



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SEAVIEW INSURANCE COMPANY**  
1000 AVIARA PARKWAY, SUITE 300  
CARLSBAD, CA 92011

CUSTOMER NUMBER
IDA000010004



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CERITY INSURANCE COMPANY**  
10375 PROFESSIONAL CIRCLE  
RENO, NV 89521

CUSTOMER NUMBER
IDA000010006



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEVADA GENERAL INSURANCE COMPANY**  
10409 SOUTH 50TH PLACE, #100  
PHOENIX, AZ 85044

CUSTOMER NUMBER
IDA000010007



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
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**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AFFILIATED FM INSURANCE COMPANY**  
P.O. BOX 7500  
JOHNSTON, RI 02919-0750

CUSTOMER NUMBER
IDA000010014

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTCHESTER FIRE INSURANCE COMPANY**  
436 WALNUT STREET, P.O. BOX 1000  
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000010030



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
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**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LYNDON SOUTHERN INSURANCE COMPANY**  
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 500  
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000010051



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10051-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHUBB NATIONAL INSURANCE COMPANY**  
202B HALL'S MILL ROAD  
WHITEHOUSE STATION, NJ 08889

CUSTOMER NUMBER
IDA000010052



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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SECURIAN CASUALTY COMPANY**  
2960 RIVERSIDE DRIVE  
MACON, GA 31204

CUSTOMER NUMBER
IDA000010054



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL CO**  
189 COMMERCE COURT  
CHESHIRE, CT 06410

CUSTOMER NUMBER
IDA000010069



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
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**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ENCOMPASS INSURANCE COMPANY OF AMERICA**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000010071



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10071-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

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**ENCOMPASS PROPERTY AND CASUALTY COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000010072



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN AGRICULTURAL INSURANCE COMPANY**  
1501 E. WOODFIELD ROAD, SUITE 300W  
SCHAUMBURG, IL 60173

CUSTOMER NUMBER
IDA000010103

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VICTORIA SELECT INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010105



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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA**  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157-6596

CUSTOMER NUMBER
IDA000010111

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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10111-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10111-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SECURITY FIRST INSURANCE COMPANY**  
1001 BROADWAY AVENUE  
ORMOND BEACH, FL 32174

CUSTOMER NUMBER
IDA000010117



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EVEREST NATIONAL INSURANCE COMPANY**  
P.O. BOX 830  
LIBERTY CORNER, NJ 07938-0830

CUSTOMER NUMBER
IDA000010120



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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLIED INSURANCE COMPANY OF AMERICA**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010127



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10127-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SU INSURANCE COMPANY**  
9667 SOUTH 20TH STREET  
OAK CREEK, WI 53154-4931

CUSTOMER NUMBER
IDA000010130



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WELLCARE PRESCRIPTION INSURANCE, INC.**  
P.O. BOX 31391  
TAMPA, FL 33631-3391

CUSTOMER NUMBER
IDA000010155



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-10155-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
FRA22-10155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10155-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACCIDENT FUND INSURANCE COMPANY OF AMERICA**  
P.O BOX 40790  
LANSING, MI 48901-7990

CUSTOMER NUMBER
IDA000010166



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MOUNTAIN STATES INDEMNITY COMPANY**  
1195 RIVER ROAD, P.O. BOX 302  
MARIETTA, PA 17547

CUSTOMER NUMBER
IDA000010177



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FCCI INSURANCE COMPANY**  
6300 UNIVERSITY PARKWAY  
SARASOTA, FL 34240-8424

CUSTOMER NUMBER
IDA000010178



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HISCOX INSURANCE COMPANY INC.**  
104 SOUTH MICHIGAN AVE., SUITE 600  
CHICAGO, IL 60603

CUSTOMER NUMBER
IDA000010200



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONSUMERS INSURANCE USA, INC.**  
471 EAST BROAD STREET  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000010204



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY**  
440 LINCOLN STREET  
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000010212



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN CONTRACTORS INDEMNITY COMPANY**  
801 SOUTH FIGUEROA STREET, SUITE 700  
LOS ANGELES, CA 90017

CUSTOMER NUMBER
IDA000010216



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**QBE REINSURANCE CORPORATION**  
ONE QBE WAY  
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000010219

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10219-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACCELERANT NATIONAL INSURANCE COMPANY**  
400 NORTHRIDGE ROAD  
SUITE 800  
SANDY SPRINGS, GA 30350

CUSTOMER NUMBER
IDA000010220



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITRIN DIRECT INSURANCE COMPANY**  
200 EAST RANDOLPH STREET, STE. 3300  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000010226



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MUNICH REINSURANCE AMERICA, INC.**  
555 COLLEGE ROAD EAST - P.O. BOX 5241  
PRINCETON, NJ 08543

CUSTOMER NUMBER
IDA000010227



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN SOUTHERN INSURANCE COMPANY**  
P O BOX 723030  
ATLANTA, GA 31139-0030

CUSTOMER NUMBER
IDA000010235



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SECURA SUPREME INSURANCE COMPANY**  
P.O. BOX 819  
APPLETON, WI 54912-0819

CUSTOMER NUMBER
IDA000010239



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL CONTINENTAL INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000010243



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10243-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PMI INSURANCE CO.**  
3003 OAK ROAD, SUITE 200  
WALNUT CREEK, CA 94597

CUSTOMER NUMBER
IDA000010287



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-10287-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	4,500.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>5,550.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST ACCEPTANCE INSURANCE COMPANY, INC.**  
3813 GREEN HILLS VILLAGE DRIVE  
NASHVILLE, TN 37215

CUSTOMER NUMBER
IDA000010336



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10336-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STONINGTON INSURANCE COMPANY**  
ONE QBE WAY  
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000010340



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPLOYERS PREFERRED INSURANCE COMPANY**  
10375 PROFESSIONAL CIRCLE  
RENO, NV 89521-4802

CUSTOMER NUMBER
IDA000010346



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARCH REINSURANCE COMPANY**  
445 SOUTH STREET, SUITE 220, P.O. BOX 1988  
MORRISTOWN, NJ 07962-1988

CUSTOMER NUMBER
IDA000010348



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST DAKOTA INDEMNITY COMPANY**  
P.O. BOX 89310  
SIOUX FALLS, SD 57109-9310

CUSTOMER NUMBER
IDA000010351



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10351-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AVEMCO INSURANCE COMPANY**  
8490 PROGRESS DR., SUITE 200  
FREDERICK, MD 21701

CUSTOMER NUMBER
IDA000010367



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10367-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10367-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FAMILY INSURANCE COMPANY**  
6000 AMERICAN PARKWAY  
MADISON, WI 53783-0001

CUSTOMER NUMBER
IDA000010386



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY**  
1314 DOUGLAS STREET, SUITE 1400  
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000010391



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10391-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TEXAS MEDICAL INSURANCE COMPANY**  
P.O. BOX 160140  
AUSTIN, TX 78716-0140

CUSTOMER NUMBER
IDA000010393



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CANAL INSURANCE COMPANY**  
P.O. BOX 7  
GREENVILLE, SC 29602

CUSTOMER NUMBER
IDA000010464



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAPITOL INDEMNITY CORPORATION**  
P.O. BOX 5900  
MADISON, WI 53705-0900

CUSTOMER NUMBER
IDA000010472



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COREPOINTE INSURANCE COMPANY**  
903 NW 65TH STREET, SUITE 300  
BOCA RATON, FL 33487

CUSTOMER NUMBER
IDA000010499

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAROLINA CASUALTY INSURANCE COMPANY**  
11201 DOUGLAS AVE.  
URBANDALE, IA 50322-3707

CUSTOMER NUMBER
IDA000010510



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROSELECT INSURANCE COMPANY**  
ONE FINANCIAL CENTER, 13TH FLOOR  
BOSTON, MA 02111-2621

CUSTOMER NUMBER
IDA000010638



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPLOYERS INSURANCE COMPANY OF NEVADA**  
10375 PROFESSIONAL CIRCLE  
RENO, NV 89521-4802

CUSTOMER NUMBER
IDA000010640



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10640-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ENDURANCE AMERICAN INSURANCE COMPANY**  
4 MANHATTANVILLE ROAD  
PURCHASE, NY 10577

CUSTOMER NUMBER
IDA000010641



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHEROKEE INSURANCE COMPANY**  
34200 MOUND ROAD  
STERLING HEIGHTS, MI 48310

CUSTOMER NUMBER
IDA000010642



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY**  
301 E FOURTH STREET  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000010646



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10646-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHURCH INSURANCE COMPANY**  
19 EAST 34TH STREET  
NEW YORK, NY 10016-4303

CUSTOMER NUMBER
IDA000010669



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10669-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GRAY CASUALTY & SURETY COMPANY, THE**  
P.O. BOX 6202  
METAIRIE, LA 70009-6202

CUSTOMER NUMBER
IDA000010671



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SCOTTSDALE SURPLUS LINES INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FSSC-RR  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000010672



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-10672-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
FRA22-10672-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,800.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MOBILITAS GENERAL INSURANCE COMPANY**  
5353 WEST BELL ROAD  
GLENDALE, AZ 85308

CUSTOMER NUMBER
IDA000010675



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-10675-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,800.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST GUARD INSURANCE COMPANY**  
200 NOKOMIS AVE. SOUTH FLOOR 4  
VENICE, FL 34285

CUSTOMER NUMBER
IDA000010676



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-10676-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
FRA22-10676-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,300.00</b>

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The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CINCINNATI INSURANCE COMPANY, THE**  
P.O. BOX 145496  
CINCINNATI, OH 45250-5496

CUSTOMER NUMBER
IDA000010677



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10677-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10677-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MGIC CREDIT ASSURANCE CORPORATION**  
P.O. BOX 756  
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000010682



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLIED WORLD NATIONAL ASSURANCE COMPANY**  
199 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000010690

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CIVIL SERVICE EMPLOYEES INSURANCE COMPANY**  
2121 NORTH CALIFORNIA BOULEVARD  
WALNUT CREEK, CA 94596

CUSTOMER NUMBER
IDA000010693



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONWIDE ASSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010723



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EASTERN ALLIANCE INSURANCE COMPANY**  
PO BOX 83777  
LANCASTER, PA 17608-3777

CUSTOMER NUMBER
IDA000010724



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN ACCESS CASUALTY COMPANY**  
2211 BUTTERFIELD ROAD, SUITE 200  
DOWNERS GROVE, IL 60515

CUSTOMER NUMBER
IDA000010730



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TM SPECIALTY INSURANCE COMPANY**  
THREE BALA PLAZA EAST, SUITE 400  
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER
IDA000010738



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-10738-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-10738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INTREPID INSURANCE COMPANY**  
7400 COLLEGE BLVD., SUITE 350  
OVERLAND PARK, KS 66210

CUSTOMER NUMBER
IDA000010749



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLONIAL SURETY COMPANY**  
123 TICE BOULEVARD, SUITE 250  
WOODCLIFF LAKE, NJ 07677

CUSTOMER NUMBER
IDA000010758



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIVERSAL NORTH AMERICA INSURANCE COMPANY**  
101 PARAMOUNT DRIVE, SUITE 220  
SARASOTA, FL 34232

CUSTOMER NUMBER
IDA000010759



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERIGROUP OHIO, INC.**  
220 VIRGINIA AVE  
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000010767



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CORNERSTONE NATIONAL INSURANCE COMPANY**  
P.O. BOX 6040  
COLUMBIA, MO 65205-6040

CUSTOMER NUMBER
IDA000010783



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10783-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MAXUM CASUALTY INSURANCE COMPANY**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000010784



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GEOVERA INSURANCE COMPANY**  
1455 OLIVER ROAD  
FAIRFIELD, CA 94534-3472

CUSTOMER NUMBER
IDA000010799



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PREMIER GROUP INSURANCE COMPANY**  
P. O. BOX 1122  
MURFREESBORO, TN 37133

CUSTOMER NUMBER
IDA000010800



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FORTRESS INSURANCE COMPANY**  
425 N. MARTINGALE ROAD, SUITE 900  
SCHAUMBURG, IL 60173-2406

CUSTOMER NUMBER
IDA000010801



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTINENTAL WESTERN INSURANCE COMPANY**  
11201 DOUGLAS AVENUE  
URBANDALE, IA 50322-3707

CUSTOMER NUMBER
IDA000010804



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GNY CUSTOM INSURANCE COMPANY**  
200 MADISON AVENUE  
NEW YORK, NY 10016-3904

CUSTOMER NUMBER
IDA000010814



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-10814-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,300.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VERLAN FIRE INSURANCE COMPANY**  
440 LINCOLN STREET  
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000010815



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PLATEAU CASUALTY INSURANCE COMPANY**  
P.O. BOX 7001, 2701 NORTH MAIN STREET  
CROSSVILLE, TN 38557-7001

CUSTOMER NUMBER
IDA000010817



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GOLDEN EAGLE INSURANCE CORPORATION**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000010836



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CUMIS INSURANCE SOCIETY, INC.**  
5910 MINERAL POINT ROAD  
MADISON, WI 53705

CUSTOMER NUMBER
IDA000010847



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10847-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST NONPROFIT INSURANCE COMPANY**  
233 N. MICHIGAN AVE, SUITE 1200  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000010859



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN STRATEGIC INSURANCE CORP.**  
1 ASI WAY  
ST. PETERSBURG, FL 33702-2514

CUSTOMER NUMBER
IDA000010872



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**KEY RISK INSURANCE COMPANY**  
7823 NATIONAL SERVICE ROAD  
GREENSBORO, NC 27409

CUSTOMER NUMBER
IDA000010885



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10885-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CEM INSURANCE COMPANY**  
21805 FIELD PARKWAY, SUITE 320  
DEER PARK, IL 60010-3231

CUSTOMER NUMBER
IDA000010891



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10891-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIDWEST INSURANCE COMPANY**  
300 SO. BRADFORDTON RD.  
SPRINGFIELD, IL 62711

CUSTOMER NUMBER
IDA000010895



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PREFERRED EMPLOYERS INSURANCE COMPANY**  
9797 AERO DRIVE, SUITE 200  
SAN DIEGO, CA 92123

CUSTOMER NUMBER
IDA000010900



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMMERCIAL ALLIANCE INSURANCE COMPANY**  
4200 SIX FORKS RD " SUITE 1400  
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000010906



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUN SURETY INSURANCE COMPANY**  
PO BOX 2373  
RAPID CITY, SD 57709

CUSTOMER NUMBER
IDA000010909



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10909-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**KEMPER INDEPENDENCE INSURANCE COMPANY**  
12926 GRAN BAY PARKWAY WEST  
JACKSONVILLE, FL 32258

CUSTOMER NUMBER
IDA000010914



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10914-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITRIN DIRECT PROPERTY & CASUALTY COMPANY**  
200 EAST RANDOLPH STREET, STE. 3300  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000010915



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SURETEC INSURANCE COMPANY**  
2103 CITYWEST BLVD., SUITE 1300  
HOUSTON, TX 77042

CUSTOMER NUMBER
IDA000010916

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CSAA FIRE & CASUALTY INSURANCE COMPANY**  
3055 OAK ROAD  
WALNUT CREEK, CA 94597

CUSTOMER NUMBER
IDA000010921



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INSUREMAX INSURANCE COMPANY**  
5500 INTERSTATE NORTH PARKWAY, SUITE 600  
ATLANTA, GA 30328

CUSTOMER NUMBER
IDA000010922

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOUTHERN VANGUARD INSURANCE COMPANY**  
3730 KIRBY DRIVE, STE. 850  
HOUSTON, TX 77098

CUSTOMER NUMBER
IDA000010925



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENECA INSURANCE COMPANY, INC.**  
160 WATER STREET  
NEW YORK, NY 10038-4922

CUSTOMER NUMBER
IDA000010936



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TOKIO MARINE AMERICA INSURANCE COMPANY**  
THREE BALA PLAZA EAST, SUITE 400  
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER
IDA000010945



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10945-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARCH PROPERTY CASUALTY INSURANCE COMPANY**  
HARBORSIDE 3, 210 HUDSON STREET, SUITE 300  
JERSEY CITY, NJ 07311-1107

CUSTOMER NUMBER
IDA000010946

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10946-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10946-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANSAMERICA CASUALTY INSURANCE COMPANY**  
6400 C STREET SW  
CEDAR RAPIDS, IA 52499

CUSTOMER NUMBER
IDA000010952



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-10952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALAMANCE INSURANCE COMPANY**  
CITYPLACE II, 185 ASYLUM STREET, 7TH FLOOR  
HARTFORD, CT 06103-3408

CUSTOMER NUMBER
IDA000010957



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10957-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ROOT INSURANCE COMPANY**  
80 E. RICH ST., SUITE. 500  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000010974



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-10974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENTINEL INSURANCE COMPANY, LTD.**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000011000



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TOWER HILL PRIME INSURANCE COMPANY**  
P.O. BOX 147018  
GAINESVILLE, FL 32614-7018

CUSTOMER NUMBER
IDA000011027



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11027-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEMIC INDEMNITY COMPANY**  
261 COMMERCIAL STREET, PO BOX 11409  
PORTLAND, ME 04101

CUSTOMER NUMBER
IDA000011030



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STONETRUST COMMERCIAL INSURANCE COMPANY**  
5615 CORPORATE BOULEVARD, SUITE 800  
BATON ROUGE, LA 70808

