

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

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 Fraternal 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#:	<input style="width: 100%; height: 20px;" type="text"/>						
COMPANY NAME	_____						
ADDRESS	_____						
CITY, STATE, ZIP	_____						
CONTACT PERSON	_____						
TELEPHONE	_____						
E-MAIL ADDRESS	_____						
<table style="width: 100%; border: 1px solid black;"><tr><td style="width: 50%;">1. ANNUAL FEE (Due March 1st of each year)</td><td style="width: 10%; text-align: right;">PR:</td><td style="width: 40%;"><input style="width: 95%; height: 20px;" type="text"/></td></tr><tr><td></td><td style="text-align: right;">Check Number</td><td><input style="width: 95%; height: 20px;" type="text"/></td></tr></table>		1. ANNUAL FEE (Due March 1 st of each year)	PR:	<input style="width: 95%; height: 20px;" type="text"/>		Check Number	<input style="width: 95%; height: 20px;" type="text"/>
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	Check Number	<input style="width: 95%; height: 20px;" type="text"/>					

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
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
RENEWAL APPLICATION FEE TRANSMITTAL FORM

SC

INSTRUCTIONS

Each year after initial registration, Service Contract Providers must pay a yearly renewal fee of \$200.00, which is due by December 31.

() 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 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

SCP LICENSE #: _____

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

CONTACT PERSON _____

TELEPHONE _____

E-MAIL ADDRESS _____

1. ANNUAL FEE (Due December 31 of each year)

SC: \$ _____

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 Compass Bank
PO 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	_____				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1. ANNUAL FEE (Due with the submission of the annual statement -\$200.00)</td> <td style="border: 1px solid black; background-color: #e0ffe0; width: 100px; text-align: center;">\$ _____</td> </tr> <tr> <td>Check Number</td> <td style="border: 1px solid black; background-color: #e0ffe0; height: 25px;"></td> </tr> </table>		1. ANNUAL FEE (Due with the submission of the annual statement -\$200.00)	\$ _____	Check Number	
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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