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

ACCREDITED REINSURANCE ONLY INSURERS

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

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

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