

ARKANSAS INSURANCE DEPARTMENT
ATTN: ACCOUNTING DIVISION
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2612

**RULE & REGULATION 56
COMPANIES' FINANCIAL REGULATION FEE
REPORT AS OF DECEMBER 31, 2008**

**INSTRUCTIONS FOR FILING
COMPANIES FINANCIAL REGULATION FEE (CFRF) FORM**

PLEASE READ AND FOLLOW THESE INSTRUCTIONS. FAILURE TO FILE CORRECTLY & TIMELY MAY BE CONSIDERED AS NON-COMPLIANCE. NON-COMPLIANCE CAN RESULT IN THE ASSESSMENT OF ADMINISTRATIVE FINES.

The Companies Financial Regulation Fee (CFRF) is due in the **Accounting Division** of the Arkansas Insurance Department by June 30th each year. The form is available on our website after March 15th each year and may be filed any time between March 16th & June 30th. We recommend you send this filing in April or May to ensure that it gets to us in a timely manner. There is no reason to wait until June to file. We do not honor the postmark, so make sure that your filing is sent in time to be received by the due date. **Any filing received after June 30th is subject to late penalty, and we do assess late penalties. Please do not confuse the CFRF fee with the Fraud Assessment Fee which is also due by June 30th. These are two separate filings. DO NOT SEND THEM IN THE SAME ENVELOPE. DO NOT SEND THE CFRF FILING TO ANY OTHER DIVISION. IT MUST BE SENT DIRECTLY TO THE ACCOUNTING DIVISION.** The CFRF is not an assessment. It is a regulatory fee due each year pursuant to Rule & Regulation 56.

The CFRF form is available on our website only. **WE DO NOT ACCEPT SOFTWARE COMPANY FORMS. YOU MUST USE OUR FORM.** Each company is required to go to our website each year and print off the current year's form. **The form is not designed to be completed on the computer.** It must be printed off and then completed. (Do not thumbnail the form itself. If you do, it will not update when we change the form each year, and the form is changed each year.) **There will be no notices sent that this fee is due, so please mark your calendar and your files. It is the company's responsibility to file this form on time each year.** If your company does not have access to the internet in order to print the form, you must inform the Accounting Division, **in writing each year**, that you require the form to be mailed to your company. Supply an address for the form to be mailed and the name and phone number of a contact person for the form. An email address for the contact person would also be helpful if there is one. Do not wait until June to notify the Accounting Division of this need. They will need time to print off the form and get it mailed to you in order for you to complete it and mail it back by the due date.

“Rule & Regulation 56 shall apply to all licensed or authorized domestic, foreign, and/or stock and mutual insurers, mutual assessment life and disability insurers, health maintenance organizations (HMO's), fraternal benefit societies, hospital and medical service corporations, stipulated premium plan and reciprocal insurers, title insurance companies, prepaid legal insurance companies, and farmers' mutual aid associations (FMAA's), pursuant to Section 3 of Act 652 of 1993. For purposes of this Rule, “insurers” shall mean all and any of the licensed or authorized insurers of the Insurance Commissioner referenced in this Rule, in Section 3 of Act 652 of 1993, and as defined in Ark. Code Ann. §23-60-102 (11).” **Risk Retention Groups and Surplus Lines Insurance Companies are not required to file this fee.** Please see Rule & Regulation 56 for complete information.