CUSTOMER NUMBER
IDA000011042



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL GENERAL INSURANCE ONLINE, INC.**  
P.O. BOX 3199  
WINSTON-SALEM, NC 27105

CUSTOMER NUMBER
IDA000011044



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERISURE PARTNERS INSURANCE COMPANY**  
P. O. BOX 2060  
FARMINGTON HILLS, MI 48331-3586

CUSTOMER NUMBER
IDA000011050

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FLETCHER REINSURANCE COMPANY**  
475 KILVERT STREET, SUITE 330  
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000011054



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPA**  
P.O. BOX 7628  
URBANDALE, IA 50323

CUSTOMER NUMBER
IDA000011062



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LION INSURANCE COMPANY**  
2739 U.S. HIGHWAY 19 NORTH  
HOLIDAY, FL 34691

CUSTOMER NUMBER
IDA000011075



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ROCK RIDGE INSURANCE COMPANY**  
B-7 TABONUCO STREET, SUITE 912  
GUAYNABO, PR 00968

CUSTOMER NUMBER
IDA000011089



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INCLINE CASUALTY COMPANY**  
13215 BEE CAVE PARKWAY, BUILDING B, SUITE 150  
AUSTIN, TX 78738

CUSTOMER NUMBER
IDA000011090



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLSTATE NORTH AMERICAN INSURANCE COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000011110

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11110-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11110-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE**  
P.O. BOX 15147  
LENEXA, KS 66285-5147

CUSTOMER NUMBER
IDA000011118

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11118-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11118-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIFIED LIFE INSURANCE COMPANY**  
P. O. BOX 25326  
OVERLAND PARK, KS 66225-5326

CUSTOMER NUMBER
IDA000011121



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11121-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11121-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFETY FIRST INSURANCE COMPANY**  
1832 SCHUETZ ROAD  
ST. LOUIS, MO 63146-3540

CUSTOMER NUMBER
IDA000011123



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11123-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOMPO AMERICA INSURANCE COMPANY**  
11405 NORTH COMMUNITY HOUSE ROAD, STE 600  
CHARLOTTE, NC 28277

CUSTOMER NUMBER
IDA000011126



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROFESSIONAL SOLUTIONS INSURANCE COMPANY**  
P.O. BOX 9118  
DES MOINES, IA 50306-9118

CUSTOMER NUMBER
IDA000011127



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11127-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RURAL TRUST INSURANCE COMPANY**  
6301 IVY LANE, SUITE 506  
GREENBELT, MD 20770

CUSTOMER NUMBER
IDA000011134



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11134-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11134-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARCH INSURANCE COMPANY**  
HARBORSIDE 3, 210 HUDSON STREET, SUITE 300  
JERSEY CITY, NJ 07311-1107

CUSTOMER NUMBER
IDA000011150



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11150-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INSURANCE COMPANY OF THE SOUTH**  
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 500  
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000011162



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11162-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AVESIS INSURANCE INCORPORATED**  
10324 SOUTH DOLFIELD ROAD  
OWINGS MILLS, MD 21117

CUSTOMER NUMBER
IDA000011163



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-11163-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-11163-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11163-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST FINANCIAL INSURANCE COMPANY**  
CITYPLACE II, 185 ASYLUM STREET, 7TH FLOOR  
HARTFORD, CT 06103

CUSTOMER NUMBER
IDA000011177



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN**  
P.O. BOX 2450  
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000011185



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11185-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LOYA INSURANCE COMPANY**  
1800 LEE TREVINO, SUITE 201  
EL PASO, TX 79936-4117

CUSTOMER NUMBER
IDA000011198



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOUSING ENTERPRISE INSURANCE COMPANY, INC.**  
189 COMMERCE COURT  
CHESHIRE, CT 06410

CUSTOMER NUMBER
IDA000011206



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFECO INSURANCE COMPANY OF INDIANA**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000011215



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11215-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENERALI (U.S. BRANCH)**  
6000 WESTOWN PARKWAY  
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA000011231



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ENUMCLAW PROPERTY AND CASUALTY INSURANCE COMPAN**  
1460 WELLS STREET  
ENUMCLAW, WA 98022

CUSTOMER NUMBER
IDA000011232



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN BUILDERS INSURANCE COMPANY**  
P.O. BOX 723099  
ATLANTA, GA 31139-0099

CUSTOMER NUMBER
IDA000011240



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLIED EASTERN INDEMNITY COMPANY**  
PO BOX 83777  
LANCASTER, PA 17608-3777

CUSTOMER NUMBER
IDA000011242



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HORNBEAM INSURANCE COMPANY**  
471 WEST MAIN STREET  
LOUISVILLE, KY 40202

CUSTOMER NUMBER
IDA000011245



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CATERPILLAR INSURANCE COMPANY**  
P.O. BOX 340001  
NASHVILLE, TN 37203-0001

CUSTOMER NUMBER
IDA000011255



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GEORGIA CASUALTY & SURETY COMPANY**  
P.O. BOX 618  
COLUMBIA, MO 65205

CUSTOMER NUMBER
IDA000011258



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SFM MUTUAL INSURANCE COMPANY**  
PO BOX 9416  
MINNEAPOLIS, MN 55440-9416

CUSTOMER NUMBER
IDA000011347



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT WEST CASUALTY COMPANY**  
PO BOX 277  
SOUTH SIOUX CITY, NE 68776-0277

CUSTOMER NUMBER
IDA000011371



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARTFORD STEAM BOILER INSPECTION AND INSURANCE COM**  
ONE STATE STREET, P.O. BOX 5024  
HARTFORD, CT 06102-5024

CUSTOMER NUMBER
IDA000011452



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11452-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENSTAT CASUALTY COMPANY**  
PO BOX 642180  
OMAHA, NE 68164-8180

CUSTOMER NUMBER
IDA000011499



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPLOYERS COMPENSATION INSURANCE COMPANY**  
10375 PROFESSIONAL CIRCLE  
RENO, NV 89521-4802

CUSTOMER NUMBER
IDA000011512



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WRIGHT NATIONAL FLOOD INSURANCE COMPANY**  
801 94TH AVENUE N., STE 110  
ST. PETERSBURG, FL 33702

CUSTOMER NUMBER
IDA000011523



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11523-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ENDURANCE ASSURANCE CORPORATION**  
4 MANHATTANVILLE ROAD  
PURCHASE, NY 10577

CUSTOMER NUMBER
IDA000011551



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11551-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFIC COMPENSATION INSURANCE COMPANY**  
PO BOX 5043  
THOUSAND OAKS, CA 91362-5043

CUSTOMER NUMBER
IDA000011555



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11555-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASSURANCEAMERICA INSURANCE COMPANY**  
5500 INTERSTATE NORTH PARKWAY, SUITE 600  
ATLANTA, GA 30328

CUSTOMER NUMBER
IDA000011558



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11558-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACCIDENT INSURANCE COMPANY, INC.**  
8500 MENAUL BLVD NE, SUITE B-590  
ALBUQUERQUE, NM 87112

CUSTOMER NUMBER
IDA000011573



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11573-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INTERNATIONAL FIDELITY INSURANCE COMPANY**  
4200 SIX FORKS RD " SUITE 1400  
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000011592



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11592-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MERCHANTS NATIONAL BONDING, INC.**  
P.O BOX 14498  
DES MOINES, IA 50306-3498

CUSTOMER NUMBER
IDA000011595



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FRANK WINSTON CRUM INSURANCE COMPANY**  
100 SOUTH MISSOURI AVENUE  
CLEARWATER, FL 33756

CUSTOMER NUMBER
IDA000011600



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JEFFERSON INSURANCE COMPANY**  
9950 MAYLAND DRIVE  
RICHMOND, VA 23233

CUSTOMER NUMBER
IDA000011630



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD AMERICAN INDEMNITY COMPANY**  
14675 DALLAS PARKWAY, SUITE 500  
DALLAS, TX 75254

CUSTOMER NUMBER
IDA000011665



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**REDWOOD FIRE AND CASUALTY INSURANCE COMPANY**  
1314 DOUGLAS STREET, SUITE 1300  
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000011673



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11673-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CSAA AFFINITY INSURANCE COMPANY**  
3055 OAK ROAD  
WALNUT CREEK, CA 94597

CUSTOMER NUMBER
IDA000011681



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11681-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-11681-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	4,500.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>5,550.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ECHELON PROPERTY & CASUALTY INSURANCE COMPANY**  
730 NORTH FRANKLIN SUITE 210  
CHICAGO, IL 60654-7207

CUSTOMER NUMBER
IDA000011702



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INFINITY AUTO INSURANCE COMPANY**  
POST OFFICE BOX 830189  
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000011738



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11738-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIBERTY PERSONAL INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000011746



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11746-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED FINANCIAL CASUALTY COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000011770



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FOREMOST PROPERTY AND CASUALTY INSURANCE COMPAN**  
P.O. BOX 2450  
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000011800



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11800-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARIZONA AUTOMOBILE INSURANCE COMPANY**  
10409 SOUTH 50TH PLACE, #100  
PHOENIX, AZ 85044

CUSTOMER NUMBER
IDA000011805



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11805-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-11805-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,800.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROFESSIONAL SECURITY INSURANCE COMPANY**  
P.O. BOX 52979  
ATLANTA, GA 30355-0979

CUSTOMER NUMBER
IDA000011811



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-11811-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	4,500.00
FRA22-11811-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>5,550.00</b>

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The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PARTNERRE AMERICA INSURANCE COMPANY**  
200 FIRST STAMFORD PLACE, SUITE 400  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000011835



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11835-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11835-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDICAL PROTECTIVE COMPANY, THE**  
5814 REED ROAD  
FORT WAYNE, IN 46835

CUSTOMER NUMBER
IDA000011843



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE ADVANCED INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000011851



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11851-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTON SPECIALTY INSURANCE COMPANY**  
2555 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

CUSTOMER NUMBER
IDA000011853



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11853-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRIMERO INSURANCE COMPANY**  
506 5TH STREET  
SPEARFISH, SD 57783

CUSTOMER NUMBER
IDA000011855



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COPIC INSURANCE COMPANY**  
7351 E. LOWRY BOULEVARD, SUITE 400  
DENVER, CO 80230

CUSTOMER NUMBER
IDA000011860



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN DIGITAL TITLE INSURANCE COMPANY**  
76 SAINT PAUL STREET, SUITE 500  
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000011865



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MUTUALAID EXCHANGE**  
4400 COLLEGE BLVD, STE 250  
OVERLAND PARK, KS 66211

CUSTOMER NUMBER
IDA000011878



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11878-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MERCURY CASUALTY COMPANY**  
P. O. BOX 54600  
LOS ANGELES, CA 90054

CUSTOMER NUMBER
IDA000011908



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WHITE PINE INSURANCE COMPANY**  
550 W. MERRILL STREET, SUITE 200  
BIRMINGHAM, MI 48009

CUSTOMER NUMBER
IDA000011932



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENERAL STAR NATIONAL INSURANCE COMPANY**  
120 LONG RIDGE ROAD  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000011967



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMROCK TITLE INSURANCE COMPANY**  
662 WOODWARD AVE.  
DETROIT, MI 48226

CUSTOMER NUMBER
IDA000011974



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL CASUALTY COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000011991



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11991-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CATERPILLAR LIFE INSURANCE COMPANY**  
P.O. BOX 340001  
NASHVILLE, TN 37203-0001

CUSTOMER NUMBER
IDA000011997



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-11997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-11997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MBIA INSURANCE CORPORATION**  
1 MANHATTANVILLE ROAD, SUITE 301  
PURCHASE, NY 10577-2100

CUSTOMER NUMBER
IDA000012041



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12041-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARCADIAN HEALTH PLAN, INC.**  
P.O. BOX 740036  
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000012151



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMPWEST INSURANCE COMPANY**  
P.O. BOX 40790  
LANSING, MI 48901-7990

CUSTOMER NUMBER
IDA000012177



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TREXIS INSURANCE CORPORATION**  
4037 RURAL PLAINS CIRCLE SUITE 100  
FRANKLIN, TN 37064-1618

CUSTOMER NUMBER
IDA000012188



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN PET INSURANCE COMPANY**  
6100 4TH AVENUE S, SUITE 200  
SEATTLE, WA 98108-3234

CUSTOMER NUMBER
IDA000012190



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN LIBERTY INSURANCE COMPANY, INC.**  
150 LAKE STREET WEST  
WAYZATA, MN 55391

CUSTOMER NUMBER
IDA000012200



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CANYON INSURANCE SERVICES, INC.**  
5656 W. TALAVI BLVD  
GLENDALE, AZ 85306

CUSTOMER NUMBER
IDA000012217



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-12217-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-12217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GLENCAR INSURANCE COMPANY**  
200 SOUTH ORANGE AVENUE., SUITE 1900  
ORLANDO, FL 32801

CUSTOMER NUMBER
IDA000012254



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12254-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED INSURANCE COMPANY INC.**  
P. O. BOX 971000  
OREM, UT 84097-1000

CUSTOMER NUMBER
IDA000012256



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAMPMED CASUALTY & INDEMNITY COMPANY, INC.**  
440 LINCOLN STREET  
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000012260



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE**  
P. O. BOX 3031  
BLUE BELL, PA 19422-0754

CUSTOMER NUMBER
IDA000012262



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMICA PROPERTY AND CASUALTY INSURANCE COMPANY**  
P.O. BOX 6008  
PROVIDENCE, RI 02940-6008

CUSTOMER NUMBER
IDA000012287



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY**  
412 MT. KEMBLE AVE, SUITE 300C  
MORRISTOWN, NJ 07960

CUSTOMER NUMBER
IDA000012294



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-12294-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,550.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PETROLEUM CASUALTY COMPANY**  
22777 SPRINGWOODS VILLAGE PKWY, EMRM/PCC LOC. 105  
SPRING, TX 77389

CUSTOMER NUMBER
IDA000012297



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12297-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACCIDENT FUND GENERAL INSURANCE COMPANY**  
P.O. BOX 40790  
LANSING, MI 48901-7990

CUSTOMER NUMBER
IDA000012304



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACCIDENT FUND NATIONAL INSURANCE COMPANY**  
P.O. BOX 40790  
LANSING, MI 48901-7990

CUSTOMER NUMBER
IDA000012305



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLIANT NATIONAL TITLE INSURANCE COMPANY, INC.**  
1831 LEFTHAND CIRCLE, SUITE G  
LONGMONT, CO 80501

CUSTOMER NUMBER
IDA000012309



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BLOOMINGTON COMPENSATION INSURANCE COMPANY**  
518 EAST BROAD STREET  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000012311



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BONDSMAN INSURANCE COMPANY**  
350 10TH AVENUE, SUITE 1450  
SAN DIEGO, CA 92101

CUSTOMER NUMBER
IDA000012319



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12319-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN CONTINENTAL INSURANCE COMPANY**  
1021 REAMS FLEMING BOULEVARD  
FRANKLIN, TN 37064

CUSTOMER NUMBER
IDA000012321



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12321-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CM REGENT INSURANCE COMPANY**  
3000 SCHUSTER LANE  
MERRILL, WI 54452

CUSTOMER NUMBER
IDA000012356

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12356-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROTECTIVE INSURANCE COMPANY**  
111 CONGRESSIONAL BLVD., SUITE 500  
CARMEL, IN 46032

CUSTOMER NUMBER
IDA000012416



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIBERTY MUTUAL PERSONAL INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000012484



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12484-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FAMILY CONNECT INSURANCE COMPANY**  
3500 PACKERLAND DRIVE  
DE PERE, WI 54115-9070

CUSTOMER NUMBER
IDA000012504



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUTO-OWNERS SPECIALTY INSURANCE COMPANY**  
400 COMMERCE COURT  
GOLDSBORO, NC 27534

CUSTOMER NUMBER
IDA000012508



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EDUCATORS HEALTH PLANS LIFE, ACCIDENT & HEALTH, INC.**  
5101 S COMMERCE DR.  
MURRAY, UT 84107

CUSTOMER NUMBER
IDA000012515



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFeway INSURANCE COMPANY**  
790 PASQUINELLI DRIVE  
WESTMONT, IL 60559-1254

CUSTOMER NUMBER
IDA000012521



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AGENTS NATIONAL TITLE INSURANCE COMPANY**  
1207 W BROADWAY STE C  
COLUMBIA, MO 65203

CUSTOMER NUMBER
IDA000012522



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WADENA INSURANCE COMPANY**  
7825 MILLS CIVIC PARKWAY  
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000012528



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OPTICARE OF UTAH, INC.**  
1901 PARKWAY BLVD  
WEST VALLEY CITY, UT 84119-2001

CUSTOMER NUMBER
IDA000012533



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12533-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12533-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOMEOWNERS OF AMERICA INSURANCE COMPANY**  
1400 CORPORATE DRIVE - SUITE 300  
IRVING, TX 75038

CUSTOMER NUMBER
IDA000012536



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN AGRI-BUSINESS INSURANCE COMPANY**  
7101 82ND STREET  
LUBBOCK, TX 79424

CUSTOMER NUMBER
IDA000012548



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO**  
9800 HEALTH CARE LANE MN006-W500  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000012567



