

IB-64

Web
5-07

Installment Payment - April 16, 2007 Health Maintenance Organization

North Carolina Department of Revenue

**I-B
Insurance**

Legal Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Mailing Address

City

State

Zip Code

Name and title of person responsible for the computation and filing of this return

Phone Number (Include area code)

Fill in circle if applicable:

Payment has been made through
electronic funds transfer (EFT)

HMO

Federal Employer ID Number

Part 1. Computation of Gross Premium Tax Installment

- | | |
|------------------------------------------------------------------------------------------------------------|--------------|
| 1. Estimated taxable gross premiums to be written in N.C. in calendar 2007 | 1. _____ .00 |
| 2. Estimated gross premium tax due for calendar 2007
Multiply Line 1 by 1.9% (.019) | 2. _____ .00 |
| 3. Gross premium tax installment due
Multiply Line 2 by 50% (.50) | 3. _____ .00 |
| 4. Portion of 2006 overpayment of gross premium tax applied as credit
(From Form IB-63, Part 1, Line 8) | 4. _____ .00 |
| 5. Net gross premium tax installment due
Line 3 minus Line 4 | 5. _____ .00 |

Part 2. Computation of Insurance Regulatory Charge Installment

- | | |
|----------------------------------------------------------------------------------------------------------------|--------------|
| 6. Estimated insurance regulatory charge liability
Multiply Line 2 by 5.5% (.055) | 6. _____ .00 |
| 7. Insurance regulatory charge installment due
Multiply Line 6 by 50% (.50) | 7. _____ .00 |
| 8. Portion of 2006 overpayment of insurance regulatory applied as credit
(From Form IB-63, Part 2, Line 15) | 8. _____ .00 |
| 9. Net insurance regulatory charge installment due
Line 7 minus Line 8 | 9. _____ .00 |

Part 3. Amount of Installment Due

- | | |
|----------------------------------------------------------------|------------------|
| 10. Total April 16, 2007 installment due
Line 5 plus Line 9 | 10. \$ _____ .00 |
|----------------------------------------------------------------|------------------|

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Make check or money order in U.S. currency payable to North Carolina Department of Revenue.

MAIL TO: North Carolina Department of Revenue, Insurance Premium Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300