

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL AUDIT AND EXAMINATION FEE TRANSMITTAL FORM

PR

INSTRUCTIONS

All Companies licensed in the State of Alabama must pay the ANNUAL AUDIT AND EXAMINATION FEE of \$750.00. The only exceptions are Mutual Aid Associations, Fraternal Benefits societies, and HMOs. The Fee for Mutual Aids and Fraternals is \$175 and the fee for HMOs is \$250. Surplus line insurers doing business in Alabama must pay the Annual Audit and Examination Fee of \$750.

() Make checks payable to the: Alabama Department of Insurance (the Department does not have an EFT account at this time)

() Please make note: this P.O. Box number is different from the Premium Tax P. O. Box number,

() Mail this form, and check to:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830707
Birmingham, AL 35283-0707

COURIER OR EXPRESS SERVICE

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

NAIC NUMBER#:

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

CONTACT PERSON _____

TELEPHONE _____

E-MAIL ADDRESS _____

1. ANNUAL FEE (Due March 1st of each year)

PR: \$

Check Number

**IF THE ABOVE CHECK INCLUDES PAYMENTS FOR MORE THAN ONE COMPANY
LIST ADDITIONAL COMPANIES ON THE REVERSE SIDE.**

STATE OF ALABAMA**PR**
DEPARTMENT OF INSURANCE
ANNUAL AUDIT AND EXAMINATION FEE TRANSMITTAL FORM

	<u>COMPANY NAME</u>	<u>NAIC #:</u>
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STATE OF ALABAMA
DEPARTMENT OF INSURANCE
Purchasing Groups
ANNUAL REGISTRATION TRANSMITTAL FORM

Due No later than January 1, _____

PENALTIES – It is the responsibility of the Purchasing Group to submit the Annual Registration fee of \$100.00 by January 1 of each year. Failure to do so will remove the Purchasing Group from the registry.

The Department has established a lock box operation for the receipt of all 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 35283-0707

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

CoCode

Purchasing Group _____

Address _____

City, State, Zip _____

Contact Person _____

Telephone _____

Annual Registration Fee (\$100 due by January 1 of each year)

PH \$ _____

Check Number - - - - -

**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 \$150.00 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 \$150.00 due by January 1 of each year)

PK \$ _____

Check Number ------

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ACCEPTED REINSURER ANNUAL MAINTENANCE FEE TRANSMITTAL
FORM**

INSTRUCTIONS

All Accepted Reinsurers in the State of Alabama must pay the ANNUAL MAINTENANCE FEE of \$200.00.

- **Make checks payable to the: Alabama Department of Insurance (the Department does not have an EFT account at this time)**
 - **Mail this form, and check to:**

POSTAL SERVICE

Alabama Department of Insurance
C/O Examination Division
PO Box 303351
Montgomery, AL 36130

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
C/O Examination Division
201 Monroe Street, Suite 1700
Montgomery, AL 36104

NAIC NUMBER#:

COMPANY NAME

ADDRESS

CITY, STATE, ZIP

CONTACT PERSON

TELEPHONE

1. ANNUAL FEE (Due with the submission of the annual statement -\$200.00)

\$

Check Number

**IF THE ABOVE CHECK INCLUDES PAYMENTS FOR MORE THAN ONE COMPANY
LIST ADDITIONAL COMPANIES ON THE REVERSE SIDE.**

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ACCEPTED REINSURER ANNUAL MAINTENANCE FEE TRANSMITTAL
FORM

	<u>COMPANY NAME</u>	<u>NAIC #:</u>
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