

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**  
**TRUSTEED REINSURERS**

COMPANY NAME				FOR CALENDAR YEAR ENDING DECEMBER 31, 2016
MAILING ADDRESS	CITY	STATE	ZIP CODE	DOMICILE STATE

To continue your eligibility as a reinsurer, the following items are due on or before March 1, 2017, or the date required by your state of domicile, pursuant to provisions of the Idaho Code § 41-514 (1) (d) (iv) and IDAPA 18.01.44.020.03.a.ii.

Annual Statements are to be filed electronically with NAIC.

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