

Treasurer of State of Ohio
P.O. Box 163458
Columbus OH 43216-3458

FOREIGN & ALIEN INSURANCE TAX SUMMARY

Company Name _____

	<u>Premium/Retaliatory</u>	<u>Fire Marshal</u>
Total Annual Taxes (Per Annual Statement)	_____	_____
Less Advance Payments (Due Oct. 15)	_____	_____
Remaining Tax Due	_____	_____

TOTAL THIS PAYMENT _____

IF THERE HAS BEEN ANY CHANGE TO YOUR MAILING ADDRESS OR
CONTACT PERSON, PLEASE INDICATE THE **CHANGES** BELOW:

Company Name _____

FEIN _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Contact Person _____

Please indicate if this payment will be made via EFT _____