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12567-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12567-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SELECTIVE INSURANCE COMPANY OF AMERICA**  
40 WANTAGE AVENUE  
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER
IDA000012572

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SILVERSCRIPT INSURANCE COMPANY**  
1021 REAMS FLEMING BOULEVARD  
FRANKLIN, TN 37064

CUSTOMER NUMBER
IDA000012575



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INFINITY STANDARD INSURANCE COMPANY**  
POST OFFICE BOX 830189  
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000012599



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STANDARD CASUALTY COMPANY**  
P.O. BOX 311806  
NEW BRAUNFELS, TX 78131-1806

CUSTOMER NUMBER
IDA000012645



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DEVELOPERS SURETY AND INDEMNITY COMPANY**  
P.O. BOX 19725  
IRVINE, CA 92623-9725

CUSTOMER NUMBER
IDA000012718



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12718-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COPPERPOINT PREMIER INSURANCE COMPANY**  
3030 N. 3RD STREET  
PHOENIX, AZ 85012-3009

CUSTOMER NUMBER
IDA000012741



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-12741-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-12741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ELIXIR INSURANCE COMPANY**  
2181 EAST AURORA ROAD  
TWINSBURG, OH 44087

CUSTOMER NUMBER
IDA000012747



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EVERGREEN NATIONAL INDEMNITY COMPANY**  
6140 PARKLAND BLVD, STE 321  
MAYFIELD HEIGHTS, OH 44124

CUSTOMER NUMBER
IDA000012750



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDICUS INSURANCE COMPANY**  
1700 BENT CREEK BOULEVARD  
MECHANICSBURG, PA 17050

CUSTOMER NUMBER
IDA000012754



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHUBB INDEMNITY INSURANCE COMPANY**  
202B HALL'S MILL ROAD  
WHITEHOUSE STATION, NJ 08889

CUSTOMER NUMBER
IDA000012777



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12777-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STATE NATIONAL INSURANCE COMPANY, INC.**  
1900 L. DON DODSON DR.  
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA000012831



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12831-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12831-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**T.H.E. INSURANCE COMPANY**  
70 SEAVIEW AVENUE  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000012866



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENTRUITY CASUALTY COMPANY**  
1345 ENCLAVE PARKWAY  
HOUSTON, TX 77077

CUSTOMER NUMBER
IDA000012870



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE**  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601-1743

CUSTOMER NUMBER
IDA000012873



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE COMMERCIAL CASUALTY COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000012879



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EAGLE WEST INSURANCE COMPANY**  
2300 GARDEN ROAD  
MONTEREY, CA 93940

CUSTOMER NUMBER
IDA000012890



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.**  
530 GREAT CIRCLE ROAD  
NASHVILLE, TN 37228

CUSTOMER NUMBER
IDA000012902



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12902-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-12902-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WELLCARE OF TEXAS, INC.**  
P.O. BOX 31391  
TAMPA, FL 33631-3391

CUSTOMER NUMBER
IDA000012964



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12964-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**KEY INSURANCE COMPANY**  
8595 COLLEGE BLVD STE 200  
OVERLAND PARK, KS 66210

CUSTOMER NUMBER
IDA000012966

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12966-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT PLAINS CASUALTY, INC.**  
PO BOX 68  
CEDAR RAPIDS, IA 52406

CUSTOMER NUMBER
IDA000012982



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-12982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EASTERN ADVANTAGE ASSURANCE COMPANY**  
PO BOX 83777  
LANCASTER, PA 17608-3777

CUSTOMER NUMBER
IDA000013019



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED FIRE & CASUALTY COMPANY**  
PO BOX 73909  
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000013021



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13021-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MAIN STREET AMERICA PROTECTION INSURANCE COMPANY**  
55 WEST STREET  
KEENE, NH 03431

CUSTOMER NUMBER
IDA000013026



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COPPERPOINT GENERAL INSURANCE COMPANY**  
3030 N. 3RD STREET  
PHOENIX, AZ 85012-3009

CUSTOMER NUMBER
IDA000013043



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-13043-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-13043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RLI INSURANCE COMPANY**  
9025 N. LINDBERGH DRIVE  
PEORIA, IL 61615

CUSTOMER NUMBER
IDA000013056



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-13056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKSHIRE HATHAWAY ASSURANCE CORPORATION**  
1314 DOUGLAS STREET, SUITE 1400  
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000013070



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OMAHA INSURANCE COMPANY**  
3300 MUTUAL OF OMAHA PLAZA  
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000013100



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-13100-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY**  
1100 WALNUT STREET, STE. 3010  
KANSAS CITY, MO 64106-2186

CUSTOMER NUMBER
IDA000013126



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VIKING INSURANCE COMPANY OF WISCONSIN**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000013137



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMMERCE WEST INSURANCE COMPANY**  
211 MAIN STREET  
WEBSTER, MA 01570-0758

CUSTOMER NUMBER
IDA000013161



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SURENCY LIFE & HEALTH INSURANCE COMPANY**  
PO BOX 789773  
WICHITA, KS 67278-9773

CUSTOMER NUMBER
IDA000013175



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13175-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-13175-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EAGLE LIFE INSURANCE COMPANY**  
6000 WESTOWN PARKWAY  
WEST DES MOINES, IA 50266-5921

CUSTOMER NUMBER
IDA000013183



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-13183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN SURETY COMPANY**  
151 N. FRANKLIN STREET  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000013188



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COPPERPOINT WESTERN INSURANCE COMPANY**  
3030 N. 3RD STREET  
PHOENIX, AZ 85012-3009

CUSTOMER NUMBER
IDA000013209



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-13209-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-13209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COPPERPOINT CASUALTY INSURANCE COMPANY**  
3030 N. 3RD STREET  
PHOENIX, AZ 85012-3009

CUSTOMER NUMBER
IDA000013210



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-13210-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-13210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WILSHIRE INSURANCE COMPANY**  
4200 SIX FORKS ROAD  
SUITE 1400  
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000013234



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-13234-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ZENITH INSURANCE COMPANY**  
21255 CALIFA STREET  
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER
IDA000013269



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLEGHENY CASUALTY COMPANY**  
4200 SIX FORKS RD " SUITE 1400  
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000013285



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMALGAMATED CASUALTY INSURANCE COMPANY**  
8401 CONNECTICUT AVE, SUITE 105  
CHEVY CHASE, MD 20815-5825

CUSTOMER NUMBER
IDA000013293



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13293-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LEXON INSURANCE COMPANY**  
10002 SHELBYVILLE ROAD, SUITE 100  
LOUISVILLE, KY 40223

CUSTOMER NUMBER
IDA000013307



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY**  
471 EAST BROAD STREET  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000013331



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-13331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUSTIN MUTUAL INSURANCE COMPANY**  
PO BOX 1420  
MAPLE GROVE, MN 55311

CUSTOMER NUMBER
IDA000013412



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BADGER MUTUAL INSURANCE COMPANY**  
1134 N. 9TH STREET SUITE 150  
MILWAUKEE, WI 53233

CUSTOMER NUMBER
IDA000013420



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-13420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BROTHERHOOD MUTUAL INSURANCE COMPANY**  
P.O. BOX 2227  
FORT WAYNE, IN 46801

CUSTOMER NUMBER
IDA000013528



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-13528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CALIFORNIA CAPITAL INSURANCE COMPANY**  
2300 GARDEN ROAD  
MONTEREY, CA 93940

CUSTOMER NUMBER
IDA000013544



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13544-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAREMORE HEALTH PLAN OF ARIZONA, INC.**  
220 VIRGINIA AVENUE  
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000013562



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-13562-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
FRA22-13562-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,300.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ECOLE INSURANCE COMPANY**  
18835 N THOMPSON PEAK PARKWAY, STE. 210  
SCOTTSDALE, AZ 85255

CUSTOMER NUMBER
IDA000013601

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-13601-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-13601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PAN-AMERICAN ASSURANCE COMPANY INT'L, INC. (U.S. BRAN**  
P.O. BOX 1051  
GRAND CAYMAN, CA 11102

CUSTOMER NUMBER
IDA000013602



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN MUTUAL INSURANCE COMPANY**  
P.O. BOX 19626  
IRVINE, CA 92623-9626

CUSTOMER NUMBER
IDA000013625



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13625-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ESSENT GUARANTY, INC.**  
TWO RADNOR CORPORATE CENTER - 100 MATSONFORD RD.,  
RADNOR, PA 19087

CUSTOMER NUMBER
IDA000013634



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DONEGAL MUTUAL INSURANCE COMPANY**  
1195 RIVER ROAD  
MARIETTA, PA 17547-0302

CUSTOMER NUMBER
IDA000013692



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13692-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**POSEIDON STRUCTURED MORTGAGE INSURANCE COMPANY**  
POST OFFICE BOX 20597  
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000013694



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL MORTGAGE INSURANCE CORPORATION**  
2100 POWELL STREET, 12TH FLOOR  
EMERYVILLE, CA 94608

CUSTOMER NUMBER
IDA000013695



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE**  
P. O. BOX 305054  
NASHVILLE, TN 37230-5054

CUSTOMER NUMBER
IDA000013703



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PHARMACISTS MUTUAL INSURANCE COMPANY**  
PO BOX 370  
ALGONA, IA 50511

CUSTOMER NUMBER
IDA000013714



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRIMEONE INSURANCE COMPANY**  
136 EAST SOUTH TEMPLE, SUITE 1400  
SALT LAKE CITY, UT 84111

CUSTOMER NUMBER
IDA000013721



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13721-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**KNIGHTBROOK INSURANCE COMPANY**  
4751 WILSHIRE BLVD, #111  
LOS ANGELES, CA 90010

CUSTOMER NUMBER
IDA000013722



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-13722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SELECTIVE INSURANCE COMPANY OF NEW YORK**  
40 WANTAGE AVENUE  
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER
IDA000013730



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COPPERPOINT AMERICAN INSURANCE COMPANY**  
3030 N. 3RD STREET  
PHOENIX, AZ 85012-3009

CUSTOMER NUMBER
IDA000013751



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-13751-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-13751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPAN**  
5400 UNIVERSITY AVENUE  
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER
IDA000013773



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA**  
6785 WESTOWN PARKWAY  
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000013897



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARI INSURANCE COMPANY**  
125 PHEASANT RUN  
NEWTOWN, PA 18940

CUSTOMER NUMBER
IDA000013900



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COPPERPOINT INDEMNITY INSURANCE COMPANY**  
3030 N. 3RD STREET  
PHOENIX, AZ 85012-3009

CUSTOMER NUMBER
IDA000013928



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-13928-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-13928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COPPERPOINT NATIONAL INSURANCE COMPANY**  
3030 N. 3RD STREET  
PHOENIX, AZ 85012-3009

CUSTOMER NUMBER
IDA000013929

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13929-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-13929-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMMONWEALTH CASUALTY COMPANY**  
2500 NORTH 24TH STREET  
PHOENIX, AZ 85008

CUSTOMER NUMBER
IDA000013930



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-13930-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
FRA22-13930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,800.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FEDERATED MUTUAL INSURANCE COMPANY**  
121 EAST PARK SQUARE  
OWATONNA, MN 55060

CUSTOMER NUMBER
IDA000013935



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-13935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FLORISTS' MUTUAL INSURANCE COMPANY**  
#1 HORTICULTURAL LANE  
EDWARDSVILLE, IL 62025

CUSTOMER NUMBER
IDA000013978



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FRANKENMUTH MUTUAL INSURANCE COMPANY**  
ONE MUTUAL AVENUE  
FRANKENMUTH, MI 48787-0001

CUSTOMER NUMBER
IDA000013986



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST COMMUNITY INSURANCE COMPANY**  
P.O. BOX 15707  
ST. PETERSBURG, FL 33733

CUSTOMER NUMBER
IDA000013990



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-13990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CRUSADER INSURANCE COMPANY**  
26050 MUREAU ROAD  
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000014010



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-14010-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STONEGATE INSURANCE COMPANY**  
7400 N. CALDWELL AVENUE  
NILES, IL 60714

CUSTOMER NUMBER
IDA000014012

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPIRE BONDING & INSURANCE COMPANY**  
293 FOXHURST ROAD  
OCEANSIDE, NY 11572

CUSTOMER NUMBER
IDA000014051



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERIGROUP INSURANCE COMPANY**  
4425 CORPORATION LANE  
VIRGINIA BEACH, VA 23462

CUSTOMER NUMBER
IDA000014078



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-14078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**QUALITAS INSURANCE COMPANY**  
4545 MURPHY CANYON ROAD STE 300  
SAN DIEGO, CA 92123

CUSTOMER NUMBER
IDA000014133



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GEICO SECURE INSURANCE COMPANY**  
ONE GEICO PLAZA  
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000014137



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GEICO ADVANTAGE INSURANCE COMPANY**  
ONE GEICO PLAZA  
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000014138



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GEICO CHOICE INSURANCE COMPANY**  
ONE GEICO PLAZA  
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000014139



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEMIC CASUALTY COMPANY**  
261 COMMERCIAL STREET, PO BOX 11409  
PORTLAND, ME 04101

CUSTOMER NUMBER
IDA000014164



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACUITY, A MUTUAL INSURANCE COMPANY**  
2800 SOUTH TAYLOR DRIVE, P.O. BOX 58  
SHEBOYGAN, WI 53082-0058

CUSTOMER NUMBER
IDA000014184



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-14184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OBI NATIONAL INSURANCE COMPANY**  
605 HIGHWAY 169 NORTH, SUITE 800  
PLYMOUTH, MN 55441

CUSTOMER NUMBER
IDA000014190



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COPPERPOINT INSURANCE COMPANY**  
3030 N. 3RD STREET  
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000014216



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-14216-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
FRA22-14216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,550.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST NATIONAL TITLE INSURANCE COMPANY**  
2400 DALLAS PARKWAY, SUITE 580  
PLANO, TX 75093

CUSTOMER NUMBER
IDA000014240



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FOUNDERS INSURANCE COMPANY**  
1350 EAST TOUHY AVENUE, SUITE 200W  
DES PLAINES, IL 60018-3303

CUSTOMER NUMBER
IDA000014249



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FALCON INSURANCE COMPANY**  
724 ENTERPRISE DRIVE  
OAK BROOK, IL 60523

CUSTOMER NUMBER
IDA000014254



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IMT INSURANCE COMPANY**  
P.O. BOX 1336  
DES MOINES, IA 50306-1336

CUSTOMER NUMBER
IDA000014257



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY**  
2005 MARKET STREET, SUITE 1200  
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000014265



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JEWELERS MUTUAL INSURANCE COMPANY, SI**  
P. O. BOX 468  
NEENAH, WI 54957-0468

CUSTOMER NUMBER
IDA000014354



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14354-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BUILD AMERICA MUTUAL ASSURANCE COMPANY**  
200 LIBERTY ST., 27TH FLOOR  
NEW YORK, NY 10281

CUSTOMER NUMBER
IDA000014380



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INDUSTRIAL ALLIANCE INS AND FIN SVS INC. (U.S. BRANCH)**  
P.O. BOX 2549  
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000014406



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-14406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EYEMED INSURANCE COMPANY**  
4000 LUXOTTICA PLACE  
MASON, OH 45040

CUSTOMER NUMBER
IDA000014421



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-14421-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-14421-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-14421-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROASSURANCE INSURANCE COMPANY OF AMERICA**  
3000 MERIDIAN BOULEVARD, SUITE 400  
FRANKLIN, TN 37067

CUSTOMER NUMBER
IDA000014460



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MERCHANTS BONDING COMPANY (MUTUAL)**  
P.O BOX 14498  
DES MOINES, IA 50306-3498

CUSTOMER NUMBER
IDA000014494



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MICHIGAN MILLERS MUTUAL INSURANCE COMPANY**  
P. O. BOX 30060  
LANSING, MI 48909-7560

CUSTOMER NUMBER
IDA000014508



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUIDEONE SPECIALTY INSURANCE COMPANY**  
1111 ASHWORTH ROAD  
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER
IDA000014559



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MOLINA HEALTHCARE OF ARIZONA, INC.**  
6950 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046

CUSTOMER NUMBER
IDA000014641



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-14641-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,300.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**U.S. LEGAL SERVICES, INC.**  
8133 BAYMEADOWS WAY  
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000014689



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EASTGUARD INSURANCE COMPANY**  
PO BOX AH  
WILKES BARRE, PA 18703-0020

CUSTOMER NUMBER
IDA000014702



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-14702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MUTUAL OF ENUMCLAW INSURANCE COMPANY**  
1460 WELLS STREET  
ENUMCLAW, WA 98022

CUSTOMER NUMBER
IDA000014761



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14761-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NGM INSURANCE COMPANY**  
55 WEST STREET  
KEENE, NH 03431

CUSTOMER NUMBER
IDA000014788



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPAN**  
2005 MARKET STREET, SUITE 1200  
PHILADELPHIA, PA 19103-7008

CUSTOMER NUMBER
IDA000014974



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE C**  
P. O. BOX 2361  
HARRISBURG, PA 17105-2361

CUSTOMER NUMBER
IDA000014990



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-14990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-14990-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUIDEONE INSURANCE COMPANY**  
1111 ASHWORTH ROAD  
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER
IDA000015032



