

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, 2017, or the date required by your state of domicile pursuant to provisions of Idaho Code § 41-514 (1) (b) (iv) and IDAPA 18.01.44.020.03.a.i.

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