

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 PURCHASING GROUPS

LICENSE NO				
PURCHASING GROUP OFFICIAL NAME				
MAILING ADDRESS	CITY	STATE	ZIP CODE	DOMICILE STATE

To continue your registration as a Purchasing Group, the following are due on or before March 1, 2016, pursuant to provisions of the Idaho Code § 41-4804 and IDAPA 18.01.44.03.b.i.

- [ ] This original signed fee statement.
- [ ] A payment in the amount of \$100.00 for Annual Continuation Fee. If **not** submitting payment, a written statement for non-renewal **must** be attached.
- [ ] Statement of Annual Premium Volume – Must include **completed** copies of the **most current** Statement of Annual Premium Volume (or a list of Idaho Insureds) **regardless** of premium volume. Failure to provide a **complete** Volume Statement could result in loss of registration to do business in Idaho.  
 Idaho Code § 41-247, 41-4808, 41-4811, 41-4816, and 41-1233.

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