



**Arkansas Insurance Department  
Accounting Division  
1200 West Third Street  
Little Rock AR 72201-1904  
(501) 371-2612**

**INSTRUCTIONS FOR FILING FORM AID AC FBS,  
ANNUAL CONTINUATION FEES FOR  
FRATERNAL BENEFIT SOCIETIES**

Pursuant to ACA 23-64-401, all Fraternal Benefit Societies are required to file form AID AC FBS along with their fee payment. This filing must be received by March 1<sup>st</sup> each year. **We do not honor the postmark; it must be in our office by March 1<sup>st</sup>.**

You are required to go to our website, [www.arkansas.gov/insurance](http://www.arkansas.gov/insurance), each year and print off the current form. The form changes each year. **We do not accept software company forms or recreated forms of any kind.**

Your check must be made payable to **The State Insurance Department Trust Fund**. No exceptions.

**Do not send this filing with any other correspondence, annual statements or filings. It must be sent to the attention of the Accounting Division. Do not send to the Finance Division, they have nothing to do with this and it delays processing of your filing.**



**ARKANSAS INSURANCE DEPARTMENT      2006 AID AC FBS**

ACCOUNTING DIVISION  
 1200 WEST THIRD STREET  
 LITTLE ROCK, AR 72201-1904  
 PHONE: (501) 371-2605  
 www.arkansas.gov/insurance/

**Due March 1, 2007**

**ANNUAL CONTINUATION FEES FOR  
 FRATERNAL BENEFIT SOCIETIES**

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)	
COMPANY NAME			
STREET MAILING ADDRESS			
CONTACT PERSON		TITLE	
TELEPHONE NUMBER	EXT	FAX NUMBER	
EMAIL ADDRESS			

**FILE THE FOLLOWING ANNUAL FEES DUE THE STATE OF ARKANSAS PURSUANT TO ACA 23-64-401:**

ANNUAL STATEMENT FILING FEE	\$ 50.00
ANNUAL CERTIFICATE OF AUTHORITY RENEWAL FEE	\$ <u>100.00</u>
<b>TOTAL FEES DUE</b>	<b>\$150.00</b>

**FILED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

SIGNED BY: \_\_\_\_\_  
 (ORIGINAL WET SIGNATURE OF COMPANY OFFICER OR DIRECTOR)

\_\_\_\_\_  
 (PRINTED NAME)

\_\_\_\_\_  
 (TITLE)