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-15032-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PUBLIC SERVICE INSURANCE COMPANY**  
29 BROADWAY  
NEW YORK, NY 10006

CUSTOMER NUMBER
IDA000015059



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFETY NATIONAL CASUALTY CORPORATION**  
1832 SCHUETZ ROAD  
ST. LOUIS, MO 63146-3540

CUSTOMER NUMBER
IDA000015105



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ENCOMPASS INDEMNITY COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000015130



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMPREHENSIVE MOBILE INSURANCE COMPANY, INC.**  
19820 N. 7TH STREET, SUITE 290  
PHOENIX, AZ 85024

CUSTOMER NUMBER
IDA000015238



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-15238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FSF22-15238-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-15238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOCIETY INSURANCE, A MUTUAL COMPANY**  
PO BOX 1029  
FOND DU LAC, WI 54936-1029

CUSTOMER NUMBER
IDA000015261



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOUTHWEST LAND TITLE INSURANCE COMPANY**  
6805 N CAPITAL OF TX HGY 240  
AUSTIN, TX 78731

CUSTOMER NUMBER
IDA000015305

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INVESTORS PREFERRED LIFE INSURANCE COMPANY**  
1719 W. MAIN STREET  
RAPID CITY, SD 57702

CUSTOMER NUMBER
IDA000015313

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15313-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WEST BEND MUTUAL INSURANCE COMPANY**  
1900 SOUTH 18TH AVENUE  
WEST BEND, WI 53095

CUSTOMER NUMBER
IDA000015350



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15350-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN NATIONAL MUTUAL INSURANCE COMPANY**  
EDINA CORPORATE CENTER  
4700 WEST 77TH STREET  
EDINA, MN 55435-4818

CUSTOMER NUMBER
IDA000015377



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15377-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ONECIS INSURANCE COMPANY**  
1601 SAWGRASS CORPORATE PARKWAY, SUITE 400  
FORT LAUDERDALE, FL 33323-2827

CUSTOMER NUMBER
IDA000015385



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15385-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL SUMMIT INSURANCE COMPANY**  
325 N. ST. PAUL ST. #900  
DALLAS, TX 75201

CUSTOMER NUMBER
IDA000015474



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CLEAR SPRING PROPERTY AND CASUALTY COMPANY**  
227 WEST MONROE, SUITE 2100  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000015563



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15563-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-15563-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ILLINOIS CASUALTY COMPANY**  
PO BOX 5018  
ROCK ISLAND, IL 61204

CUSTOMER NUMBER
IDA000015571



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15571-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMSHIELD INSURANCE COMPANY**  
1817 WEST BROADWAY  
COLUMBIA, MO 65218-0001

CUSTOMER NUMBER
IDA000015590



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15590-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AXIS SPECIALTY INSURANCE COMPANY**  
10000 AVALON BOULEVARD, SUITE 200  
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA000015610



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-15610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MG INSURANCE COMPANY**  
10181 SCRIPPS GATEWAY CT.  
SAN DIEGO, CA 92131

CUSTOMER NUMBER
IDA000015613



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-15613-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-15613-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-15613-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,500.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OBI AMERICA INSURANCE COMPANY**  
605 HIGHWAY 169 NORTH, SUITE 800  
PLYMOUTH, MN 55441

CUSTOMER NUMBER
IDA000015645



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL FIRE AND INDEMNITY EXCHANGE**  
P O BOX 39903  
ST. LOUIS, MO 63139

CUSTOMER NUMBER
IDA000015679



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CLEAR SPRING LIFE INSURANCE COMPANY**  
200 EAST RANDOLPH STREET, SUITE 3600  
INDIANAPOLIS, IN 46280

CUSTOMER NUMBER
IDA000015691



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**7710 INSURANCE COMPANY**  
3250 LACEY ROAD, SUITE 140  
PO BOX 207  
DOWNERS GROVE, IL 60515

CUSTOMER NUMBER
IDA000015742



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RADNOR SPECIALTY INSURANCE COMPANY**  
1170 DEVON PARK DRIVE, P.O. BOX 6670  
WAYNE, PA 19087

CUSTOMER NUMBER
IDA000015756



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RADIAN MORTGAGE GUARANTY INC.**  
1500 MARKET STREET  
PHILADELPHIA, PA 19102

CUSTOMER NUMBER
IDA000015843



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NCMIC INSURANCE COMPANY**  
P.O. BOX 9118  
DES MOINES, IA 50306-9118

CUSTOMER NUMBER
IDA000015865



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY**  
POST OFFICE BOX 20597  
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000015873

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.**  
7700 FORSYTH BOULEVARD  
SAINT LOUIS, MO 63105

CUSTOMER NUMBER
IDA000015895



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-15895-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKLEY CASUALTY COMPANY**  
P. O. BOX 660847  
BIRMINGHAM, AL 35266-0847

CUSTOMER NUMBER
IDA000015911



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AETNA BETTER HEALTH OF OKLAHOMA INC.**  
151 FARMINGTON AVENUE, RT21  
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000015919



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL PROSPERITY LIFE AND HEALTH INSURANCE COMP**  
5120 WOODWAY DR STE 10025  
HOUSTON, TX 77056

CUSTOMER NUMBER
IDA000015952



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-15952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-15952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMTRUST INSURANCE COMPANY**  
PO BOX 650771  
DALLAS, TX 75265-0771

CUSTOMER NUMBER
IDA000015954



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-15954-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BRIGHT HEALTH INSURANCE COMPANY**  
219 N 2ND ST, SUITE 401  
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER
IDA000015963



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-15963-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-15963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW HORIZON INSURANCE COMPANY**  
1137 KEY ST  
HOUSTON, TX 77009

CUSTOMER NUMBER
IDA000016014



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LEMONADE INSURANCE COMPANY**  
5 CROSBY STREET  
NEW YORK, NY 10013-3154

CUSTOMER NUMBER
IDA000016023



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FEDERATED RESERVE INSURANCE COMPANY**  
121 EAST PARK SQUARE  
OWATONNA, MN 55060

CUSTOMER NUMBER
IDA000016024



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16024-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16024-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EVEREST DENALI INSURANCE COMPANY**  
100 EVEREST WAY  
WARREN, NJ 07059

CUSTOMER NUMBER
IDA000016044

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-16044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EVEREST PREMIER INSURANCE COMPANY**  
100 EVEREST WAY WARREN CORPORATE CENTER  
WARREN, NJ 07059

CUSTOMER NUMBER
IDA000016045

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANNER HEALTH AND AETNA HEALTH INSURANCE COMPANY**  
4500 E. COTTON CENTER BOULEVARD  
PHOENIX, AZ 85040

CUSTOMER NUMBER
IDA000016058



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-16058-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	4,500.00
HCA22-16058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>5,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANNER HEALTH AND AETNA HEALTH PLAN INC.**  
4500 EAST COTTON CENTER BOULEVARD  
PHOENIX, AZ 85040

CUSTOMER NUMBER
IDA000016059



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-16059-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,800.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITRIN AUTO AND HOME INSURANCE COMPANY**  
12926 GRAN BAY PARKWAY WEST  
JACKSONVILLE, FL 32258

CUSTOMER NUMBER
IDA000016063



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CRONUS INSURANCE COMPANY**  
370 LAS COLINAS BOULEVARD W., SUITE 108  
IRVING, TX 75039

CUSTOMER NUMBER
IDA000016070



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STARR SPECIALTY INSURANCE COMPANY**  
399 PARK AVENUE, 3RD FLOOR  
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA000016109



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-16109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JM SPECIALTY INSURANCE COMPANY**  
PO BOX 468  
NEENAH, WI 54957-0468

CUSTOMER NUMBER
IDA000016116



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BRIGHT HEALTH COMPANY OF ARIZONA**  
219 N 2ND ST, SUITE 401  
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER
IDA000016122



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-16122-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
FRA22-16122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,300.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROTUCKET INSURANCE COMPANY**  
3501 CONCORD ROAD, SUITE 120  
YORK, PA 17402

CUSTOMER NUMBER
IDA000016125



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-16125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HIROAD ASSURANCE COMPANY**  
ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000016138



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VAULT RECIPROCAL EXCHANGE**  
199 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000016186



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**METROMILE INSURANCE COMPANY**  
251 LITTLE FALLS DRIVE  
WILMINGTON, DE 19808

CUSTOMER NUMBER
IDA000016187



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-16187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CM SELECT INSURANCE COMPANY**  
P O BOX 357  
PO BOX 357  
MERRILL, WI 54452

CUSTOMER NUMBER
IDA000016203



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMP**  
5630 UNIVERSITY PARKWAY  
WINSTON-SALEM, NC 27105

CUSTOMER NUMBER
IDA000016217



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WELLCARE HEALTH PLANS OF ARIZONA, INC.**  
8735 HENDERSON ROAD  
TAMPA, FL 33634

CUSTOMER NUMBER
IDA000016253



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-16253-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIDWEST FAMILY ADVANTAGE INSURANCE COMPANY**  
P.O. BOX 9425  
MINNEAPOLIS, MN 55440-9425

CUSTOMER NUMBER
IDA000016262



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEXT INSURANCE US COMPANY**  
C/O CORPORATION SERVICE COMPANY 251 LITTLE FALLS D  
WILMINGTON, DE 19808

CUSTOMER NUMBER
IDA000016285



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BRIDGEWAY HEALTH SOLUTIONS OF ARIZONA, INC.**  
7700 FORSYTH BOULEVARD  
SAINT LOUIS, MO 63105

CUSTOMER NUMBER
IDA000016310



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-16310-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,300.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OSCAR HEALTH PLAN, INC.**  
75 VARICK ST, 5TH FLOOR  
NEW YORK, NY 10013

CUSTOMER NUMBER
IDA000016337



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-16337-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IMPERIAL INSURANCE COMPANIES, INC.**  
1999 BRYAN STREET, SUITE 900  
DALLAS, TX 75201

CUSTOMER NUMBER
IDA000016348



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-16348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHIRON INSURANCE COMPANY**  
PO BOX 370  
ALGONA, IA 50511

CUSTOMER NUMBER
IDA000016356



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16356-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JET INSURANCE COMPANY**  
11440 CARMEL COMMONS BOULEVARD, SUITE 207  
CHARLOTTE, NC 28226

CUSTOMER NUMBER
IDA000016379



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16379-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MOBILITAS INSURANCE COMPANY**  
P.O. BOX 23392  
OAKLAND, CA 94623-0392

CUSTOMER NUMBER
IDA000016392



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16392-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-16392-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,800.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTFIELD CHAMPION INSURANCE COMPANY**  
P. O. BOX 5001  
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000016447



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTFIELD TOUCHSTONE INSURANCE COMPANY**  
P. O. BOX 5001  
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000016448



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16448-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16448-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTFIELD SUPERIOR INSURANCE COMPANY**  
P. O. BOX 5001  
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000016449



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16449-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-16449-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTFIELD PREMIER INSURANCE COMPANY**  
P. O. BOX 5001  
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000016450



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16450-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NOBLR RECIPROCAL EXCHANGE**  
ONE UNION STREET, SUITE 210  
SAN FRANCISCO, CA 94111

CUSTOMER NUMBER
IDA000016461



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16461-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MTAW INSURANCE COMPANY**  
P.O. BOX 1973  
MORRISTOWN, NJ 07960-1973

CUSTOMER NUMBER
IDA000016498



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFE AUTO CHOICE INSURANCE COMPANY**  
4 EASTON OVAL  
COLUMBUS, OH 43219

CUSTOMER NUMBER
IDA000016502



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16502-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFE AUTO VALUE INSURANCE COMPANY**  
4 EASTON OVAL  
COLUMBUS, OH 43219

CUSTOMER NUMBER
IDA000016503



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BEAZLEY AMERICA INSURANCE COMPANY, INC.**  
30 BATTERSON PARK ROAD  
FARMINGTON, CT 06032

CUSTOMER NUMBER
IDA000016510



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-16510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CLEARCOVER INSURANCE COMPANY**  
33 WEST MONROE STREET, SUITE 500  
CHICAGO, IL 60603

CUSTOMER NUMBER
IDA000016524



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16524-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ZURICH AMERICAN INSURANCE COMPANY**  
1299 ZURICH WAY, 5TH FLOOR  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000016535



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16535-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DIGITAL EDGE INSURANCE COMPANY**  
76 ST PAUL STREET, SUITE 500  
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000016561



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16561-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STILLWATER PROPERTY AND CASUALTY INSURANCE COMPA**  
P. O. BOX 45126  
JACKSONVILLE, FL 32232-5126

CUSTOMER NUMBER
IDA000016578



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-16578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MOBILITAS INSURANCE COMPANY OF ARIZONA**  
P.O. BOX 23392  
OAKLAND, CA 94623-0392

CUSTOMER NUMBER
IDA000016599



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-16599-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-16599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW YORK MARINE AND GENERAL INSURANCE COMPANY**  
412 MT. KEMBLE AVE, SUITE 300C  
MORRISTOWN, NJ 07960

CUSTOMER NUMBER
IDA000016608



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOLSTICE HEALTHPLANS OF ARIZONA, INC.**  
PO BOX 19199  
PLANTATION, FL 33318

CUSTOMER NUMBER
IDA000016610



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FSF22-16610-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BESTOW LIFE INSURANCE COMPANY**  
750 N SAINT PAUL ST STE 1900  
DALLAS, TX 75201-3261

CUSTOMER NUMBER
IDA000016612



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16612-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16612-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DEVOTED HEALTH PLAN OF ARIZONA, INC.**  
221 CRESCENT ST STE 202  
WALTHAM, MA 02453

CUSTOMER NUMBER
IDA000016614



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-16614-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-16614-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DAIRYLAND NATIONAL INSURANCE COMPANY**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000016623



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLIED WORLD SPECIALTY INSURANCE COMPANY**  
199 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000016624

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL BUILDERS INSURANCE COMPANY**  
P.O. BOX 723099  
ATLANTA, GA 31139-1199

CUSTOMER NUMBER
IDA000016632



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JUST AUTO INSURANCE, INC.**  
12011 SAN VICENTE BLVD #330  
LOS ANGELES, CA 90049

CUSTOMER NUMBER
IDA000016648



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-16648-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PEKIN SELECT INSURANCE COMPANY**  
2505 COURT STREET  
PEKIN, IL 61558-0001

CUSTOMER NUMBER
IDA000016651



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16651-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**POSEIDON COMMERCIAL INSURANCE COMPANY**  
76 ST. PAUL STREET  
SUITE 500  
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000016659



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANNER HEALTH INSURANCE GROUP, INC.**  
2901 N CENTRAL AVE STE 160  
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000016663



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16663-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FSF22-16663-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-16663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANNER HEALTH PLAN, INC.**  
2901 N CENTRAL AVE STE 160  
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000016664



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-16664-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-16664-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENWORTH MORTGAGE INSURANCE CORPORATION OF N C**  
8325 SIX FORKS ROAD  
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000016675



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT AMERICAN INSURANCE COMPANY**  
301 E FOURTH STREET  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000016691



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-16691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WELLCARE HEALTH INSURANCE OF THE SOUTHWEST, INC.**  
P.O. BOX 31391  
TAMPA, FL 33631-3391

CUSTOMER NUMBER
IDA000016692



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16692-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16692-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FSF22-16692-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DEALERS ASSURANCE COMPANY**  
15920 ADDISON ROAD  
ADDISON, TX 75001

CUSTOMER NUMBER
IDA000016705



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BUCKEYE STATE MUTUAL INSURANCE COMPANY, THE**  
ONE HERITAGE PLACE  
PIQUA, OH 45356

CUSTOMER NUMBER
IDA000016713



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PALOMAR EXCESS AND SURPLUS INSURANCE COMPANY**  
4400 W 78TH STREET, SUITE 120  
BLOOMINGTON, MN 55435

CUSTOMER NUMBER
IDA000016754



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-16754-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	4,500.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>5,550.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MANHATTANLIFE OF AMERICA INSURANCE COMPANY**  
10777 NORTHWEST FREEWAY  
HOUSTON, TX 77092

CUSTOMER NUMBER
IDA000016755



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16755-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-16755-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INFINITY SAFEGUARD INSURANCE COMPANY**  
POST OFFICE BOX 830189  
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000016802



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN MERCURY INSURANCE COMPANY**  
P.O. BOX 728847  
OKLAHOMA CITY, OK 73172-8847

CUSTOMER NUMBER
IDA000016810



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FORTEGRA SPECIALTY INSURANCE COMPANY**  
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 500  
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000016823



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-16823-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
FRA22-16823-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,300.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BRANCH INSURANCE EXCHANGE**  
875 N HIGH STREET, SUITE 300  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000016825



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16825-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACCREDITED SPECIALTY INSURANCE COMPANY**  
4789 NEW BROAD ST STE 200  
ORLANDO, FL 32814

CUSTOMER NUMBER
IDA000016835



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-16835-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
FRA22-16835-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,300.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EDUCATION INSURANCE CORPORATION OF ILLINOIS, THE**  
3400 WEST STONEGATE BOULEVARD, SUITE 2113  
ARLINGTON HEIGHTS, IL 60005

CUSTOMER NUMBER
IDA000016850



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EVERSPAN INDEMNITY INSURANCE COMPANY**  
ONE WORLD TRADE CENTER, 41ST FLOOR  
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA000016882



