

STATE OF ALABAMA **PZ**
DEPARTMENT OF INSURANCE
ANNUAL FRAUD UNIT ASSESSMENT TRANSMITTAL FORM
Due June 1, _____

INSTRUCTIONS

All Insurers licensed in the State of Alabama must pay the \$200 ANNUAL FRAUD UNIT ASSESSMENT.

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

() 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 JUNE 1ST OF EACH YEAR)

\$

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>
1.		
2.		
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