STATE OF ALABAMA
DEPARTMENT OF INSURANCE
MONTGOMERY, ALABAMA 36104

APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY OF INSURANCE COMPANY

TO THE COMMISSIONER OF THE INSURANCE OF THE STATE OF ALABAMA:

Application is hereby made for renewal of Certificate of Authority for the year beginning June 1, 20_____ for the same powers and or lines in insurance as granted under the company's current Certificate of Authority.

NAIC Number_____

Name of Company_____

Statutory Home Office_____
City and State Only

Corporate Seal

IN WITNESS WHEREOF, the said company has caused this application to be signed by its President or Vice-President and Secretary or Assistant Secretary, and attested by its corporate seal on this the _____ day of_____, 20_____.

_____
President or Vice-President

_____
Secretary or Assistant Secretary

DO NOT ATTACH THE COMPANY'S CERTIFICATE OF AUTHORITY RENEWAL FEE TO THIS APPLICATION. THE RENEWAL FEE AND ANNUAL STATEMENT FILING FEE MUST BE ATTACHED TO THE COMPANY'S ANNUAL PREMIUM TAX RETURN. PLEASE REFER TO THE NAIC CHECKLIST LOCATED AT http://www.aldoi.gov/Companies/FilingReqs.aspx FOR DETAILED FILING INSTRUCTIONS FOR THE YEAR.

Revised 10/2012