

**ID-15**

**STATE OF ALABAMA  
DEPARTMENT OF INSURANCE**

**SL**

**Surplus Lines Brokers**  
For the Period Ending \_\_\_\_\_

Broker No. \_\_\_\_\_

Surplus Lines Broker \_\_\_\_\_  
Name of Brokerage Company \_\_\_\_\_  
Address \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

	GROSS PREMIUM	RETURN PREMIUM	NET PREMIUM
			\$ _____
			Gross SL Tax
			Less: Exam Fee Deduction

Total Amount of Tax Due for this Report \$ \_\_\_\_\_

Total No. of pages in this Report \_\_\_\_\_

\_\_\_\_\_  
Surplus Lines Broker

Sworn To and Subscribed Before Me  
This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

SEAL

\_\_\_\_\_

**POSTAL SERVICE**  
Alabama Department of Insurance  
c/o Compass Bank  
P.O. Box 830691  
Birmingham, AL 35283-0691

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