calendar year (1/4 of Line 1A) or	\$
(B) One-fourth of 80% of the actual premium tax for the current year	\$
3. Composition of Premium Tax Payment:	
(A) Amount of Payment - Item 2, (A) or (B) Above	\$
(B) Less: Overpayment (where applicable)	\$
(C) Net Premium Tax Payment (A-B)	\$
(D) Late Payment Penalty (if paid after due date) @ 1% per month, or part thereof	\$
TOTAL PAYMENT WITH STATEMENT (C + D)	\$
I certify that the above estimated quarterly premium tax payment has been calculated in accordance with the provisions of Indiana Statutes, Section 27-1-18-2, 27-1-20-12, and to the best of my knowledge and belief this is a true, correct and complete statement of premium and associated tax due.	
Name and Title of Person preparing statement	
Signature of Preparer	
Name and Title of Authorized Officer	
Signature of Authorized Officer	
Date (MM,DD,YY)	

Notary
Seal

Subscribed and sworn to before me this
_____ day of _____, 20__
County of _____
My Commission Expires on _____

Signature of Notary Public

FOR INSURANCE DEPARTMENT USE

OVER