# STATE OF ALABAMA DEPARTMENT OF INSURANCE
# 2006 ANNUAL BUSINESS ENTITY PRODUCER LICENSE
# RENEWAL FORM
# OCTOBER 1, 2005

**AMOUNT DUE: $50.00**

Return this form with the AMOUNT DUE as indicated for the 2006 annual renewal of your Business Entity Producer License.

**PAYMENT IS DUE BY NOVEMBER 15, 2005. Any renewal form and AMOUNT DUE not received by November 15, 2005, will be subject to a $50.00 late fee.**

**The license of any Business Entity Producer not renewed by December 31, 2005, shall be deemed to expire at midnight on December 31, 2005.**

I hereby request renewal of the license of the above named Business Entity.

_____
*Signature of Authorized Representative*

_____
*Date*

_____
*Name of Authorized Representative (Please Print)*

**National Producer #:**

**Name of Business Entity:**

**License Type:** 10

**License Number:**

Mail payment and a copy of this form to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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# SECOND NOTICE

## STATE OF ALABAMA DEPARTMENT OF INSURANCE
## 2006 ANNUAL BUSINESS ENTITY PRODUCER LICENSE
## RENEWAL FORM
## NOVEMBER 15, 2005

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**TOTAL AMOUNT DUE: $100.00**

Return this form with the TOTAL AMOUNT DUE as indicated for the 2006 annual renewal of your Business Entity Producer License.

**PAYMENT IS DUE BY December 31, 2005. Your original form and payment were not returned by November 15, 2005. Therefore, a late fee of $50.00 was added to the renewal fee of $50.00, for A TOTAL AMOUNT DUE OF $ 100.00.**

**The license of any Business Entity Producer not renewed by December 31, 2005, shall be deemed to expire at midnight on December 31, 2005.**

I hereby request renewal of the license of the above named Business Entity.

_____
*Signature of Authorized Representative*

_____
*Date*

_____
*Name of Authorized Representative (Please Print)*

**National Producer #:**

**Name of Business Entity:**

**License Type:** 10

**License Number:**

Mail payment and a copy of this form to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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# STATE OF ALABAMA DEPARTMENT OF INSURANCE
# 2006 ANNUAL BUSINESS ENTITY PRODUCER LICENSE
# SUPPLEMENTAL RENEWAL FORM
# JANUARY 2, 2006

**AMOUNT DUE: $50.00**

Return this form with the AMOUNT DUE as indicated for the 2006 annual renewal of your Business Entity Producer License.

**PAYMENT IS DUE BY FEBRUARY 15, 2006 Any renewal form and AMOUNT DUE not received by this date will be expired effective December 31, 2005.**

I hereby request renewal of the license of the above named Business Entity.

_____
*Signature of Authorized Representative*

_____
*Date*

_____
*Name of Authorized Representative (Please Print)*

**National Producer #:**

**Name of Business Entity:**

**License Type:** 10

**License Number:**

Mail payment and a copy of this form to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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# STATE OF ALABAMA DEPARTMENT OF INSURANCE
# 2006 ANNUAL SURPLUS LINE BROKER LICENSE RENEWAL FORM
# OCTOBER 1, 2005

**AMOUNT DUE: $200.00**

Return this form with the AMOUNT DUE as indicated for the 2006 annual renewal of your Surplus Line Broker License.

**PAYMENT IS DUE BY DECEMBER 31, 2005. Surplus Line Broker licenses shall be deemed to expire at midnight on December 31, 2005, if fees are not received.**

**If your license expires, you must submit a new Form AL-SLB-1 (Application for Individual Surplus Line Broker License) to again activate this license. This form can be accessed at www.aldoi.gov.**

I hereby request renewal of my Surplus Line Broker license.

