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, 2013

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 1st each year.** **The form is available on our website on or after March 15th each year and may be filed any time between March 16th & June 1st.** FORM MUST BE COMPLETED ON OUR WEBSITE!

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 1st is subject to late penalty, and we do assess late penalties.

The CFRF form is available on our website only. **WE DO NOT ACCEPT SOFTWARE COMPANY FORMS. YOU MUST USE OUR FORM. FORM MUST BE COMPLETED ON OUR WEBSITE!** Each company is required to go to our website each year, complete the form, print it off, sign it, and attach it to your check. (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.

YOU MUST TYPE AN AMOUNT INTO THE FORM. IF YOU HAVE ZERO PREMIUM TYPE THE NUMBER ZERO. THE FORM WILL NOT TAKE TEXT. THE AMOUNT SHOWING ON THE FORM TO BEGIN WITH IS JUST A PLACE KEEPER.

Return the form along with a company check to:

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

IF YOU NEED A COPY OF OUR W-9, YOU CAN PRINT ONE FROM OUR WEBSITE AT www.insurance.arkansas.gov/accounting/divpage.htm

WHO IS REQUIRED TO FILE CFRF?

"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, nor do companies writing Medicare only.** Please see Rule & Regulation 56 for complete information.

HOW DO YOU COMPLETE THE FORM?

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. The form will automatically calculate the fee amount due and enter it in the form for you. If you have zero premium, you must type the number zero in the field in order for the form to record it correctly. The form automatically defaults an amount in the fee amount due field as a place holder. This will change when an amount is typed into the direct written premium field. 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.**

Please complete all blanks on the form. The NAIC number is a five (5) digit number. Do not include the NAIC group number. We require 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. **DO NOT PUT A PO BOX ADDRESS ON THIS FORM.**

Submit one form and one check for each company. If you send one check for several companies, be returned for correction. *It is not required that an officer of the company sign the form.*

Form AID AC CFRF
Rev. 2014

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		
CITY, STATE, ZIP CODE		
CONTACT PERSON		TITLE
TELEPHONE NUMBER	EXT	FAX NUMBER
EMAIL ADDRESS		

CHECK MADE PAYABLE TO: THE STATE INSURANCE DEPARTMENT TRUST FUND

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

*FROM ANNUAL STATEMENT, ARKANSAS PAGE DIRECT WRITTEN PREMIUMS (2013)

$_____
(amount of direct written premium)

AMOUNT OF ADMINISTRATIVE AND FINANCIAL REGULATION FEE ENCLOSED

$ 500.00
(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 2013.**

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

Printed Name of Person Signing form:_____

Title of Person Signing form:_____