

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**  
**ACCREDITED REINSURANCE ONLY INSURERS**

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

To continue your eligibility as an accredited reinsurer, the following items are due on or before March 1, 2016, or the date required by your state of domicile pursuant to provisions of Idaho Code § 41-514 (1) (b) (iv) and IDAPA 18.01.44.03.a.i.

Annual Statements are no longer required to be filed in Idaho.

A payment in the amount of \$500.00 for Annual Continuation Fee.

Make your check payable to: **Idaho Department of Insurance**.  
There will be a \$20.00 charge on 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