_____
*Signature of Surplus Line Broker*

_____
*Date*

**National Producer #:**

**Name of Surplus Line Broker:**

**License Type:** 6

**License Number:**

Mail payment and a copy of this invoice to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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# STATE OF ALABAMA DEPARTMENT OF INSURANCE
# 2006 ANNUAL SURPLUS LINE BROKER LICENSE RENEWAL FORM
# SUPPLEMENTAL
# JANUARY 2, 2005 → current year

**AMOUNT DUE: $200.00**

Return this form with the AMOUNT DUE as indicated for the 2006 annual renewal of your Surplus Line Broker License.

**PAYMENT IS DUE BY FEBRUARY 15, 2005.** current year **Surplus Line Broker licenses shall be deemed to expire at midnight on December 31, 2005, if fees are not received.**

**If your license expires, you must submit a new Form AL-SLB-1 (Application for Individual Surplus Line Broker License) to again activate this license. This form can be accessed at www.aldoi.gov.**

I hereby request renewal of my Surplus Line Broker license.

_____
*Signature of Surplus Line Broker*

_____
*Date*

**National Producer #:**

**Name of Surplus Line Broke**

**License Type:** 6

**License Number:**

Mail payment and a copy of this invoice to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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# STATE OF ALABAMA
# DEPARTMENT OF INSURANCE
# 2006 APPOINTMENT CONTINUATION INVOICE
# JANUARY 2, 2006

**TOTAL AMOUNT DUE: $50.00**

COMPANY NAME

FEIN:
LICENSE TYPE: 99
NAIC NUMBER:

This Invoice represents the appointment continuation fee for all Producers and Service Representatives appointed with the company referenced above whose appointments were not terminated by December 31, 2005. These appointments have been deemed continued effective January 1, 2006.

Upon receipt of this invoice, you must print the final list of producer and service representative appointments deem continued with your company. You will find this list on our website at www.aldoi.gov under the 2006 Company Appointment Continuation. Please read the instructions, type in your company number and password, and click the submit button. A list of your appointments will appear and a link is provided for you to print the list. **Please discard all previous lists.**

**PAYMENT OF THIS INVOICE IN FULL IS DUE UPON RECEIPT.**

Failure to pay this invoice in full prior to January 31, 2006, will result in the issuance of an order requiring the insurer to show good cause as to why the certificate of authority for the insurer should not be suspended for its failure to remit payment of the invoice for appointment continuation fees prior to January 31, 2006.

Mail payment and a copy of this invoice to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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# SECOND NOTICE

## STATE OF ALABAMA
## DEPARTMENT OF INSURANCE
## 2006 APPOINTMENT CONTINUATION INVOICE

~~JULY 28, 2005~~ TODAY'S DATE

**TOTAL AMOUNT DUE: $50.00**

COMPANY NAME

FEIN:
LICENSE TYPE: 99
NAIC NUMBER:

This Invoice represents the appointment continuation fee for all Producers and Service Representatives appointed with the company referenced above whose appointments were not terminated by December 31, 2005. These appointments have been deemed continued effective January 1, 2006.

Upon receipt of this invoice, you must print the final list of producer and service representative appointments deem continued with your company. You will find this list on our website at www.aldoi.gov under the 2006 Company Appointment Continuation. Please read the instructions, type in your company number and password, and click the submit button. A list of your appointments will appear and a link is provided for you to print the list. **Please discard all previous lists.**

**PAYMENT OF THIS INVOICE IN FULL IS DUE UPON RECEIPT.**

Failure to pay this invoice in full prior to January 31, 2006, will result in the issuance of an order requiring the insurer to show good cause as to why the certificate of authority for the insurer should not be suspended for its failure to remit payment of the invoice for appointment continuation fees prior to January 31, 2006.

**THIS IS A SECOND NOTICE. IF YOU HAVE ALREADY PAID THIS INVOICE, PLEASE IGNORE THIS REQUEST.**

Mail payment and a copy of this invoice to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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# STATE OF ALABAMA DEPARTMENT OF INSURANCE
# 2006 ANNUAL ADJUSTER RENEWAL FORM
# OCTOBER 1, 2005

**AMOUNT DUE: $40.00**

Return this form with the AMOUNT DUE as indicated for the 2006 annual renewal of your Adjuster License.

