

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

INSTRUCTIONS

The only companies required to use this transmittal form are **FRATERNAL BENEFIT SOCIETIES** and **SURPLUS LINES INSURERS DOING BUSINESS IN ALABAMA**.

- Fraternal fees are \$325
- Surplus Lines Insurer fees are \$950

****The remaining companies that are required to pay the annual audit and examination fee must submit through OPTins with premium taxes.**

- () Make checks payable to the: **Alabama Department of Insurance**
- () 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#:

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

CONTACT PERSON _____

TELEPHONE _____

E-MAIL ADDRESS _____

1. ANNUAL FEE (Due March 1st of each year)

PR: \$

Check Number

IF THE ABOVE CHECK INCLUDES PAYMENTS FOR MORE THAN ONE COMPANY LIST ADDITIONAL COMPANIES ON THE REVERSE SIDE.

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<u>COMPANY NAME</u>		<u>NAIC #:</u>
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