

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE
FRATERNALS
FEES RETURN**

Filed for the Year Ending _____

NAIC#: _____

NAME OF COMPANY: _____

FEIN#: _____

ADDRESS: _____

TELEPHONE NO.: _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

Amount of Fee paid to renew Certificate of Authority PI

\$ 55.00

Amount of Fee paid to file Annual Statement

PJ

\$ 25.00

Check No. _____