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.**

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Signature of Surplus Line Broker

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Date

National Producer #:

Name of Surplus Line Broke

License Type: 6

License Number:

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P.O. Box 830922
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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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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 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.aldol.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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