

# Arkansas Insurance Department

Asa Hutchinson  
Governor



Alan McClain  
Commissioner

November 9, 2020

**BULLETIN NO.:** 30--2020

**TO:** ALL LICENSED PROPERTY INSURERS, FARMERS MUTUAL AID COMPANIES AND ASSOCIATIONS, NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS, TRADE ASSOCIATIONS, AND OTHER INTERESTED PARTIES

**FROM:** ARKANSAS INSURANCE DEPARTMENT

**SUBJECT:** ASSESSMENT BY ARKANSAS RURAL RISK UNDERWRITING ASSOCIATION

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Arkansas Code Annotated § 23-88-306(a)(3)(A) provides that, "The governing board shall be empowered to make assessments as may be necessary to provide funds needed to make payment of all loss claims and expenses of the association."


Arkansas Code Annotated § 23-88-306(d) further provides that members of the Arkansas Rural Risk Underwriting Association ("ARRUA") may be assessed an amount not to exceed two hundred dollars (\$200.00) annually, if needed, for expenses of mailing volunteer fire department renewal subscription notices.

Pursuant to the statute cited above, the ARRUA Board has determined that an assessment is needed for the year 2020.

The attached form and remittance of two hundred dollars (\$200.00) per company, made payable to the "Arkansas Rural Risk Underwriting Association" must be mailed to ARRUA, Dept. #40153, PO Box 9668, Conway, AR 72032. The assessment is due by December 31, 2020.

Questions regarding this Bulletin should be directed to Becky Harrington, Property and Casualty Compliance Officer, Arkansas Insurance Department, Compliance Division, at 501-371-2800 or by e-mail at [Becky.Harrington@arkansas.gov](mailto:Becky.Harrington@arkansas.gov), or Brenna Graham, ARRUA Plan Manager, at 479-636-2872 or by e-mail at [Brenna@fpmutual.com](mailto:Brenna@fpmutual.com)

  
\_\_\_\_\_  
ALAN MCCLAIN  
ARKANSAS INSURANCE COMMISSIONER

  
\_\_\_\_\_  
DATE

ARKANSAS RURAL RISK UNDERWRITING ASSESSMENT  
ACT 1326 OF 2003

DUE BY DECEMBER 31, 2020  
Mail this form to:  
ARRUA  
Dept. #40153  
P.O. Box 9668  
Conway, AR 72032

DATE: \_\_\_\_\_

NAME OF COMPANY\*: \_\_\_\_\_

NAIC \_\_\_\_\_

COMPANY CONTACT NAME: \_\_\_\_\_

COMPANY CONTACT PHONE NUMBER:

E-MAIL ADDRESS: \_\_\_\_\_

CHECK \_\_\_\_\_

AMOUNT OF CHECK: \_\_\_\_\_ \$200.00 FOR EACH COMPANY REPORTED ON THIS FORM- REMIT TO THE ARKANSAS RURAL RISK UNDERWRITING ASSOCIATION TO THE ATTENTION OF BRENN A GRAHAM, ARRUA PLAN MANAGER, AT THE ADDRESS ABOVE)

*\*Please note that if submission is made for a group of companies, each company and its NAIC number must be listed here:*

<u>Name of Company</u>	<u>NAIC#</u>
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(Attach additional pages if required)