

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 \$500.00. The only exceptions are Mutual Aid Associations, Fraternal Benefits societies, and HMOs. The Fee for these Companies is \$150.

- () 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	_____				
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">1. ANNUAL FEE (Due March 1st of each year: All Companies \$500.00 <i>Except: HMOs, Fraternal, and Mutual Aid Associations: \$150.00</i>)</td><td style="width: 40%;">PR: \$ <input style="width: 90%; height: 20px;" type="text"/></td></tr><tr><td>Check Number</td><td><input style="width: 90%; height: 20px;" type="text"/></td></tr></table>		1. ANNUAL FEE (Due March 1 st of each year: All Companies \$500.00 <i>Except: HMOs, Fraternal, and Mutual Aid Associations: \$150.00</i>)	PR: \$ <input style="width: 90%; height: 20px;" type="text"/>	Check Number	<input style="width: 90%; height: 20px;" type="text"/>
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Check Number	<input style="width: 90%; 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>
1.		
2.		
3.		
4.		
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15.		

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 \$100.00 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#: _____

[Redacted NAIC# box]

Risk Retention Group _____

Address _____

City, State, Zip _____

Contact Person _____

Telephone _____

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

PK \$ _____

Check Number -----

[Redacted Check Number box]