

Installment Payment - June 15, 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**
- 2. **Estimated gross premium tax calendar 2007**
Multiply Line 1 by 1.9% (.019)
- 3. **Gross premium tax installment due**
Multiply Line 2 by 50% (.50)

1. _____ .00
 2. _____ .00
 3. _____ .00

Part 2. Computation of Insurance Regulatory Charge Installment

- 4. **Estimated insurance regulatory charge liability**
Multiply Line 2 by 5.5% (.055)
- 5. **Insurance regulatory charge installment due**
Multiply Line 4 by 50% (.50)

4. _____ .00
 5. _____ .00

Part 3. Amount of Installment Due

- 6. **Total June 15, 2007 installment due**
Line 3 plus Line 5

6. \$ _____ .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