**PAYMENT SHOULD BE MAILED BY NOVEMBER 15, 2005. Adjuster licenses will expire on December 31, 2005, if fees are not received.**

**If your license expires, you must submit a new Form AL-90 (Application for Adjuster's License) to again activate this license. This form can be accessed at www.aldoi.gov.**

I hereby request renewal of my Adjuster License.

_____
*Signature of Adjuster*

_____
*Name of Adjuster (Please Print)*

_____
*Date*

**National Producer #:**

**Name of Adjuster**

**License Type:** 7

**License Number:**

Mail payment and a copy of this form to:

**Alabama Department of Insurance**
**Producer Licensing Division**
**P O Box 830922**
**Birmingham, AL 35283-0922**

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# SECOND NOTICE

## STATE OF ALABAMA DEPARTMENT OF INSURANCE
## 2006 ANNUAL ADJUSTER RENEWAL FORM
## AUGUST 18, 2005 <TODAY'S DATE>

| | |
|---|---|
| Renewal Fee: | $ 40.00 |
| Late Fee: | 20.00 |
| **AMOUNT DUE:** | **$ 60.00** |

Return this form with the AMOUNT DUE as indicated for the 2006 annual renewal of your Adjuster License.

**PAYMENT MUST BE RECEIVED BY FEBRUARY 15, 2006. Adjuster licenses will expire effective December 31, 2005, if fees are not received.**

**If your license expires, you must submit a new Form AL-90 (Application for Adjuster's License) to again activate this license. This form can be accessed at www.aldoi.gov.**

I hereby request renewal of the license of the above named Adjuster.

_____
*Signature of Authorized Company Representative*

_____
*Name of Authorized Representative (Please Print)*

_____
*Date*

**National Producer #:**

**Name of Adjuster**

**License Type:** 7

**License Number:**

Mail payment and a copy of this form to:

**Alabama Department of Insurance**
**Producer Licensing Division**
**P O Box 830922**
**Birmingham, AL 35283-0922**

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# STATE OF ALABAMA DEPARTMENT OF INSURANCE
# 2006 ANNUAL ADJUSTER SUPPLEMENTAL RENEWAL FORM
# JANUARY 2, 2006

**AMOUNT DUE: $40.00**

Return this form with the AMOUNT DUE as indicated for the 2006 annual renewal of your Adjuster License.

**PAYMENT SHOULD BE RECEIVED BY FEBRUARY 15, 2006. Adjuster licenses will expire effective December 31, 2005, if fees are not received.**

**If your license expires, you must submit a new Form AL-90 (Application for Adjuster's License) to again activate this license. This form can be accessed at www.aldoi.gov.**

I hereby request renewal of the license of the above named Adjuster.

_____
*Signature of Adjuster*

_____
*Name of Adjuster (Please Print)*

_____
*Date*

**National Producer #**

**Name of Adjuster:**

**License Type:** 7

**License Number**

Mail payment and a copy of this form to:

**Alabama Department of Insurance**
**Producer Licensing Division**
**P O Box 830922**
**Birmingham, AL 35283-0922**

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# STATE OF ALABAMA DEPARTMENT OF INSURANCE
# 2006 TITLE AGENT AUTHORITY CONTINUATION INVOICE
# JANUARY 2, 2006

**TOTAL AMOUNT DUE: $600.00**

TITLE COMPANY

FEIN:
LICENSE TYPE: 15
NAIC NUMBER:

This Invoice represents the continuation fee for all Title Insurance Agents currently authorized to represent the title insurance company referenced above. The certificates of authority have been deemed continued effective January 1, 2006.

Upon receipt of this invoice, you must print the final list of title agent certificates of authority deemed continued with your company. You will find this list on our website at www.aldoi.gov under 2006 Company Appointment Continuation. Please read the instructions, type in your company number and password, and click the submit button. A list of your agents will appear and a link is provided for you to print. **Please discard all previous lists.**

**PAYMENT OF THIS INVOICE IN FULL IS DUE UPON RECEIPT.**

Failure to pay this invoice in full prior to January 31, 2006, will result in the issuance of an order requiring the insurer to show good cause as to why the certificate of authority for the insurer should not be suspended for its failure to remit payment of the invoice for appointment continuation fees prior to January 31, 2006.