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-16882-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
FRA22-16882-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,800.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALIGNMENT HEALTH INSURANCE COMPANY OF ARIZONA, INC.**  
1100 WEST TOWN & COUNTRY ROAD, SUITE 1600  
ORANGE, CA 92868

CUSTOMER NUMBER
IDA000016915



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA22-16915-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
FRA22-16915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-16915-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALIGNMENT HEALTH PLAN OF ARIZONA, INC.**  
1100 WEST TOWN & COUNTRY ROAD, SUITE 1600  
ORANGE, CA 92868

CUSTOMER NUMBER
IDA000016916



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-16916-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-16916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SCAN DESERT HEALTH PLAN, INC.**  
3800 KILROY AIRPORT WAY  
LONG BEACH, CA 90806

CUSTOMER NUMBER
IDA000016917



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-16917-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-16917-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GLOBALHEALTH OF ARIZONA, INC.**  
210 PARK AVENUE, SUITE 2800  
OKLAHOMA CITY, OK 73102

CUSTOMER NUMBER
IDA000016932



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-16932-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-16932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MMIC INSURANCE, INC.**  
7701 FRANCE AVENUE SOUTH, SUITE 500  
MINNEAPOLIS, MN 55435

CUSTOMER NUMBER
IDA000016942



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-16942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOMESITE INSURANCE COMPANY**  
ONE FEDERAL STREET, SUITE 400  
BOSTON, MA 02110-2003

CUSTOMER NUMBER
IDA000017221



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-17221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-17221-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000017230



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-17230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-17230-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HANOVER FIRE AND CASUALTY INSURANCE COMPANY**  
295 SOUTH GULPH ROAD  
KING OF PRUSSIA, PA 19406

CUSTOMER NUMBER
IDA000017337



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-17337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NAUTILUS INSURANCE COMPANY**  
7233 EAST BUTHERUS DRIVE  
SCOTTSDALE, AZ 85260-2410

CUSTOMER NUMBER
IDA000017370



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-17370-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
FRA22-17370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,550.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD GUARD INSURANCE COMPANY**  
P.O. BOX 5001  
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000017558



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-17558-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-17558-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN SENTINEL INSURANCE COMPANY**  
PO BOX 61140  
HARRISBURG, PA 17106-1140

CUSTOMER NUMBER
IDA000017965



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-17965-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-17965-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STAR INSURANCE COMPANY**  
26255 AMERICAN DRIVE  
SOUTHFIELD, MI 48034

CUSTOMER NUMBER
IDA000018023



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-18023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TOPA INSURANCE COMPANY**  
24025 PARK SORRENTO, SUITE 300  
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000018031



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PHILADELPHIA INDEMNITY INSURANCE COMPANY**  
THREE BALA PLAZA EAST, SUITE 400  
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER
IDA000018058



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-18058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000018139



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANKERS STANDARD INSURANCE COMPANY**  
436 WALNUT STREET, P.O. BOX 1000  
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000018279



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-18279-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASSURED GUARANTY MUNICIPAL CORP.**  
1633 BROADWAY  
NEW YORK, NY 10019

CUSTOMER NUMBER
IDA000018287

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PEERLESS INDEMNITY INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000018333



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18333-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INDEMNITY NATIONAL INSURANCE COMPANY**  
238 BEDFORD WAY  
FRANKLIN, TN 37064

CUSTOMER NUMBER
IDA000018468



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18468-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**USAA GENERAL INDEMNITY COMPANY**  
9800 FREDERICKSBURG ROAD  
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000018600



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PLATTE RIVER INSURANCE COMPANY**  
P.O. BOX 5900  
MADISON, WI 53705-0900

CUSTOMER NUMBER
IDA000018619



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18619-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT MIDWEST INSURANCE COMPANY**  
800 GESSNER, SUITE 600  
HOUSTON, TX 77024

CUSTOMER NUMBER
IDA000018694



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-18694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMBAC ASSURANCE CORPORATION**  
ONE WORLD TRADE CENTER 41ST FLOOR  
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA000018708



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARCH MORTGAGE GUARANTY COMPANY**  
230 NORTH ELM STREET  
GREENSBORO, NC 27401

CUSTOMER NUMBER
IDA000018732



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MGIC INDEMNITY CORPORATION**  
P.O. BOX 756  
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000018740



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MERIT HEALTH INSURANCE COMPANY**  
4801 E. WASHINGTON ST., SUITE 100  
PHOENIX, AZ 85034

CUSTOMER NUMBER
IDA000018750



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-18750-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
HCA22-18750-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,500.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHURCH MUTUAL INSURANCE COMPANY, S.I.**  
3000 SCHUSTER LANE  
MERRILL, WI 54452

CUSTOMER NUMBER
IDA000018767



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-18767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED HERITAGE PROPERTY & CASUALTY COMPANY**  
PO BOX 5555  
MERIDIAN, ID 83680-5555

CUSTOMER NUMBER
IDA000018939



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CSE SAFEGUARD INSURANCE COMPANY**  
2121 NORTH CALIFORNIA BOULEVARD  
WALNUT CREEK, CA 94596

CUSTOMER NUMBER
IDA000018953



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18953-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CRESTBROOK INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000018961

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUTO-OWNERS INSURANCE COMPANY**  
P.O. BOX 30660  
LANSING, MI 48909-8160

CUSTOMER NUMBER
IDA000018988



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-18988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-18988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS CASUALTY AND SURETY COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000019038



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19038-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19038-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000019046

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19046-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000019062



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19062-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STANDARD FIRE INSURANCE COMPANY, THE**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000019070



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19070-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMCO INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000019100



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL UNITY INSURANCE COMPANY**  
15303 HUEBNER ROAD, BLDG. #1  
SAN ANTONIO, TX 78248

CUSTOMER NUMBER
IDA000019119



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOUTHERN GUARANTY INSURANCE COMPANY**  
13600 ICOT BLVD., BLDG. A  
CLEARWATER, FL 33760-3703

CUSTOMER NUMBER
IDA000019178



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19178-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOUTHERN INSURANCE COMPANY**  
POST OFFICE BOX 809076  
DALLAS, TX 75244

CUSTOMER NUMBER
IDA000019216



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ST. PAUL PROTECTIVE INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000019224



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19224-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19224-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLSTATE INSURANCE COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000019232



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLSTATE INDEMNITY COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000019240



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19240-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA**  
40 WANTAGE AVENUE  
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER
IDA000019259



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**  
6000 AMERICAN PARKWAY  
MADISON, WI 53783-0001

CUSTOMER NUMBER
IDA000019275



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN**  
6000 AMERICAN PARKWAY  
MADISON, WI 53783-0001

CUSTOMER NUMBER
IDA000019283



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN HOME ASSURANCE COMPANY**  
1271 AVE OF THE AMERICAS FL 37  
NEW YORK, NY 10020-1304

CUSTOMER NUMBER
IDA000019380



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AIU INSURANCE COMPANY**  
1271 AVE OF THE AMERICAS FL 37  
NEW YORK, NY 10020-1304

CUSTOMER NUMBER
IDA000019399



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AIG PROPERTY CASUALTY COMPANY**  
175 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000019402



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19402-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMMERCE AND INDUSTRY INSURANCE COMPANY**  
1271 AVE OF THE AMERICAS FL 37  
NEW YORK, NY 20030-1304

CUSTOMER NUMBER
IDA000019410

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, TH**  
175 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000019429



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURG**  
175 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000019445



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANSATLANTIC REINSURANCE COMPANY**  
ONE LIBERTY PLAZA, 165 BROADWAY  
NEW YORK, NY 10006

CUSTOMER NUMBER
IDA000019453



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19453-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERISURE INSURANCE COMPANY**  
P. O. BOX 2060  
FARMINGTON HILLS, MI 48331-3586

CUSTOMER NUMBER
IDA000019488



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED FIRE & INDEMNITY COMPANY**  
P.O. BOX 73909  
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000019496



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CATLIN INSURANCE COMPANY, INC.**  
70 SEAVIEW AVENUE  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000019518



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UFG SPECIALTY INSURANCE COMPANY**  
P.O. BOX 73909  
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000019526



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19526-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HALLMARK NATIONAL INSURANCE COMPANY**  
5420 LYNDON B. JOHNSON FREEWAY SUITE 1100  
DALLAS, TX 75240-2345

CUSTOMER NUMBER
IDA000019530



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-19530-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
FRA22-19530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19530-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,500.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN RELIABLE INSURANCE COMPANY**  
8667 E. HARTFORD DRIVE, STE 225  
SCOTTSDALE, AZ 85255

CUSTOMER NUMBER
IDA000019615



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-19615-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
FRA22-19615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19615-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN SUMMIT INSURANCE COMPANY**  
325 N. ST. PAUL ST. #900  
DALLAS, TX 75201

CUSTOMER NUMBER
IDA000019623



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19623-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN ROAD INSURANCE COMPANY, THE**  
ONE AMERICAN ROAD, MD 7600  
DEARBORN, MI 48126-2701

CUSTOMER NUMBER
IDA000019631



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19631-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BRISTOL WEST INSURANCE COMPANY**  
900 S. PINE ISLAND RD. SUITE 600  
PLANTATION, FL 33324

CUSTOMER NUMBER
IDA000019658



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARTFORD FIRE INSURANCE COMPANY**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000019682



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN ECONOMY INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000019690



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN STATES INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000019704



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN STATES INSURANCE COMPANY OF TEXAS**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000019712



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19712-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN ALTERNATIVE INSURANCE CORPORATION**  
555 COLLEGE ROAD EAST - P.O. BOX 5241  
PRINCETON, NJ 08543

CUSTOMER NUMBER
IDA000019720



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SPECIALTY RISK OF AMERICA**  
401 W FAYETTE AVE  
SPRINGFIELD, IL 62704

CUSTOMER NUMBER
IDA000019780



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARGONAUT INSURANCE COMPANY**  
P.O. BOX 469011  
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019801



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19801-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARGONAUT-MIDWEST INSURANCE COMPANY**  
P.O. BOX 469011  
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019828



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FINANCIAL INDEMNITY COMPANY**  
POST OFFICE BOX 223687  
DALLAS, TX 75222-3687

CUSTOMER NUMBER
IDA000019852



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19852-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19852-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARGONAUT GREAT CENTRAL INSURANCE COMPANY**  
P.O. BOX 469011  
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019860



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SECURITY NATIONAL INSURANCE COMPANY**  
PO BOX 650771  
DALLAS, TX 75265-0771

CUSTOMER NUMBER
IDA000019879



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRINITY UNIVERSAL INSURANCE COMPANY**  
12926 GRAN BAY PARKWAY WEST  
JACKSONVILLE, FL 32258

CUSTOMER NUMBER
IDA000019887



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIBERTY INSURANCE UNDERWRITERS INC.**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000019917



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19917-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19917-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN COMMERCE INSURANCE COMPANY**  
211 MAIN STREET  
WEBSTER, MA 01570-0758

CUSTOMER NUMBER
IDA000019941



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19941-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMICA MUTUAL INSURANCE COMPANY**  
P.O. BOX 6008  
PROVIDENCE, RI 02940-6008

CUSTOMER NUMBER
IDA000019976



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACIG INSURANCE COMPANY**  
2600 N. CENTRAL EXPRESSWAY, SUITE 800  
RICHARDSON, TX 75080

CUSTOMER NUMBER
IDA000019984



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN SELECT INSURANCE COMPANY**  
P. O. BOX 5001  
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000019992



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-19992-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-19992-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY**  
1314 DOUGLAS STREET, SUITE 1300  
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000020044

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL LIABILITY & FIRE INSURANCE COMPANY**  
1314 DOUGLAS STREET, SUITE 1400  
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000020052



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL INDEMNITY COMPANY**  
1314 DOUGLAS STREET, SUITE 1400  
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000020087



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BITCO GENERAL INSURANCE CORPORATION**  
3700 MARKET SQUARE CIRCLE  
DAVENPORT, IA 52807

CUSTOMER NUMBER
IDA000020095



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BITCO NATIONAL INSURANCE COMPANY**  
3700 MARKET SQUARE CIRCLE  
DAVENPORT, IA 52807

CUSTOMER NUMBER
IDA000020109



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CALIFORNIA CASUALTY INDEMNITY EXCHANGE**  
P. O. BOX M  
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER
IDA000020117



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CALIFORNIA CASUALTY INSURANCE COMPANY**  
1875 S. GRANT STREET, SUITE 800  
#REF!, #REF! #REF!

CUSTOMER NUMBER
IDA000020125



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL TRUST INSURANCE COMPANY**  
6300 UNIVERSITY PARKWAY  
SARASOTA, FL 34240-8424

CUSTOMER NUMBER
IDA000020141



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALL AMERICA INSURANCE COMPANY**  
P.O. BOX 351  
VAN WERT, OH 45891-0351

CUSTOMER NUMBER
IDA000020222



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTRAL MUTUAL INSURANCE COMPANY**  
P.O. BOX 351  
VAN WERT, OH 45891-0351

CUSTOMER NUMBER
IDA000020230



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INFINITY SELECT INSURANCE COMPANY**  
POST OFFICE BOX 830189  
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000020260



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CEDAR INSURANCE COMPANY**  
628 HEBRON AVENUE, SUITE 106  
GLASTONBURY, CT 06033-5018

CUSTOMER NUMBER
IDA000020273



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FEDERAL INSURANCE COMPANY**  
202B HALL'S MILL ROAD  
WHITEHOUSE STATION, NJ 08889

CUSTOMER NUMBER
IDA000020281



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20281-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT NORTHERN INSURANCE COMPANY**  
202B HALL'S MILL ROAD  
WHITEHOUSE STATION, NJ 08889

CUSTOMER NUMBER
IDA000020303



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20303-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SYNCORA GUARANTEE INC.**  
485 LEXINGTON AVENUE - 15TH FLOOR  
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000020311

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**






DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PALOMAR SPECIALTY INSURANCE COMPANY**  
7979 IVANHOE AVENUE, SUITE 500  
LA JOLLA, CA 92037

CUSTOMER NUMBER
IDA000020338

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20338-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFIC INDEMNITY COMPANY**  
202B HALL'S MILL ROAD  
WHITEHOUSE STATION, NJ 08889

CUSTOMER NUMBER
IDA000020346



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA**  
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602  
WARREN, NJ 07059-0602

CUSTOMER NUMBER
IDA000020362



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20362-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20362-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AXIS REINSURANCE COMPANY**  
10000 AVALON BOULEVARD, SUITE 200  
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA000020370



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VIGILANT INSURANCE COMPANY**  
202B HALL'S MILL ROAD  
WHITEHOUSE STATION, NJ 08889

CUSTOMER NUMBER
IDA000020397



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20397-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20397-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CIMARRON INSURANCE COMPANY, INC.**  
7301 CARMEL EXECUTIVE PARK STE. 102  
CHARLOTTE, NC 28226

CUSTOMER NUMBER
IDA000020400



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20400-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-20400-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
HCA22-20400-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>2,000.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOMESITE INDEMNITY COMPANY**  
ONE FEDERAL STREET, SUITE 400  
BOSTON, MA 02110-2003

CUSTOMER NUMBER
IDA000020419



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20419-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**  
151 N. FRANKLIN STREET  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000020427



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTINENTAL CASUALTY COMPANY**  
151 N. FRANKLIN STREET  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000020443



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20443-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20443-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL FIRE INSURANCE COMPANY OF HARTFORD**  
151 N. FRANKLIN STREET  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000020478



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20478-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANSPORTATION INSURANCE COMPANY**  
151 N. FRANKLIN STREET  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000020494



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20494-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VALLEY FORGE INSURANCE COMPANY**  
151 N. FRANKLIN STREET  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000020508



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20508-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EULER HERMES NORTH AMERICA INSURANCE COMPANY**  
800 RED BROOK BOULEVARD  
OWINGS MILLS, MD 21117

CUSTOMER NUMBER
IDA000020516



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20516-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CLARENDON NATIONAL INSURANCE COMPANY**  
411 FIFTH AVENUE, 5TH FLOOR  
NEW YORK, NY 10016

CUSTOMER NUMBER
IDA000020532



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20532-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20532-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA**  
28 LIBERTY STREET, SUITE 5400  
NEW YORK, NY 10005-1445

CUSTOMER NUMBER
IDA000020559



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-20559-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,550.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**XL REINSURANCE AMERICA INC.**  
70 SEAVIEW AVENUE  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000020583



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SPARTA INSURANCE COMPANY**  
5 BATTERSON PARK RD., 3RD FLOOR  
FARMINGTON, CT 06032

CUSTOMER NUMBER
IDA000020613



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20613-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20613-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACE PROPERTY AND CASUALTY INSURANCE COMPANY**  
436 WALNUT STREET, P.O. BOX 1000  
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000020699



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20699-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACE FIRE UNDERWRITERS INSURANCE COMPANY**  
436 WALNUT STREET, P.O. BOX 1000  
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000020702



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTURY INDEMNITY COMPANY**  
436 WALNUT STREET, P.O. BOX 1000  
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000020710



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20710-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**21ST CENTURY PREMIER INSURANCE COMPANY**  
3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER
IDA000020796



