

STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3RD FLOOR
PO BOX 83720
BOISE, ID 83720-0043
PHONE (208) 334-4250
FAX (208) 334-4398

INSTRUCTIONS FOR COMPLETING AND FILING CONTINUATION FEE STATEMENT RATING ORGANIZATIONS

1. Read these instructions carefully before completing this fee statement.
If there are any questions regarding this filing, please contact the Premium Tax Section at (208) 334-4282 or (208) 334-4281 or premiumtax@doi.idaho.gov.
2. The Idaho Department of Insurance has adopted a mandatory e-file policy. All tax filings must be submitted electronically. Electronic filings must be submitted by one of the following methods:
 - ❖ Directly through TriTech Premium Pro software or;
 - ❖ Idaho Department of Insurance Electronic Filing System located [here](#). Or visit <https://tritechsoft.com/efilenetid/efilenet/efiledefault.aspx>Payments must be submitted by one of the following methods:
 - ❖ Electronic Fund Transfer (EFT). Idaho does NOT accept ACH Debit. ACH Credit or Wire Transfers are acceptable.
 - ❖ Check (to be submitted with payment voucher).
 - ❖ To enroll in the Electronic Fund Transfer payment system, please complete the EFT Enrollment Form located on the Idaho Department of Insurance website at <https://doi.idaho.gov/Company/PremiumTax/Instructions> and submit it to the Premium Tax Section at premiumtax@doi.idaho.gov.
3. Annual Continuation Fee Statements are due on or before March 1st.
NAIC Annual Statements provided to NAIC are not required to be submitted to Idaho. Idaho Code § 41-1416. IDAPA 18.01.02-020-03.a.x.
4. The fee statement must be signed and dated by an authorized representative of the company. Idaho Code § 41-1416. For all electronic filings, the printed name of the officer signing under oath is acceptable. **Unsigned statements will be considered incomplete.**
5. All licensed Rating Organizations are required to file this fee statement and remit the Continuation Fee. The fee is due and payable whether or not business was written. Idaho Code § 41-1416 and IDAPA 18.01.44.020.03.a.x.
6. If making payment by check, to avoid a lost payment attach the check for the balance due to the payment voucher.
7. The company name, address and state of domicile must be completed, as all forms, refunds and correspondence will be sent to this address.
8. Any questions or correspondence concerning the fee statement will be directed to the contact person; therefore, include a direct telephone number with extension and E-mail address. If the contact person changes after the submission of the statement, please contact the Premium Tax Section as indicated in item# 1.