

STATE OF IDAHO
 DEPARTMENT OF INSURANCE
 700 WEST STATE STREET, 3rd FLOOR
 PO BOX 83720
 BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY
1025 _____

**CONTINUATION FEE STATEMENT
 FRATERNAL BENEFIT SOCIETIES**

NAIC NO.				
COMPANY NAME				
MAILING ADDRESS	CITY	STATE	ZIP CODE	DOMICILE STATE

The following is due on or before March 1, 2016, pursuant to provisions of IDAPA 18.01.44.03.a.v.

Annual Continuation Fee: \$ **500.00**

Make your check payable to: **Idaho Department of Insurance.**
 There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105
 Your canceled check is your receipt.

 Contact Person

 Signature of Authorized Representative

 Telephone Number Ext.

 Title

 Email Address

 Date