

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
ADVISORY ORGANIZATIONS

COMPANY NAME				
MAILING ADDRESS	CITY	STATE	ZIP CODE	DOMICILE STATE

Advisory Organization must submit the following on or before March 1, 2017, pursuant to provisions of IDAPA 18.01.44.020.03.a.xiii.

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