Form AID AC CFRF lists premium volume amounts, as well as the fee amount due, as mandated by Act 652 of 1993 codified as Ark. Code Ann. §23-61-703 in pertinent part, and Rule & Regulation 56. Use the premium volume amount to find the amount of the fee your company owes. The premium amount used must match the amount of direct written premium reported by your company on the Arkansas State Page of the annual statement. Record the amount of direct written premium in the space provided on the left side of the form. Record the amount of the fee owed and being paid in the space provided on the right side of the form. **Please use a decimal point to record dollar amounts.** If your company is under supervision, suspended licensure in Arkansas or any other state, or court-ordered conservation/rehabilitation/liquidation, then note on the form this status, request an exemption, sign the form, and send the form along with a copy of the order to the Department. **YOU STILL HAVE TO FILE THE FORM BY THE DUE DATE.** The Commissioner has issued Order Number 95-31, signed April 3, 1995, to grant automatic waivers to any eligible licensee in this situation, and this will ensure that we note our records accordingly. Your domiciliary department or Receiver/Deputy Receiver may sign this form on your behalf if you wish. Please direct your calls to our Legal Division at (501) 371-2820 if you wish to obtain a copy of this Order or have other legal questions. If you have questions about the form, please direct your calls to the Accounting Division at (501) 371-2612. For those insurers writing only reinsurance here, or otherwise writing no direct Arkansas premiums or co-payments, due to inactivity or for any other reason under still active licensure in 2007, pay the minimum amount of \$500.00 due as Act 652 of 1993 mandates. Annuity considerations are to be included in calculating this fee amount under that Act also. **DO NOT SEND A COPY OF THE ANNUAL STATEMENT PAGE. IT IS NEITHER REQUIRED NOR NEEDED.**

Please complete all blanks on the form. The NAIC number is a five (5) digit number. Do not include the NAIC group number. We request a street mailing address so that if there is a problem with the filing we may overnight it back to you. That way we may assist you in not having a late filing or being assessed a late penalty. Please make sure your accounting area is aware that the check **must** be made payable to **The State Insurance Department Trust Fund**, just as it is written here. Rule & Regulation 56 mandates this and any check received that is not made out correctly will be returned for correction. Submit one form and one check for each company. If you send one check for several companies, it will not be accepted and will be returned for correction. **DO NOT MAIL THE INSTRUCTION PAGES ALONG WITH YOUR FORM. YOU NEED TO RETAIN THEM FOR YOUR FILES.** It is not required that an officer of the company sign the form.

Return the form along with a company check to:

Arkansas Insurance Department
Attn: Accounting Division
1200 West Third Street
Little Rock AR 72201-1904

Do not send this filing with any other type of filing or payment. This means do not send it with the Fraud Assessment Fee, Premium Tax filings, or Annual Statement filings, etc. **You may send multiple CFRF filings in the same envelope.**

Arkansas Insurance Department

Mail form & payment to:

ACCOUNTING DIVISION
 1200 WEST THIRD STREET
 LITTLE ROCK AR 72201-1904
 (501) 371-2612

www.insurance.arkansas.gov/Accounting/divpage.htm

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

CHECK MUST BE MADE PAYABLE TO: THE STATE INSURANCE DEPARTMENT TRUST FUND

<u>*PREMIUM AMOUNT</u>	<u>ANNUAL FEE</u>	<u>*PREMIUM AMOUNT</u>	<u>ANNUAL FEE</u>
<u>\$0 (None)</u>	<u>\$500</u>	<u>\$10,000,000 - \$19,999,999</u>	<u>\$10,000</u>
<u>\$1 - \$499,999</u>	<u>\$750</u>	<u>\$20,000,000 - \$29,999,999</u>	<u>\$12,000</u>
<u>\$500,000 - \$2,499,999</u>	<u>\$1,000</u>	<u>\$30,000,000 - \$49,999,999</u>	<u>\$15,000</u>
<u>\$2,500,000 - \$4,999,999</u>	<u>\$2,500</u>	<u>\$50,000,000 - \$74,990,999</u>	<u>\$17,500</u>
<u>\$5,000,000 - \$7,499,999</u>	<u>\$5,000</u>	<u>\$75,000,000 - \$99,999,999</u>	<u>\$20,000</u>
<u>\$7,500,000 - \$9,999,999</u>	<u>\$7,500</u>	<u>\$100,000,000 AND UP</u>	<u>\$25,000</u>

*FROM ANNUAL STATEMENT, ARKANSAS
 PAGE DIRECT WRITTEN PREMIUMS (2008)

AMOUNT OF ADMINISTRATIVE AND
 FINANCIAL REGULATION FEE ENCLOSED

\$ _____
 (amount of direct written premium)

\$ _____
 (amount of fee being paid)

The person signing below states that the above figures are true and correct to their knowledge for the reporting period January - December 2008.

Signed By: _____
 (must be an original wet signature-no stamps)

Printed Name of Person Signing form: _____

Title of Person Signing form: _____