

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

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**INSTRUCTIONS**

All Companies licensed in the State of Alabama must pay the ANNUAL AUDIT AND EXAMINATION FEE of \$950.00. The only exceptions are Mutual Aid Associations, Fraternal Benefits societies, and HMOs. The Fee for Mutual Aids and Fraternal is \$325 and the fee for HMOs is \$400. Surplus line insurers doing business in Alabama must pay the Annual Audit and Examination Fee of \$950.

- ( ) Make checks payable to the: Alabama Department of Insurance (the Department does not have an EFT account at this time)
- ( ) 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 32<sup>nd</sup> Street  
Birmingham, AL 35233

NAIC NUMBER#:	<input style="width: 100%; height: 20px;" type="text"/>				
COMPANY NAME	_____				
ADDRESS	_____				
CITY, STATE, ZIP	_____				
CONTACT PERSON	_____				
TELEPHONE	_____				
E-MAIL ADDRESS	_____				
<table style="width: 100%; border: 1px solid black;"><tr><td style="width: 60%;">1. ANNUAL FEE (Due March 1<sup>st</sup> of each year)</td><td style="width: 40%;">PR: \$ <input style="width: 80%; height: 20px;" type="text"/></td></tr><tr><td style="text-align: right;">Check Number</td><td><input style="width: 80%; height: 20px;" type="text"/></td></tr></table>		1. ANNUAL FEE (Due March 1 <sup>st</sup> of each year)	PR: \$ <input style="width: 80%; height: 20px;" type="text"/>	Check Number	<input style="width: 80%; height: 20px;" type="text"/>
1. ANNUAL FEE (Due March 1 <sup>st</sup> of each year)	PR: \$ <input style="width: 80%; height: 20px;" type="text"/>				
Check Number	<input style="width: 80%; height: 20px;" type="text"/>				

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

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