

Risk Assessment  
50 W. Town St., 3<sup>rd</sup> Fl.  
Suite 300  
Columbus, OH 43215  
(614) 644-2647  
Fax (614) 644-3256  
www.insurance.ohio.gov

## Ohio Department of Insurance

John R. Kasich – Governor  
Jillian Froment – Director



### Domestic Insurance Tax Summary

Company Name \_\_\_\_\_ Federal ID \_\_\_\_\_  
Contact Person \_\_\_\_\_ Contact E-Mail \_\_\_\_\_

#### FIRE MARSHAL

Total Annual Taxes (per Form INS7016) \_\_\_\_\_

Less Advance Payments (Due Oct 15) \_\_\_\_\_

**Total This Payment** \_\_\_\_\_

**IMPORTANT NOTICE: ALL PREMIUM TAX PAYMENTS MUST BE SUBMITTED BY EFT\ACH TO THE TREASURER OF STATE. DO NOT ATTACH A COVER LETTER OR ANYTHING TO THIS FORM. DO NOT EMAIL OR MAIL ANY TAX RETURNS TO THE TREASURER OF STATE. DO NOT SEND A COPY OF THIS FORM TO THE OHIO DEPARTMENT OF INSURANCE.**

**When making your EFT\ACH payments please email this form immediately to [Kelly.Alvis@tos.ohio.gov](mailto:Kelly.Alvis@tos.ohio.gov)**

**PLEASE INDICATE BELOW ANY CHANGES TO THE FOLLOWING COMPANY INFORMATION:**

Company Name \_\_\_\_\_ FEIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_