

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, 2016**

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, 2016, pursuant to provisions of Idaho Code § 41-268 (3) and IDAPA 18.01.44.03.a.iii.

Annual Statements are not required to be filed in Idaho.

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