Mail payment and a copy of this invoice to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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# SECOND NOTICE
# STATE OF ALABAMA DEPARTMENT OF INSURANCE
# 2006 TITLE AGENT AUTHORITY CONTINUATION INVOICE

~~JULY 28, 2005~~ TODAY'S DATE

**TOTAL AMOUNT DUE: $600.00**

TITLE COMPANY

FEIN:
LICENSE TYPE: 15
NAIC NUMBER:

This Invoice represents the continuation fee for all Title Insurance Agents currently authorized to represent the title insurance company referenced above. The certificates of authority have been deemed continued effective January 1, 2006.

Upon receipt of this invoice, you must print the final list of title agent certificates of authority deemed continued with your company. You will find this list on our website at www.aldoi.gov under 2006 Company Appointment Continuation. Please read the instructions, type in your company number and password, and click the submit button. A list of your agents will appear and a link is provided for you to print. **Please discard all previous lists.**

**PAYMENT OF THIS INVOICE IN FULL IS DUE UPON RECEIPT.**

Failure to pay this invoice in full prior to January 31, 2006, will result in the issuance of an order requiring the insurer to show good cause as to why the certificate of authority for the insurer should not be suspended for its failure to remit payment of the invoice for appointment continuation fees prior to January 31, 2006.

**THIS IS A SECOND NOTICE. IF YOU HAVE ALREADY PAID THIS INVOICE, PLEASE IGNORE THIS REQUEST.**

Mail payment and a copy of this invoice to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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# STATE OF ALABAMA DEPARTMENT OF INSURANCE
# 2006 ANNUAL BUSINESS ENTITY SURPLUS LINE BROKER LICENSE RENEWAL FORM
## July 26, 2005

**AMOUNT DUE: $500.00**

Return this form with the AMOUNT DUE as indicated for the 2006 annual renewal of your Business Entity Surplus Line Broker License.

**PAYMENT IS DUE BY DECEMBER 31, 2005. This licenses shall be deemed to expire at midnight on December 31, 2005, if fees are not received.**

**If your license expires, you must submit a new Uniform Application for Business Entity to again activate this license. This form can be accessed at www.aldoi.gov.**

I hereby request renewal of the license of the above named Business Entity Surplus Line Broker.

_____
*Signature of Authorized Representative*

_____
*Date*

_____
*Name of Authorized Representative (Please Print)*

**National Producer #:**

**Name of Surplus Line Broker:**

**License Type:** 16

**License Number:**

Mail payment and a copy of this invoice to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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# STATE OF ALABAMA DEPARTMENT OF INSURANCE
# 2006 ANNUAL BUSINESS ENTITY SURPLUS LINE BROKER LICENSE
# SUPPLEMENTAL RENEWAL FORM
# JANUARY 2, 2005 - current year

**AMOUNT DUE: $500.00**

Return this form with the AMOUNT DUE as indicated for the 2006 annual renewal of your Business Entity Surplus Line Broker License. - current year

**PAYMENT IS DUE BY FEBRUARY 15, 2005. This licenses shall be deemed to expire at midnight on December 31, 2005, if fees are not received.**

**If your license expires, you must submit a new Uniform Application for Business Entity to again activate this license. This form can be accessed at www.aldoi.gov.**

I hereby request renewal of the license of the above named Business Entity Surplus Line Broker.

_____
*Signature of Authorized Representative*

_____
*Date*

_____
*Name of Authorized Representative (Please Print)*

**National Producer #:**

**Name of Surplus Line Broker:**

**License Type:** 16

**License Number:**

Mail payment and a copy of this invoice to:

**Producer Licensing Division**
**Department of Insurance**
**P.O. Box 830922**
**Birmingham, Alabama 35283-0922**

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