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20796-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20796-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WELLFLEET NEW YORK INSURANCE COMPANY**  
5814 REED ROAD  
FORT WAYNE, IN 46835-3568

CUSTOMER NUMBER
IDA000020931



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-20931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COUNTRY CASUALTY INSURANCE COMPANY**  
P.O. BOX 2100  
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER
IDA000020982



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COUNTRY MUTUAL INSURANCE COMPANY**  
P.O. BOX 2100  
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER
IDA000020990



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-20990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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# ARIZONA

## DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COUNTRY PREFERRED INSURANCE COMPANY**  
P.O. BOX 2100  
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER

IDA000021008



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21008-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GLOBAL REINSURANCE CORPORATION OF AMERICA**  
TWO LOGAN SQUARE, SUITE 600  
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000021032

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANSVERSE INSURANCE COMPANY**  
155 VILLAGE BLVD., SUITE 205  
PRINCETON, NJ 08540

CUSTOMER NUMBER
IDA000021075



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21075-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTH RIVER INSURANCE COMPANY, THE**  
305 MADISON AVENUE  
MORRISTOWN, NJ 07960

CUSTOMER NUMBER
IDA000021105



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED STATES FIRE INSURANCE COMPANY**  
305 MADISON AVENUE  
MORRISTOWN, NJ 07960

CUSTOMER NUMBER
IDA000021113



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21113-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21113-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DAIRYLAND INSURANCE COMPANY**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000021164



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VANLINER INSURANCE COMPANY**  
ONE PREMIER DRIVE  
ST. LOUIS, MO 63026

CUSTOMER NUMBER
IDA000021172



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENTRY SELECT INSURANCE COMPANY**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000021180



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY**  
9800 FREDERICKSBURG ROAD  
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000021253



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ELECTRIC INSURANCE COMPANY**  
75 SAM FONZO DRIVE  
BEVERLY, MA 01915-1000

CUSTOMER NUMBER
IDA000021261



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PINNACLE NATIONAL INSURANCE COMPANY**  
1900 L. DON DODSON DR.  
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA000021296



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21296-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21296-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPIRE FIRE AND MARINE INSURANCE COMPANY**  
1299 ZURICH WAY, 5TH FLOOR  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000021326



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21326-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21326-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMCASCO INSURANCE COMPANY**  
P. O. BOX 712  
DES MOINES, IA 50306-0712

CUSTOMER NUMBER
IDA000021407



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21407-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPLOYERS MUTUAL CASUALTY COMPANY**  
P. O. BOX 712  
DES MOINES, IA 50306-0712

CUSTOMER NUMBER
IDA000021415



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21415-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNION INSURANCE COMPANY OF PROVIDENCE**  
PO BOX 712  
DES MOINES, IA 50306-0712

CUSTOMER NUMBER
IDA000021423



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPLOYERS INSURANCE COMPANY OF WAUSAU**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000021458



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21458-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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# ARIZONA

## DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FACTORY MUTUAL INSURANCE COMPANY**  
P.O. BOX 7500  
JOHNSTON, RI 02919-0750

CUSTOMER NUMBER

IDA000021482



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21482-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMERS INSURANCE COMPANY OF ARIZONA**  
6301 OWENSMOUTH AVE  
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER
IDA000021598



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-21598-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
FRA22-21598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>2,000.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMERS INSURANCE EXCHANGE**  
6301 OWENSMOUTH AVE  
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER
IDA000021652



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRE INSURANCE EXCHANGE**  
6301 OWENSMOUTH AVE  
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER
IDA000021660



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MID-CENTURY INSURANCE COMPANY**  
6301 OWENSMOUTH AVE  
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER
IDA000021687



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21687-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21687-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRUCK INSURANCE EXCHANGE**  
6301 OWENSMOUTH AVE  
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER
IDA000021709



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21709-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21709-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ESURANCE INSURANCE COMPANY OF NEW JERSEY**  
3075 SANDERS RD, STE G4E  
NORTHBROOK, IL 60062-6127

CUSTOMER NUMBER
IDA000021741



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.**  
1209 ORANGE STREET  
WILMINGTON, DE 19801

CUSTOMER NUMBER
IDA000021784



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INFINITY CASUALTY INSURANCE COMPANY**  
POST OFFICE BOX 830189  
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000021792



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21792-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN PROPERTY INSURANCE COMPANY**  
4 INDUSTRIAL WAY WEST, SUITE 102  
EATONTOWN, NJ 07724

CUSTOMER NUMBER
IDA000021806



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21806-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW ENGLAND INSURANCE COMPANY**  
100 HIGH STREET, SUITE 610A  
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000021830



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN AUTOMOBILE INSURANCE COMPANY**  
225 W. WASHINGTON STREET, SUITE 1800  
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000021849



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21849-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21849-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN INSURANCE COMPANY, THE**  
225 W. WASHINGTON STREET, SUITE 1800  
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000021857



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21857-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASSOCIATED INDEMNITY CORPORATION**  
225 W. WASHINGTON STREET, SUITE 1800  
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000021865



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21865-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIREMAN'S FUND INSURANCE COMPANY**  
225 W. WASHINGTON STREET, SUITE 1800  
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000021873



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL SURETY CORPORATION**  
225 W. WASHINGTON STREET, SUITE 1800  
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000021881



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21881-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21881-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROCENTURY INSURANCE COMPANY**  
550 POLARIS PARKWAY  
WESTERVILLE, OH 43082

CUSTOMER NUMBER
IDA000021903



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLIANZ REINSURANCE AMERICA, INC.**  
1465 NORTH MCDOWELL BLVD., SUITE 100  
PETALUMA, CA 94954-6516

CUSTOMER NUMBER
IDA000021911



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-21911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PENNSYLVANIA INSURANCE COMPANY**  
P.O. BOX 3646  
OMAHA, NE 68103-0646

CUSTOMER NUMBER
IDA000021962

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-21962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CIM INSURANCE CORPORATION**  
500 WOODWARD AVE, 14TH FLOOR  
DETROIT, MI 48226

CUSTOMER NUMBER
IDA000022004



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MOTORS INSURANCE CORPORATION**  
500 WOODWARD AVE, 14TH FLOOR  
DETROIT, MI 48226

CUSTOMER NUMBER
IDA000022012



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENERAL REINSURANCE CORPORATION**  
120 LONG RIDGE ROAD  
STAMFORD, CT 06902-1843

CUSTOMER NUMBER
IDA000022039



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GEICO INDEMNITY COMPANY**  
ONE GEICO PLAZA  
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000022055



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY**  
ONE GEICO PLAZA  
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000022063



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22063-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GRAIN DEALERS MUTUAL INSURANCE COMPANY**  
55 WEST STREET  
KEENE, NH 03431

CUSTOMER NUMBER
IDA000022098



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22098-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT AMERICAN INSURANCE COMPANY OF NEW YORK**  
301 E FOURTH STREET  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000022136



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**REPUBLIC INDEMNITY COMPANY OF AMERICA**  
4500 PARK GRANADA, SUITE 300  
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000022179



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREATER NEW YORK MUTUAL INSURANCE COMPANY**  
200 MADISON AVENUE  
NEW YORK, NY 10016-3904

CUSTOMER NUMBER
IDA000022187



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FREEDOM SPECIALTY INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000022209



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRISURA INSURANCE COMPANY**  
210 PARK AVENUE, SUITE 1400  
OKLAHOMA CITY, OK 73102-5636

CUSTOMER NUMBER
IDA000022225



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22225-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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# ARIZONA

## DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SELECT INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000022233



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDMARC CASUALTY INSURANCE COMPANY**  
4795 MEADOW WOOD LANE SUITE 335 WEST  
CHANTILLY, VA 20151

CUSTOMER NUMBER
IDA000022241



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BLUESHORE INSURANCE COMPANY**  
1720 WEST RIO SALADO PARKWAY  
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA000022250



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INFINITY INSURANCE COMPANY**  
POST OFFICE BOX 830189  
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000022268



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY**  
1314 DOUGLAS STREET, SUITE 1400  
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000022276



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HANOVER INSURANCE COMPANY, THE**  
440 LINCOLN STREET  
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000022292



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MASSACHUSETTS BAY INSURANCE COMPANY**  
440 LINCOLN STREET  
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000022306



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RSUI INDEMNITY COMPANY**  
945 E. PACES FERRY RD, SUITE 1800  
ATLANTA, GA 30326-1160

CUSTOMER NUMBER
IDA000022314



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREENWICH INSURANCE COMPANY**  
70 SEAVIEW AVENUE  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000022322



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARTFORD ACCIDENT AND INDEMNITY COMPANY**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000022357



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MENDAKOTA INSURANCE COMPANY**  
3343 PERIMETER HILL DR., SUITE 214  
NASHVILLE, TN 37211

CUSTOMER NUMBER
IDA000022454



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22454-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SECURA INSURANCE COMPANY**  
1500 MUTUAL WAY  
NEENAH, WI 54956

CUSTOMER NUMBER
IDA000022543



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MITSUI SUMITOMO INSURANCE USA INC.**  
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602  
WARREN, NJ 07059-0602

CUSTOMER NUMBER
IDA000022551



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HORACE MANN INSURANCE COMPANY**  
#1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000022578

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ATLANTIC STATES INSURANCE COMPANY**  
1195 RIVER ROAD  
MARIETTA, PA 17547-0302

CUSTOMER NUMBER
IDA000022586



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22586-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MGIC ASSURANCE CORPORATION**  
P.O. BOX 756  
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000022594



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL SPECIALTY INSURANCE COMPANY**  
1900 L. DON DODSON DR  
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA000022608



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACE AMERICAN INSURANCE COMPANY**  
436 WALNUT STREET P.O. BOX 1000  
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000022667



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22667-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22667-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TEACHERS INSURANCE COMPANY**  
#1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000022683



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22683-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22683-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**R&Q REINSURANCE COMPANY**  
TWO LOGAN SQUARE, SUITE 600  
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000022705



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INSURANCE COMPANY OF NORTH AMERICA**  
436 WALNUT STREET, P.O. BOX 1000  
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000022713



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLIED WORLD INSURANCE COMPANY**  
199 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000022730



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFIC EMPLOYERS INSURANCE COMPANY**  
436 WALNUT STREET, P.O. BOX 1000  
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000022748



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22748-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-22748-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HORACE MANN PROPERTY & CASUALTY INSURANCE COMPAN**  
#1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000022756



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INTEGON INDEMNITY CORPORATION**  
P.O. BOX 3199  
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000022772



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHICAGO INSURANCE COMPANY**  
225 W. WASHINGTON STREET, SUITE 1800  
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000022810



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AGCS MARINE INSURANCE COMPANY**  
225 W. WASHINGTON STREET, SUITE 1800  
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000022837

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22837-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACA FINANCIAL GUARANTY CORPORATION**  
555 THEODORE FREMD AVE., SUITE C-205  
RYE, NY 10580

CUSTOMER NUMBER
IDA000022896



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO**  
P.O. BOX 305054  
NASHVILLE, TN 37214

CUSTOMER NUMBER
IDA000022906



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ECONOMY FIRE & CASUALTY COMPANY**  
PO BOX 350, 700 QUAKER LANE  
WARWICK, RI 02887-0350

CUSTOMER NUMBER
IDA000022926



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACSTAR INSURANCE COMPANY**  
30 SOUTH ROAD  
FARMINGTON, CT 06032

CUSTOMER NUMBER
IDA000022950



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SEQUOIA INSURANCE COMPANY**  
PO BOX 1510  
MONTEREY, CA 93942

CUSTOMER NUMBER
IDA000022985



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-22985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIBERTY MUTUAL FIRE INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000023035



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23035-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23035-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIBERTY MUTUAL INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000023043



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23043-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW MEXICO FOUNDATION INSURANCE COMPANY**  
PO BOX 27805  
ALBUQUERQUE, NM 87125

CUSTOMER NUMBER
IDA000023051



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**R.V.I. AMERICA INSURANCE COMPANY**  
201 BROAD STREET, SIXTH FLOOR  
STAMFORD, CT 06901

CUSTOMER NUMBER
IDA000023132



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLI**  
4200 SIX FORKS ROAD  
SUITE 1400  
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000023248



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23248-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INLAND INSURANCE COMPANY**  
P.O. BOX 80468  
LINCOLN, NE 68501

CUSTOMER NUMBER
IDA000023264



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CINCINNATI INDEMNITY COMPANY, THE**  
P.O. BOX 145496  
CINCINNATI, OH 45250-5496

CUSTOMER NUMBER
IDA000023280



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN EUROPEAN INSURANCE COMPANY**  
2250 CHAPEL AVE WEST  
CHERRY HILL, NJ 08002

CUSTOMER NUMBER
IDA000023337



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MERIDIAN SECURITY INSURANCE COMPANY**  
518 EAST BROAD STREET  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000023353



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERISURE MUTUAL INSURANCE COMPANY**  
P. O. BOX 2060  
FARMINGTON HILLS, MI 48331-3586

CUSTOMER NUMBER
IDA000023396



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MID-CONTINENT CASUALTY COMPANY**  
P.O. BOX 1409  
TULSA, OK 74101

CUSTOMER NUMBER
IDA000023418



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23418-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIDDLESEX INSURANCE COMPANY**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000023434



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23434-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PATRIOT GENERAL INSURANCE COMPANY**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000023442



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FAMILY HOME INSURANCE COMPANY**  
P.O. BOX 5323  
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER
IDA000023450



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN MODERN HOME INSURANCE COMPANY**  
P.O. BOX 5323  
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER
IDA000023469



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23469-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23469-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MONTEREY INSURANCE COMPANY**  
2300 GARDEN ROAD  
MONTEREY, CA 93940

CUSTOMER NUMBER
IDA000023540



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIDWEST FAMILY MUTUAL INSURANCE COMPANY**  
P.O. BOX 9425  
MINNEAPOLIS, MN 55440-9425

CUSTOMER NUMBER
IDA000023574



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23574-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARLEYSVILLE INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000023582



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23582-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIDWEST EMPLOYERS CASUALTY COMPANY**  
1209 ORANGE STREET  
WILMINGTON, DE 19801

CUSTOMER NUMBER
IDA000023612



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23612-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23612-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IRONSHORE INDEMNITY INC.**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000023647



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL AMERICAN INSURANCE COMPANY**  
P.O. BOX 9  
CHANDLER, OK 74834

CUSTOMER NUMBER
IDA000023663



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA**  
5 BATTERSON PARK RD., 3RD FLOOR  
FARMINGTON, CT 06032

CUSTOMER NUMBER
IDA000023671



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ODYSSEY REINSURANCE COMPANY**  
300 FIRST STAMFORD PLACE  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000023680



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL GENERAL INSURANCE COMPANY**  
P.O. BOX 3199  
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000023728



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23728-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DIRECT NATIONAL INSURANCE COMPANY**  
P.O. BOX 3199  
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000023736



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23736-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASCOT INSURANCE COMPANY**  
55 W 46TH STREET  
NEW YORK, NY 10036

CUSTOMER NUMBER
IDA000023752



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23752-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONWIDE GENERAL INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000023760



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23760-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONWIDE MUTUAL FIRE INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000023779



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONWIDE MUTUAL INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000023787



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23787-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23787-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GRANITE STATE INSURANCE COMPANY**  
175 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000023809



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23809-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23809-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ILLINOIS NATIONAL INSURANCE CO.**  
175 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000023817



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION**  
1 MANHATTANVILLE ROAD, SUITE 301  
PURCHASE, NY 10577-2100

CUSTOMER NUMBER
IDA000023825



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23825-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW HAMPSHIRE INSURANCE COMPANY**  
175 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000023841



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23841-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23841-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MAPFRE INSURANCE COMPANY**  
211 MAIN STREET  
WEBSTER, MA 01570-0758

CUSTOMER NUMBER
IDA000023876



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-23876-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-23876-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTHLAND INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024015



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24015-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTHLAND CASUALTY COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024031



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SURETY BONDING COMPANY OF AMERICA**  
151 N. FRANKLIN STREET  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000024047



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FIRE AND CASUALTY COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000024066



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24066-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OHIO CASUALTY INSURANCE COMPANY, THE**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000024074



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24074-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24074-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OHIO SECURITY INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000024082

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OHIO FARMERS INSURANCE COMPANY**  
P. O. BOX 5001  
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000024104



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTFIELD INSURANCE COMPANY**  
P. O. BOX 5001  
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000024112



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTFIELD NATIONAL INSURANCE COMPANY**  
P. O. BOX 5001  
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000024120



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD REPUBLIC GENERAL INSURANCE CORPORATION**  
307 NORTH MICHIGAN AVENUE  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000024139



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24139-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD REPUBLIC INSURANCE COMPANY**  
631 EXCEL DRIVE, SUITE 200  
MT. PLEASANT, PA 15666

CUSTOMER NUMBER
IDA000024147



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24147-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NETHERLANDS INSURANCE COMPANY, THE**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000024171



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24171-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PEERLESS INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000024198



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE**  
2505 COURT STREET  
PEKIN, IL 61558-0001

CUSTOMER NUMBER
IDA000024201



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24201-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PEKIN INSURANCE COMPANY**  
2505 COURT STREET  
PEKIN, IL 61558-0001

