



**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 in the **Accounting Division** by March 1st each year.

We do not honor the postmark; it must be in our office on or before March 1st.

You are required to go to our website each year and complete the current form online. 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.htm

Your check **must** be made payable to **The State Insurance Department Trust Fund**. If you need a copy of our W-9 you can print one from our Accounting Division webpage.

All blanks on the form must be completed. Please provide a street mailing address so if there are any problems with the filing, we can overnight it back to you for correction. Must have an original wet signature of an officer or director of the company. Signature stamps are not allowed. The form must be completed on our website, printed, signed, and sent with your payment to:

AR Insurance Dept
Accounting Division
1200 West Third Street
Little Rock AR 72201-1904

Do not send this filing with any other correspondence, annual statements or filings. Sending to any other division only delays receipt & processing of your filing. Please do not send the instructions page to us. We only need the completed, signed form and your check.



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

Due March 1, 2016

**ANNUAL CONTINUATION FEES FOR
FRATERNAL BENEFIT SOCIETIES**

| | | | |
|------------------------|-----|----------------------------------|--|
| STATE OF DOMICILE | | NAIC COMPANY CODE (5 digit code) | |
| COMPANY NAME | | | |
| STREET MAILING ADDRESS | | | |
| CITY, STATE, ZIP CODE | | | |
| 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)