

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
SURPLUS LINE INSURERS
DUE DATE: MARCH 1, 2017

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

PAID PREPARER NAME & ADDRESS IF DIFFERENT FROM ABOVE			
MAILING ADDRESS	CITY	STATE	ZIP CODE

All foreign surplus line insurers on the Idaho "White List" must pay the Annual Continuation Fee on or before March 1, 2017, pursuant to provisions of IDAPA 18.01.44.020.03.a.iii.

Annual Statements are to be filed electronically with NAIC.

ANNUAL CONTINUATION FEE **\$ 500.00**

Make your check payable to: **Idaho Department of Insurance.**
Fees must be remitted in U.S. dollars, and drawn on a U.S. bank.
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 person

Telephone number Ext.

Printed name

Email address

Title

Date