



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
FINANCIAL AFFAIRS SECTION / ANALYTICAL UNIT 0576
500 James Robertson Parkway – 4th Floor
Nashville, Tennessee 37243
(615) 741-1670**

Fraternal Benefit Society
(To Be Filed On or Before March 1)

Calendar Year: _____

Company Name: _____

NAIC Cocode: _____

Contact Person: _____

Address: _____
City, State Zip _____

Phone #: _____

Source Code: CI364 880/554 \$525.00

According to Tenn. Code Ann. § 56-25-1603, a Fraternal Benefit Society is required to pay a license renewal fee of ten dollars (\$10). Also, an annual statement filing fee of five hundred-fifteen dollars (\$515) is required according to Tenn. Code Ann. § 56-4-101.

Please send this payment of five hundred-twenty five dollars (\$525) along with a cover letter or a copy of this letter to:

State of Tennessee
Department of Commerce and Insurance
Division of Insurance
PO Box 198983
Nashville, TN 37219-8983

**PLEASE MAIL THIS PAYMENT SEPARATE FROM THE
ANNUAL STATEMENT FILING**

Premium Tax Forms Website: <http://www.state.tn.us/commerce/insurance/fraternalcompanyRes.shtml>

Should you have any questions concerning the above, please contact the Premium Tax Section at (615) 741-1670.