

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	CITY	STATE	ZIP CODE	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, 2015.

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.

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Telephone Number      Ext.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date