

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
COUNTY MUTUAL & FRATERNAL FIRE INSURERS

C/A NO.				
COMPANY NAME				
MAILING ADDRESS	CITY	STATE	ZIP CODE	DOMICILE STATE

The following is due on or before March 1, 2016, pursuant to provisions of IDAPA 18.01.44.03.a.iv.

Annual Continuation Fee: \$ **500.00**

Make your check payable to: **Idaho Department of Insurance.**
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 Representative

Telephone Number Ext.

Title

Email Address

Date