



**CI364 880/554 \$525.00**

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

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

Calendar Year: \_\_\_\_\_

Company Name: \_\_\_\_\_

NAIC Cocode: \_\_\_\_\_ Domiciliary State \_\_\_\_\_

Address: \_\_\_\_\_  
City, State Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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.