

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
Risk Retention Groups
ANNUAL REGISTRATION TRANSMITTAL FORM

Due No later than January 1, _____

PENALTIES – It is the responsibility of the Risk Retention Group to submit the Annual Registration fee of \$200.00 by January 1 of each year. Failure to do so will remove the Risk Retention Group from the registry.

The Department has established a lockbox operation for the receipt of all Premium Taxes and Fees. Please use the following checklist to assure that your payment is received and recorded correctly.

- () Make checks payable to the: Alabama Department of Insurance.
- () Mail this Form and a Check to the address below:

POSTAL SERVICE
Alabama Department of Insurance
c/o Compass Bank
P. O. Box 830707
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE
Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#: _____

Risk Retention Group

Address _____

City, State, Zip _____

Contact Person _____

Telephone _____

E-Mail Address _____

Annual Registration Fee \$200.00 due by January 1 of each year)

PK \$ _____

Check Number - - - - -