

STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3rd FLOOR
PO BOX 83720
BOISE, ID 83720-0043

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|-------------------------|------|
| FOR DEPARTMENT USE ONLY | 1025 |
|-------------------------|------|

CONTINUATION FEE STATEMENT
TRUSTEED REINSURERS

| | |
|-----------------|--|
| COMPANY NAME | FOR CALENDAR YEAR ENDING DECEMBER 31, 2008 |
| MAILING ADDRESS | DOMICILE STATE |

To continue your eligibility as a reinsurer, the following items are due on or before February 28, 2009, or the date required by your state of domicile, pursuant to provisions of the Idaho Code § 41-514 (1) (d) (iv) and IDAPA 18.01.44.03.a.ii.

Annual Statements are no longer required to be filed in Idaho.

A payment in the amount of \$500.00 for Annual Continuation Fee.

Make your check payable to: **Idaho Department of Insurance**.
There will be a \$20.00 charge on returned checks. Idaho Code § 28-22-105
Your canceled check is your receipt.

Date

Signature

() _____
Telephone Number Ext.

Name (Type or Print)

Title