CUSTOMER NUMBER
IDA000024228



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE CASUALTY INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000024260



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE MAX INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000024279



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROVIDENCE WASHINGTON INSURANCE COMPANY**  
475 KILVERT STREET, SUITE 330  
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000024295

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24295-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SPINNAKER INSURANCE COMPANY**  
1 PLUCKEMIN WAY, SUITE 102  
BEDMINSTER, NJ 07921

CUSTOMER NUMBER
IDA000024376



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24376-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENERAL CASUALTY COMPANY OF WISCONSIN**  
ONE QBE WAY  
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000024414



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24414-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**REGENT INSURANCE COMPANY**  
ONE QBE WAY  
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000024449



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24449-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24449-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN NATIONAL ASSURANCE COMPANY**  
4700 W 77TH STREET  
EDINA, MN 55435

CUSTOMER NUMBER
IDA000024465

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24465-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24465-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ROOT PROPERTY & CASUALTY INSURANCE COMPANY**  
80 E. RICH STREET  
SUITE 500  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000024503



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24503-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**REPUBLIC UNDERWRITERS INSURANCE COMPANY**  
POST OFFICE BOX 809076  
DALLAS, TX 75244

CUSTOMER NUMBER
IDA000024538



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**XL INSURANCE AMERICA, INC.**  
70 SEAVIEW AVENUE  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000024554



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24554-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARROWOOD INDEMNITY COMPANY**  
3600 ARCO CORPORATE DRIVE SUITE 100  
CHARLOTTE, NC 28273

CUSTOMER NUMBER
IDA000024678



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24678-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24678-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST NATIONAL INSURANCE COMPANY OF AMERICA**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000024724



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENERAL INSURANCE COMPANY OF AMERICA**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000024732



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24732-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFECO INSURANCE COMPANY OF AMERICA**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000024740



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24740-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFECO NATIONAL INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000024759



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ST. PAUL FIRE AND MARINE INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024767



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ST. PAUL GUARDIAN INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024775



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24775-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ST. PAUL MERCURY INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024791



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24791-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24791-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BALBOA INSURANCE COMPANY**  
827 W. GROVE AVE  
MESA, AZ 85210

CUSTOMER NUMBER
IDA000024813



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24813-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24813-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MERITPLAN INSURANCE COMPANY**  
827 W. GROVE AVE  
MESA, AZ 85210

CUSTOMER NUMBER
IDA000024821



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24821-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24821-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEWPORT INSURANCE COMPANY**  
827 W. GROVE AVE  
MESA, AZ 85210

CUSTOMER NUMBER
IDA000024848



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24848-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-24848-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALEA NORTH AMERICA INSURANCE COMPANY**  
5 BATTERSON PARK RD., 3RD FLOOR  
FARMINGTON, CT 06032

CUSTOMER NUMBER
IDA000024899

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24899-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EVERSPAN INSURANCE COMPANY**  
ONE WORLD TRADE CENTER 41ST FLOOR  
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA000024961



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-24961-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
HCA22-24961-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENTRY INSURANCE COMPANY**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000024988



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-24988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-24988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESCO INSURANCE COMPANY**  
59 MAIDEN LANE, 43RD FLOOR  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000025011



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25011-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25011-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HUDSON INSURANCE COMPANY**  
100 WILLIAM STREET, 5TH FLOOR  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000025054



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COAST NATIONAL INSURANCE COMPANY**  
900 S. PINE ISLAND RD. SUITE 600  
PLANTATION, FL 33324

CUSTOMER NUMBER
IDA000025089



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY**  
518 EAST BROAD STREET  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000025127



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STATE AUTOMOBILE MUTUAL INSURANCE COMPANY**  
518 EAST BROAD STREET  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000025135



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STATE FARM FIRE AND CASUALTY COMPANY**  
ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000025143



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25143-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STATE FARM GENERAL INSURANCE COMPANY**  
ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000025151



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25151-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**  
ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000025178



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25178-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STILLWATER INSURANCE COMPANY**  
6800 SOUTHPOINT PKWY, STE 700  
JACKSONVILLE, FL 32216

CUSTOMER NUMBER
IDA000025180



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMC PROPERTY & CASUALTY COMPANY**  
P.O. BOX 712  
DES MOINES, IA 50306-0712

CUSTOMER NUMBER
IDA000025186



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**21ST CENTURY ADVANTAGE INSURANCE COMPANY**  
3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER
IDA000025232



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NAU COUNTRY INSURANCE COMPANY**  
ONE QBE WAY  
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000025240



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMERS DIRECT PROPERTY AND CASUALTY INSURANCE CO**  
PO BOX 350, 700 QUAKER LANE  
WARWICK, RI 02887-0350

CUSTOMER NUMBER
IDA000025321



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SWISS REINSURANCE AMERICA CORPORATION**  
175 KING STREET  
ARMONK, NY 10504-1606

CUSTOMER NUMBER
IDA000025364



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25364-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25364-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPLOYERS ASSURANCE COMPANY**  
10375 PROFESSIONAL CIRCLE  
RENO, NV 89521-4802

CUSTOMER NUMBER
IDA000025402



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFE AUTO INSURANCE COMPANY**  
4 EASTON OVAL  
COLUMBUS, OH 43219

CUSTOMER NUMBER
IDA000025405



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25405-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ATRADIUS TRADE CREDIT INSURANCE, INC.**  
211 SCHILLING CIRCLE, SUITE 200  
HUNT VALLEY, MD 21031

CUSTOMER NUMBER
IDA000025422



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25422-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IRONSHORE SPECIALTY INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000025445

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-25445-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
FRA22-25445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,550.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONWIDE INSURANCE COMPANY OF AMERICA**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000025453

 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STARSTONE NATIONAL INSURANCE COMPANY**  
221 DAWSON ROAD, 2ND FLOOR  
COLUMBIA, SC 29223

CUSTOMER NUMBER
IDA000025496

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25496-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TIG INSURANCE COMPANY**  
250 COMMERCIAL STREET, SUITE 5000  
MANCHESTER, NH 03101

CUSTOMER NUMBER
IDA000025534



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WATFORD INSURANCE COMPANY**  
445 SOUTH STREET, SUITE 220, P.O. BOX 1950  
MORRISTOWN, NJ 07962-1950

CUSTOMER NUMBER
IDA000025585



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25585-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25585-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHARTER OAK FIRE INSURANCE COMPANY, THE**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025615

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PHOENIX INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025623



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS INDEMNITY COMPANY, THE**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025658



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25658-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS INDEMNITY COMPANY OF AMERICA, THE**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025666



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25666-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025674



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025682



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ESURANCE INSURANCE COMPANY**  
3075 SANDERS RD, STE G4E  
NORTHBROOK, IL 60062-6127

CUSTOMER NUMBER
IDA000025712



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DAIRYLAND AMERICAN INSURANCE COMPANY**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000025747



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PEACHTREE CASUALTY INSURANCE COMPANY**  
8200 BECKETT PARK DRIVE, SUITE 201  
WEST CHESTER, OH 45069

CUSTOMER NUMBER
IDA000025755



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25755-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WILLIAMSBURG NATIONAL INSURANCE COMPANY**  
26255 AMERICAN DRIVE  
SOUTHFIELD, MI 48034

CUSTOMER NUMBER
IDA000025780



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUTTON NATIONAL INSURANCE COMPANY**  
1855 GRIFFIN ROAD  
B-390  
DANIA BEACH, FL 33004

CUSTOMER NUMBER
IDA000025798



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25798-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNION INSURANCE COMPANY**  
11201 DOUGLAS AVENUE  
URBANDALE, IA 50322-3707

CUSTOMER NUMBER
IDA000025844



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25844-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025879



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED STATES FIDELITY AND GUARANTY COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025887



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25887-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED STATES LIABILITY INSURANCE COMPANY**  
1190 DEVON PARK DRIVE, P.O. BOX 6700  
WAYNE, PA 19087-8700

CUSTOMER NUMBER
IDA000025895



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIVERSAL SURETY COMPANY**  
P.O. BOX 80468  
LINCOLN, NE 68501

CUSTOMER NUMBER
IDA000025933



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25933-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED SERVICES AUTOMOBILE ASSOCIATION**  
9800 FREDERICKSBURG ROAD  
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000025941

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**USAA CASUALTY INSURANCE COMPANY**  
9800 FREDERICKSBURG ROAD  
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000025968



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UTICA MUTUAL INSURANCE COMPANY**  
POST OFFICE BOX 530  
UTICA, NY 13503-0530

CUSTOMER NUMBER
IDA000025976



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-25976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-25976-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WAUSAU UNDERWRITERS INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000026042



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-26042-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RESPONSE WORLDWIDE INSURANCE COMPANY**  
200 EAST RANDOLPH STREET, STE. 3300  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000026050



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WAUSAU BUSINESS INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000026069



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LANCER INSURANCE COMPANY**  
P.O. BOX 9004  
LONG BEACH, NY 11561-9004

CUSTOMER NUMBER
IDA000026077



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WARNER INSURANCE COMPANY**  
200 EAST RANDOLPH STREET, STE. 3300  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000026085



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26085-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000026093



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-26093-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN MILLENNIUM INSURANCE COMPANY**  
1011 ROUTE 22 WEST  
BRIDGEWATER, NJ 08807

CUSTOMER NUMBER
IDA000026140



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**YOSEMITE INSURANCE COMPANY**  
475 KILVERT STREET, SUITE 330  
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000026220



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-26220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY**  
1299 ZURICH WAY, 5TH FLOOR  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000026247



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-26247-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMERS PROPERTY AND CASUALTY INSURANCE COMPANY**  
PO BOX 350, 700 QUAKER LANE  
WARWICK, RI 02887-0350

CUSTOMER NUMBER
IDA000026298



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SELECTIVE WAY INSURANCE COMPANY**  
40 WANTAGE AVENUE  
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER
IDA000026301



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GRANITE RE, INC.**  
14001 QUAILBROOK DRIVE  
OKLAHOMA CITY, OK 73134

CUSTOMER NUMBER
IDA000026310



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT AMERICAN ASSURANCE COMPANY**  
301 E FOURTH STREET  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000026344



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26344-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACCREDITED SURETY AND CASUALTY COMPANY, INC.**  
PO BOX 140855  
ORLANDO, FL 32814

CUSTOMER NUMBER
IDA000026379



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26379-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-26379-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN HOME INSURANCE COMPANY**  
4700 WEST 77TH STREET  
EDINA, MN 55435

CUSTOMER NUMBER
IDA000026395



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARCO NATIONAL INSURANCE COMPANY**  
4200 SIX FORKS RD " SUITE 1400  
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000026433



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2021

RE: ANNUAL ASSESSMENT
COURTESY INSURANCE COMPANY
500 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL 33442

CUSTOMER NUMBER
IDA000026492

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Row 1: FRA22-26492-ACT, Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al], 7/13/2021, 1,050.00. Row 2: TOTAL ASSESSMENT AMOUNT, 1,050.00

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OHIO INDEMNITY COMPANY**  
250 E. BROAD ST., 7TH FLOOR  
COLUMBUS, OH 43215-0000

CUSTOMER NUMBER
IDA000026565



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INDEPENDENCE AMERICAN INSURANCE COMPANY**  
485 MADISON AVENUE, 14TH FLOOR  
NEW YORK, NY 10022-5872

CUSTOMER NUMBER
IDA000026581



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-26581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BLACKBOARD INSURANCE COMPANY**  
175 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000026611



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-26611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT NORTHWEST INSURANCE COMPANY**  
445 MINNESOTA STREET, SUITE 730  
ST. PAUL, MN 55101

CUSTOMER NUMBER
IDA000026654



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26654-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MILFORD CASUALTY INSURANCE COMPANY**  
P.O. BOX 650771  
DALLAS, TX 75265-0771

CUSTOMER NUMBER
IDA000026662



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CASUALTY UNDERWRITERS INSURANCE COMPANY**  
PO BOX 9510  
WICHITA, KS 67277

CUSTOMER NUMBER
IDA000026697



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INSURANCE COMPANY OF ILLINOIS**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000026700



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-26700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PLANS' LIABILITY INSURANCE COMPANY**  
23 SOUTH MAIN STREET  
HANOVER, NH 03755

CUSTOMER NUMBER
IDA000026794



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26794-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT AMERICAN ALLIANCE INSURANCE COMPANY**  
301 E FOURTH STREET  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000026832

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTURY-NATIONAL INSURANCE COMPANY**  
5630 UNIVERSITY PARKWAY  
WINSTON-SALEM, NC 27105

CUSTOMER NUMBER
IDA000026905



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26905-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EVEREST REINSURANCE COMPANY**  
P.O. BOX 830  
LIBERTY CORNER, NJ 07938-0830

CUSTOMER NUMBER
IDA000026921



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-26921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-26921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BOND SAFEGUARD INSURANCE COMPANY**  
10002 SHELBYVILLE ROAD, SUITE 100  
LOUISVILLE, KY 40223-2979

CUSTOMER NUMBER
IDA000027081



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27081-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**YOUNG AMERICA INSURANCE COMPANY**  
1800 LEE TREVINO, SUITE 201  
EL PASO, TX 79936-4117

CUSTOMER NUMBER
IDA000027090



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRUMBULL INSURANCE COMPANY**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000027120



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-27120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIDVALE INDEMNITY COMPANY**  
6000 AMERICAN PARKWAY  
MADISON, WI 53783-0001

CUSTOMER NUMBER
IDA000027138



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-27138-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ATLANTIC SPECIALTY INSURANCE COMPANY**  
605 HIGHWAY 169 NORTH, SUITE 800  
PLYMOUTH, MN 55441

CUSTOMER NUMBER
IDA000027154



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-27154-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY**  
P. O. BOX M  
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER
IDA000027464



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOUTHWEST GENERAL INSURANCE COMPANY**  
P.O. BOX 1377  
GALLUP, NM 87305

CUSTOMER NUMBER
IDA000027499



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN GENERAL INSURANCE COMPANY**  
5230 LAS VIRGENES ROAD SUITE 100  
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000027502



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27502-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRSTCOMP INSURANCE COMPANY**  
222 SOUTH 15TH STREET, SUITE 1500 N  
OMAHA, NE 68102

CUSTOMER NUMBER
IDA000027626



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTH POINTE INSURANCE COMPANY**  
ONE QBE WAY  
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000027740

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE WEST INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000027804



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLUMBIA INSURANCE COMPANY**  
1314 DOUGLAS STREET, SUITE 1400  
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000027812

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27812-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-27812-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INSURANCE COMPANY OF THE WEST**  
P.O. BOX 509039  
SAN DIEGO, CA 92150

CUSTOMER NUMBER
IDA000027847



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS**  
1299 ZURICH WAY, 5TH FLOOR  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000027855



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-27855-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN AGRICULTURAL INSURANCE COMPANY**  
5400 UNIVERSITY AVENUE  
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER
IDA000027871



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27871-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-27871-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMEX ASSURANCE COMPANY**  
18850 N 56TH ST  
PHOENIX, AZ 85054

CUSTOMER NUMBER
IDA000027928



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-27928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL INSURANCE ASSOCIATION**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000027944



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000027998

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-27998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ROCKHILL INSURANCE COMPANY**  
518 EAST BROAD STREET  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000028053



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-28053-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
FRA22-28053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-28053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,500.00</b>

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The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVCO INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000028188



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ANTHEM INSURANCE COMPANIES, INC.**  
220 VIRGINIA AVENUE  
INDIANAPOLIS, IN 46204-3709

CUSTOMER NUMBER
IDA000028207



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-28207-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONWIDE AGRIBUSINESS INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000028223



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTINENTAL INDEMNITY COMPANY**  
P.O. BOX 3646  
OMAHA, NE 68103-0646

CUSTOMER NUMBER
IDA000028258



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FEDERATED SERVICE INSURANCE COMPANY**  
121 EAST PARK SQUARE  
OWATONNA, MN 55060

CUSTOMER NUMBER
IDA000028304



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-28304-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GATEWAY INSURANCE COMPANY**  
953 AMERICAN LANE  
3RD FLOOR  
SCHAUMBURG, IL 60173

CUSTOMER NUMBER
IDA000028339



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY**  
AMERICAN NATIONAL CENTER, 1949 EAST SUNSHINE  
SPRINGFIELD, MO 65899-0001

CUSTOMER NUMBER
IDA000028401

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28401-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-28401-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENTRY CASUALTY COMPANY**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000028460



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-28460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**USPLATE GLASS INSURANCE COMPANY**  
ONE WESTBROOK CORPORATE CENTER, SUITE 320  
WESTCHESTER, IL 60154

CUSTOMER NUMBER
IDA000028497



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28497-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EASTERN ATLANTIC INSURANCE COMPANY**  
5300 DERRY STREET  
HARRISBURG, PA 17111-3598

CUSTOMER NUMBER
IDA000028649



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CINCINNATI CASUALTY COMPANY, THE**  
P.O. BOX 145496  
CINCINNATI, OH 45250-5496

CUSTOMER NUMBER
IDA000028665



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-28665-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EQUITY INSURANCE COMPANY**  
4315 LAKE SHORE DR STE J  
WACO, TX 76710-1970

