



**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 1st each year. **We do not honor the postmark; it must be in our office by March 1st.**

You are required to go to our website 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.**

Our web address is: www.insurance.arkansas.gov/Accounting/divpage.htm

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 2008 AID AC FBS

Due March 1, 2009

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

**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>
TOTAL FEES DUE	\$150.00

FILED THIS _____ DAY OF _____, 20_____.

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

(PRINTED NAME)

(TITLE)