



**ARKANSAS INSURANCE DEPARTMENT
 1200 WEST THIRD STREET
 LITTLE ROCK, AR 72201-1904
 PHONE (501)371-2605 FAX (501)682-6679**

ANTIFRAUD ASSESSMENT INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM:

DUE DATE: JUNE 30, 2016

The Department DOES NOT HONOR POSTMARKS. Please ensure delivery by the due date.

INSURER MUST SUBMIT THE FOLLOWING:

- 1) FORM FR2016 (ANTIFRAUD ASSESSMENT FORM)
- 2) 1 COPY OF SCHEDULE T
- 3) PAYMENT MADE PAYABLE TO STATE INSURANCE DEPARTMENT CRIMINAL INVESTIGATION DIVISION TRUST FUND (REFER TO THE ANTIFRAUD ASSESSMENT SCHEDULE)

MAIL FORMS AND PAYMENT TO:

**Arkansas Insurance Department
 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 THE ACCOUNTING DIVISION WEBPAGE.

ANTIFRAUD ASSESSMENT SCHEDULE

The Antifraud Assessment shall be determined and paid in accordance with the following schedule:

<u>ARKANSAS PREMIUMS</u>	<u>ANTIFRAUD ASSESSMENT</u>
\$ 0 - 2,499,999	\$ 400
2,500,000 - 4,999,999	600
5,000,000 - 7,499,999	650
7,500,000 - 9,999,999	700
10,000,000 - 19,999,999	750
20,000,000 - 29,999,999	800
30,000,000 - 49,999,999	850
50,000,000 - 74,999,999	900
75,000,000 - 99,999,999	950
100,000,000 AND UP	1,000

Please note that all companies licensed in the state of Arkansas, even though they may not have written or renewed policies, must pay the minimum payment of \$400.

PAYMENT UPON VOLUNTARY WITHDRAWAL:

Any insurer voluntarily withdrawing from the State of Arkansas, or voluntarily surrendering its Arkansas Certificate of Authority for cancellation, shall report and pay the assessment owed under this rule for the final report or calendar year of withdrawal before the Department cancels or expires the Arkansas license and before the Department releases any security deposit of the withdrawing insurer.

WAIVERS:

The Insurance Commissioner may, at his/her discretion, waive all or any part of the antifraud assessment for the following conditions:

- Upon the suspension or revocation of the insurer's Arkansas Certificate of Authority
- Upon issuance of a court order placing the company into conservation, rehabilitation or liquidation in any state
- Upon a finding that the insurer is impaired or insolvent.

A request for such a waiver must be in writing, stating the specific grounds therefore, and must be received, along with the completed FR2016 form, no later than the due date for the antifraud assessment payment. There are no legal grounds for requesting a waiver other than those referenced in this paragraph.

PENALTIES FOR NONCOMPLIANCE:

The Insurance Commissioner may grant any licensed insurer an extension for payment of the above annual assessment for good cause shown, upon written application of the licensed insurer received at the Insurance Department on or before each annual due date. Absent approval for an extension of time to pay, **LICENSED INSURERS FAILING TO TIMELY PAY THIS ASSESSMENT SHALL BE SUBJECT TO A PENALTY OF \$100 PER DAY FOR EACH DAY OF DELINQUENCY. A DELINQUENT INSURER MAY ALSO BE SUBJECT TO REVOCATION OF ITS CERTIFICATE OF AUTHORITY.**

For further information about the Antifraud Assessment, please reference **ACT 337 of 1997 [A.C.A. §23-100-101, ET SEQ.]**

Please direct all inquiries concerning this assessment to the Accounting Division at (501) 371-2605.

DO NOT INCLUDE ANY OTHER PAYMENT OR FILING TO THE DEPARTMENT WITH THIS PAYMENT.



ARKANSAS INSURANCE DEPARTMENT **FR2016**

ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE (501)371-2605 FAX (501)682-6679

STATE OF ARKANSAS
Federal ID Number 71-0847443

ANTIFRAUD ASSESSMENT

MUST BE RECEIVED NO LATER THAN JUNE 30, 2016

ANTIFRAUD ASSESSMENT SCHEDULE

The Antifraud Assessment shall be determined and paid in accordance with the following schedule:

<u>ARKANSAS PREMIUMS</u>	<u>ANTIFRAUD ASSESSMENT</u>
\$ 0 - 2,499,999	\$ 400
2,500,000 - 4,999,999	600
5,000,000 - 7,499,999	650
7,500,000 - 9,999,999	700
10,000,000 - 19,999,999	750
20,000,000 - 29,999,999	800
30,000,000 - 49,999,999	850
50,000,000 - 74,999,999	900
75,000,000 - 99,999,999	950
100,000,000 AND UP	1,000

Please note that all companies licensed in the state of Arkansas, even though they may not have written or renewed policies, must pay the minimum payment of \$400.

Payable To: **STATE INSURANCE DEPARTMENT CRIMINAL INVESTIGATION DIVISION TRUST FUND**

Company Name _____

Mailing Address _____

NAIC Company Code Number _____ NAIC Group Code _____

Employer Identification Number _____

Company Contact Person (for Assessment) _____

Phone Number for Contact Person _____

Email Address for Contact Person _____

2015 ARKANSAS PREMIUMS/ANNUITIES _____

COMPUTED ASSESSMENT _____