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

RATING ORGANIZATIONS

COMPANY NAME	
MAILING ADDRESS	DOMICILE STATE

Rating Organization licenses are issued and remain in effect for one (1) year, unless suspended or revoked by the Director, pursuant to provisions of the Idaho Code § 41-1415 and 41-1416 and IDAPA 18.01.44.03.a.xii.

Your annual license renewal is due on or before March 1, 2009.

Annual Continuation Fee is $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.

Date

Signature of Company Official

( )
Telephone Number Ext.

Name (Type or Print)

Title