



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

**INSTRUCTIONS FOR FILING FORM AID AC SLI-T(D),
ANNUAL CONTINUATION FILING FEE FOR
APPROVED **DOMESTIC** SURPLUS LINES INSURERS ONLY**

Pursuant to ACA 23-61-401 & Department Rule & Regulation 57, all **approved domestic surplus lines insurers** are required to file form SLI-T(D) along with their fee payment by March 1st each year. **We do not honor the postmark, the filing & payment must be in the Accounting Division on or before March 1st, or it will be considered late. Late penalties of \$100.00 a day for every day late do apply.** No reminder will be sent. It is the company's responsibility to file on time each year.

This filing is to be sent to the attention of the Accounting Division.
Do not send with any other correspondence or filings or to any other division.

Pursuant to Department Rule & Regulation 57, all checks 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.

You are required to go to our website, located at www.insurance.arkansas.gov/accounting/divpage.htm each year and complete the current form online, then print and sign. The form changes each year. **We do not accept software company forms or recreated forms of any kind.** This form does not require notary signature/seal. **The form must be signed by an officer or director of the company.**



ACCOUNTING DIVISION

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

Due by March 1, 2016

**ANNUAL CONTINUATION FILING FEE FOR
APPROVED DOMESTIC SURPLUS LINES INSURERS**

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)	
COMPANY NAME			
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 23-61-401 AND DEPARTMENT RULE AND REGULATION 57:**

**CHECK MUST BE MADE PAYABLE TO THE STATE INSURANCE DEPARTMENT TRUST FUND.
ATTACH CHECK TO THIS FORM AND SEND TO THE ACCOUNTING DIVISION.**

ANNUAL STATEMENT FILING FEE	\$ 50.00
RULE 57 ANNUAL CONTINUATION FEE	<u>500.00</u>
TOTAL FEES DUE	\$550.00

FILED THIS _____ DAY OF _____, 20_____.

SIGNED BY: _____

(original wet signature of Officer or Director)

(Printed Name of Officer or Director Signing Form)

(TITLE of Person Signing Form)