

ID-15

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE**

SL

Surplus Lines Brokers
For the Period Ending _____

Broker No. _____

Surplus Lines Broker _____

Name of Brokerage Company _____

Address _____

E-Mail Address _____

	GROSS PREMIUM	RETURN PREMIUM	NET PREMIUM
			\$ _____

Net Tax Due for this Report

\$ _____

Less: Exam fee Deduction **

**Please attach documentation

Total Amount of Tax Due for this Report

\$ _____

Total No. of pages in this Report _____

Surplus Lines Broker

Sworn To and Subscribed Before Me

This _____ Day of _____, 20_____

SEAL

POSTAL SERVICE
Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE
Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233