



Department of Insurance

Mike DeWine, Governor  
Jon Husted, Lt Governor

Judith L. French, Director

## Domestic Insurance Tax Summary

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

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 [tosins@tos.ohio.gov](mailto:tosins@tos.ohio.gov)**

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

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

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

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

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