

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 32<sup>nd</sup> Street  
Birmingham, AL 35233

NAIC#: \_\_\_\_\_

[Redacted NAIC# box]

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 \$ [Redacted]

Check Number - - - - -

[Redacted Check Number box]