

STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3RD FLOOR
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BOISE, ID 83720-0043
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INSTRUCTIONS FOR COMPLETING AND FILING CONTINUATION FEE STATEMENT SURPLUS LINE INSURERS

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 and fee 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 §41-1228, IDAPA 18.01.02.020.03.a.ii.
4. The fee statement must be signed and dated by an authorized representative of the company. For all electronic filings, the printed name of the officer signing under oath is acceptable. **Unsigned statements will be considered incomplete.**
5. All licensed surplus line insurers are required to file this fee statement and remit the Continuation Fee. The fee is due and payable whether or not business was written. IDAPA 18.01.02.020.03.a.ii
6. If making payment by check, to avoid a lost payment, attach the check for the balance due to the payment voucher.
7. The fee statement applies to all foreign surplus line insurers on the Idaho "White List". Idaho Code §41-1217, IDAPA 18.01.44.020.03.a.ii.
8. The company name, address and state of domicile must be completed, as all forms, refunds and correspondence will be sent to this address.
9. 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.