

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE
FRATERNALS
FEES RETURN**

Filed With the Annual Statement for the
Year Ending _____

NAIC#: _____

NAME OF COMPANY: _____

FEIN#: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE NO: _____

E-MAIL ADDRESS: _____

Amount of Fee paid to renew Certificate of Authority PI

\$ _____ 55.00 _____

Amount of Fee paid to file Annual Statement

PJ

\$ _____ 25.00 _____

Check# _____