



**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,
ANNUAL CONTINUATION FILING FEE FOR
APPROVED FOREIGN SURPLUS LINES INSURERS**

Pursuant to ACA 23-61-401 & Department Rule & Regulation 57, all approved foreign surplus lines insurers are required to file form SLI-T along with their fee payment by March 1st each year. We do not honor the postmark, it must be in our office on or before March 1st or it will be considered late. No reminder will be sent. It is the company's responsibility to file on time each year.

This filing must be sent to the attention of the Accounting Division. Do not send with any other correspondence or filings. **Do not send to the Finance Division, they do not have anything to do with this filing, and this delays your filing being processed.**

Pursuant to Department Rule & Regulation 57, all checks must be made payable to The State Insurance Department Trust Fund. No exceptions.

You are required to go to our website, located at www.insurance.arkansas.gov/Accounting/divpage.htm each year and print off the current form. The form changes every year. **We do not accept software company forms or recreated forms of any kind. PLEASE DO NOT DUPLEX THE INSTRUCTIONS & FORM.** We do not want/need the instruction page returned with the form. 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, 2009

ANNUAL CONTINUATION FILING FEE FOR APPROVED FOREIGN SURPLUS LINES INSURERS

STATE OF DOMICILE	NAIC COMPANY CODE (5 digit code)	
COMPANY NAME		
MAILING ADDRESS		
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. DO NOT SEND WITH ANY OTHER CORRESPONDENCE, ANNUAL STATEMENT OR FILING.

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)