CUSTOMER NUMBER
IDA000028746



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CLEAR BLUE INSURANCE COMPANY**  
B-7 TABONUCO STREET, SUITE 912  
GUAYNABO, PR 00968

CUSTOMER NUMBER
IDA000028860



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.**  
4200 SIX FORKS RD " SUITE 1400  
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000028886



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28886-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MARKEL AMERICAN INSURANCE COMPANY**  
4521 HIGHWOODS PARKWAY  
GLEN ALLEN, VA 23060

CUSTOMER NUMBER
IDA000028932

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-28932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROFESSIONALS ADVOCATE INSURANCE COMPANY**  
225 INTERNATIONAL CIRCLE  
HUNT VALLEY, MD 21030

CUSTOMER NUMBER
IDA000029017



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ATAIN INSURANCE COMPANY**  
30833 NORTHWESTERN HWY., SUITE 220  
FARMINGTON HILLS, MI 48334-2582

CUSTOMER NUMBER
IDA000029033



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-29033-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FAMILY CONNECT PROPERTY AND CASUALTY INS**  
3500 PACKERLAND DRIVE  
DE PERE, WI 54115-9070

CUSTOMER NUMBER
IDA000029068



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-29068-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARCH MORTGAGE ASSURANCE COMPANY**  
8040 EXCELSIOR DRIVE, SUITE 400  
MADISON, WI 53717

CUSTOMER NUMBER
IDA000029114



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29114-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED WISCONSIN INSURANCE COMPANY**  
P.O. BOX 40790  
LANSING, MI 48901-7990

CUSTOMER NUMBER
IDA000029157



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-29157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARTFORD CASUALTY INSURANCE COMPANY**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000029424



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-29424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TWIN CITY FIRE INSURANCE COMPANY**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000029459



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-29459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BAR PLAN MUTUAL INSURANCE COMPANY, THE**  
1717 HIDDEN CREEK COURT  
ST. LOUIS, MO 63131-1826

CUSTOMER NUMBER
IDA000029513

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DIGITAL AFFECT INSURANCE COMPANY**  
76 ST PAUL STREET, SUITE 500  
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000029530



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKLEY REGIONAL INSURANCE COMPANY**  
11201 DOUGLAS AVENUE  
URBANDALE, IA 50322-3707

CUSTOMER NUMBER
IDA000029580



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**U.S. SPECIALTY INSURANCE COMPANY**  
13403 NORTHWEST FREEWAY  
HOUSTON, TX 77040

CUSTOMER NUMBER
IDA000029599



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-29599-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000029688



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-29688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTH AMERICAN ELITE INSURANCE COMPANY**  
1200 MAIN ST. SUITE 800  
KANSAS CITY, MO 64105-2478

CUSTOMER NUMBER
IDA000029700



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-29700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INTEGON NATIONAL INSURANCE COMPANY**  
P.O. BOX 3199  
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000029742



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFIC STAR INSURANCE COMPANY**  
PO BOX 509020  
SAN DIEGO, CA 92150-9020

CUSTOMER NUMBER
IDA000029793

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29793-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MORTGAGE GUARANTY INSURANCE CORPORATION**  
P.O. BOX 756  
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000029858



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29858-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTH AMERICAN SPECIALTY INSURANCE COMPANY**  
1200 MAIN ST. SUITE 800  
KANSAS CITY, MO 64105-2478

CUSTOMER NUMBER
IDA000029874



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29874-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-29874-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE**  
ONE STATE STREET, P.O. BOX 299  
HARTFORD, CT 06141-0299

CUSTOMER NUMBER
IDA000029890



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST COLONIAL INSURANCE COMPANY**  
1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FL 32224-6688

CUSTOMER NUMBER
IDA000029980

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29980-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HIGHVIEW NATIONAL INSURANCE COMPANY**  
1 ALPINE COURT, STE 102  
SPRING VALLEY, NY 10977

CUSTOMER NUMBER
IDA000029998



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-29998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SCOR REINSURANCE COMPANY**  
28 LIBERTY STREET, SUITE 5400  
NEW YORK, NY 10005-1445

CUSTOMER NUMBER
IDA000030058



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-30058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARTFORD UNDERWRITERS INSURANCE COMPANY**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000030104



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-30104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-30104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ZNAT INSURANCE COMPANY**  
21255 CALIFA STREET  
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER
IDA000030120



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-30120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASSURED GUARANTY CORP.**  
1633 BROADWAY  
NEW YORK, NY 10019

CUSTOMER NUMBER
IDA000030180



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-30180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ESURANCE PROPERTY AND CASUALTY INSURANCE COMPAN**  
3075 SANDERS RD, STE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000030210

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-30210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BOSTON INDEMNITY COMPANY, INC.**  
800 GESSNER SUITE 600  
HOUSTON, TX 77024

CUSTOMER NUMBER
IDA000030279



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-30279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ZALE INDEMNITY COMPANY**  
9797 ROMBAUER RD.  
DALLAS, TX 75019

CUSTOMER NUMBER
IDA000030325



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-30325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARCH INDEMNITY INSURANCE COMPANY**  
HARBORSIDE 3, 210 HUDSON STREET, SUITE 300  
JERSEY CITY, NJ 07311-1107

CUSTOMER NUMBER
IDA000030830



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-30830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RADIAN MORTGAGE ASSURANCE INC.**  
1500 MARKET STREET  
PHILADELPHIA, PA 19102

CUSTOMER NUMBER
IDA000030872



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-30872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PLAZA INSURANCE COMPANY**  
518 EAST BROAD STREET  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000030945



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-30945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRI-STATE INSURANCE COMPANY OF MINNESOTA**  
11201 DOUGLAS AVENUE  
URBANDALE, IA 50322-3707

CUSTOMER NUMBER
IDA000031003



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-31003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**REPWEST INSURANCE COMPANY**  
2721 NORTH CENTRAL AVENUE  
PHOENIX, AZ 85004-1163

CUSTOMER NUMBER
IDA000031089



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-31089-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
HCA22-31089-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDICO INSURANCE COMPANY**  
PO BOX 10386  
DES MOINES, IA 50306-0386

CUSTOMER NUMBER
IDA000031119



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-31119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT AMERICAN SECURITY INSURANCE COMPANY**  
301 E FOURTH STREET  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000031135



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000031194



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-31194-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OAKWOOD INSURANCE COMPANY**  
628 HEBRON AVENUE, SUITE 106  
GLASTONBURY, CT 06033-5018

CUSTOMER NUMBER
IDA000031208



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-31208-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WORK FIRST CASUALTY COMPANY**  
1100 EAST 6600 SOUTH, SUITE 410  
SALT LAKE CITY, UT 84121

CUSTOMER NUMBER
IDA000031232

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACADIA INSURANCE COMPANY**  
P.O. BOX 9010  
WESTBROOK, ME 04098-5010

CUSTOMER NUMBER
IDA000031325



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CRUM & FORSTER INDEMNITY COMPANY**  
305 MADISON AVENUE  
MORRISTOWN, NJ 07960

CUSTOMER NUMBER
IDA000031348



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN SURETY COMPANY**  
250 EAST 96TH STREET, SUITE 202  
INDIANAPOLIS, IN 46240

CUSTOMER NUMBER
IDA000031380



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FINANCIAL PACIFIC INSURANCE COMPANY**  
P.O. BOX 73909  
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000031453



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORGUARD INSURANCE COMPANY**  
PO BOX AH  
WILKES-BARRE, PA 18701

CUSTOMER NUMBER
IDA000031470



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31470-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-31470-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CITIZENS INSURANCE COMPANY OF AMERICA**  
440 LINCOLN STREET  
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000031534

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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# ARIZONA

## DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HAULERS INSURANCE COMPANY, INC.**  
P.O. BOX 270  
COLUMBIA, TN 38402-0270

CUSTOMER NUMBER

IDA000031550



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COFACE NORTH AMERICA INSURANCE COMPANY**  
650 COLLEGE ROAD EAST; SUITE 2005  
PRINCETON, NJ 08540-6779

CUSTOMER NUMBER
IDA000031887



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN INTERSTATE INSURANCE COMPANY**  
2301 HIGHWAY 190 WEST  
DERIDDER, LA 70634-6005

CUSTOMER NUMBER
IDA000031895



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FALLS LAKE NATIONAL INSURANCE COMPANY**  
6131 FALLS OF NEUSE RD., SUITE 306  
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000031925



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-31925-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MERASTAR INSURANCE COMPANY**  
200 EAST RANDOLPH STREET, STE. 3300  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000031968



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-31968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HERITAGE CASUALTY INSURANCE COMPANY**  
7101 COLLEGE BOULEVARD, SUITE 1400  
OVERLAND PARK, KS 66210-2082

CUSTOMER NUMBER
IDA000032077



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-32077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**REPUBLIC MORTGAGE ASSURANCE COMPANY**  
P.O. BOX 2514  
WINSTON-SALEM, NC 27102

CUSTOMER NUMBER
IDA000032174



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONSTITUTION INSURANCE COMPANY**  
PO BOX 8424  
OMAHA, NE 68108-0424

CUSTOMER NUMBER
IDA000032190



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-32190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**21ST CENTURY NORTH AMERICA INSURANCE COMPANY**  
3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER
IDA000032220



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-32220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WELLFLEET INSURANCE COMPANY**  
5814 REED ROAD  
FORT WAYNE, IN 46835-3568

CUSTOMER NUMBER
IDA000032280



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-32280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TNUS INSURANCE COMPANY**  
THREE BALA PLAZA EAST, SUITE 400  
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER
IDA000032301



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-32301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LM PROPERTY AND CASUALTY INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000032352



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32352-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-32352-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STAR CASUALTY INSURANCE COMPANY**  
P.O.BOX 451037  
MIAMI, FL 33245-1037

CUSTOMER NUMBER
IDA000032387



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32387-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDICAL INSURANCE EXCHANGE OF CALIFORNIA**  
6250 CLAREMONT AVENUE  
OAKLAND, CA 94618-1324

CUSTOMER NUMBER
IDA000032433



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALPS PROPERTY & CASUALTY INSURANCE COMPANY**  
111 NORTH HIGGINS AVENUE, SUITE 600  
MISSOULA, MT 59802

CUSTOMER NUMBER
IDA000032450



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MONROE GUARANTY INSURANCE COMPANY**  
6300 UNIVERSITY PARKWAY  
SARASOTA, FL 34240-8424

CUSTOMER NUMBER
IDA000032506



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDICAL MUTUAL INSURANCE COMPANY OF NORTH CAROLIN**  
700 SPRING FOREST ROAD, SUITE 400  
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000032522



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKLEY INSURANCE COMPANY**  
475 STEAMBOAT ROAD  
GREENWICH, CT 06830

CUSTOMER NUMBER
IDA000032603

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32603-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-32603-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL INTERSTATE INSURANCE COMPANY**  
3250 INTERSTATE DRIVE  
RICHFIELD, OH 44286

CUSTOMER NUMBER
IDA000032620



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32620-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OWNERS INSURANCE COMPANY**  
P.O. BOX 30660  
LANSING, MI 48909-8160

CUSTOMER NUMBER
IDA000032700



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WASHINGTON INTERNATIONAL INSURANCE COMPANY**  
1200 MAIN ST. SUITE 800  
KANSAS CITY, MO 64105-2478

CUSTOMER NUMBER
IDA000032778



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-32778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE SPECIALTY INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000032786



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32786-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MUTUAL INSURANCE COMPANY OF ARIZONA**  
2602 EAST THOMAS ROAD  
PHOENIX, AZ 85016-8202

CUSTOMER NUMBER
IDA000032832



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-32832-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
FRA22-32832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,550.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PENN-AMERICA INSURANCE COMPANY**  
3 BALA PLZ, STE 300E  
BALA CYNWYD, PA 19004-3406

CUSTOMER NUMBER
IDA000032859



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY**  
3214 CHICAGO DRIVE  
HUDSONVILLE, MI 49426

CUSTOMER NUMBER
IDA000032867



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32867-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ISMIE MUTUAL INSURANCE COMPANY**  
20 NORTH MICHIGAN AVENUE  
CHICAGO, IL 60602-4811

CUSTOMER NUMBER
IDA000032921



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-32921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANSPORT INSURANCE COMPANY**  
TWO LOGAN SQUARE, SUITE 600  
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000033014



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-33014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AXA INSURANCE COMPANY**  
200 LIBERTY STREET  
NEW YORK, NY 10281-1037

CUSTOMER NUMBER
IDA000033022



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33022-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-33022-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANKERS INSURANCE COMPANY**  
P.O. BOX 15707  
ST. PETERSBURG, FL 33733

CUSTOMER NUMBER
IDA000033162



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORCAL MUTUAL INSURANCE COMPANY**  
575 MARKET STREET, SUITE 1000  
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER
IDA000033200



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST PROFESSIONALS INSURANCE COMPANY, INC.**  
1301 N. HAGADORN ROAD  
EAST LANSING, MI 48823

CUSTOMER NUMBER
IDA000033383



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROASSURANCE INDEMNITY COMPANY, INC.**  
PO BOX 590009  
BIRMINGHAM, AL 35259-0009

CUSTOMER NUMBER
IDA000033391



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CLERMONT INSURANCE COMPANY**  
301 ROUTE 17 NORTH, SUITE 900  
RUTHERFORD, NJ 07070

CUSTOMER NUMBER
IDA000033480



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DORINCO REINSURANCE COMPANY**  
2211 H.H DOW WAY SYLVIA STOESESSER CENTER  
MIDLAND, MI 48674

CUSTOMER NUMBER
IDA000033499

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST LIBERTY INSURANCE CORPORATION, THE**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000033588



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33588-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-33588-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LM INSURANCE CORPORATION**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000033600



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-33600-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MENDOTA INSURANCE COMPANY**  
3343 PERIMETER HILL DR., SUITE 214  
NASHVILLE, TN 37211

CUSTOMER NUMBER
IDA000033650



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**REPUBLIC CREDIT INDEMNITY COMPANY**  
307 NORTH MICHIGAN AVENUE  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000033715

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33715-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT AMERICAN SPIRIT INSURANCE COMPANY**  
301 E FOURTH STREET  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000033723



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-33723-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RADIAN GUARANTY INC.**  
1500 MARKET STREET  
PHILADELPHIA, PA 19102

CUSTOMER NUMBER
IDA000033790



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AEGIS SECURITY INSURANCE COMPANY**  
PO BOX 3153  
SAN MATEO, CA 94402

CUSTOMER NUMBER
IDA000033898



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-33898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-33898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ADM INSURANCE COMPANY**  
76 ST. PAUL STREET, SUITE 500  
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000033987



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-33987-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-33987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-33987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANS CITY CASUALTY INSURANCE COMPANY**  
7500 E. MCDONALD DR., SUITE 700  
SCOTTSDALE, AZ 85250-6055

CUSTOMER NUMBER
IDA000034002



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34002-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-34002-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HALLMARK INSURANCE COMPANY**  
5420 LYNDON B JOHNSON FRWY, SUITE 1100  
DALLAS, TX 75240-2345

CUSTOMER NUMBER
IDA000034037



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34037-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-34037-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
HCA22-34037-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTRAL STATES INDEMNITY CO. OF OMAHA**  
P.O. BOX 34888  
OMAHA, NE 68134

CUSTOMER NUMBER
IDA000034274



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-34274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRODUCERS AGRICULTURE INSURANCE COMPANY**  
2025 SOUTH HUGHES  
AMARILLO, TX 79109

CUSTOMER NUMBER
IDA000034312



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMERS GROUP PROPERTY AND CASUALTY INSURANCE CO**  
PO BOX 350, 700 QUAKER LANE  
WARWICK, RI 02887-0350

CUSTOMER NUMBER
IDA000034339



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**  
1299 ZURICH WAY, 5TH FLOOR  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000034347



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MAIDSTONE INSURANCE COMPANY**  
155 MINEOLA BOULEVARD  
MINEOLA, NY 11501

CUSTOMER NUMBER
IDA000034460



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, THE**  
PO BOX 2900  
NAPA, CA 94558

CUSTOMER NUMBER
IDA000034495



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34495-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-34495-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST AMERICAN SPECIALTY INSURANCE COMPANY**  
4 FIRST AMERICAN WAY  
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA000034525



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OAK RIVER INSURANCE COMPANY**  
1314 DOUGLAS STREET, SUITE 1300  
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000034630



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTRE INSURANCE COMPANY**  
251 LITTLE FALLS DRIVE  
WILMINGTON, DE 19808

CUSTOMER NUMBER
IDA000034649



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-34649-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTF**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000034690



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-34690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DIGITAL ADVANTAGE INSURANCE COMPANY**  
76 ST. PAUL STREET, STE 500  
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000034711



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-34711-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARAG INSURANCE COMPANY**  
500 GRAND AVENUE, SUITE 100  
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000034738



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUNZ INSURANCE COMPANY**  
1301 6TH AVENUE WEST  
BRADENTON, FL 34205

CUSTOMER NUMBER
IDA000034762



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**21ST CENTURY CENTENNIAL INSURANCE COMPANY**  
3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER
IDA000034789



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-34789-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRENWICK AMERICA REINSURANCE CORPORATION**  
40 RICHARDS AVENUE  
NORWALK, CT 06854

CUSTOMER NUMBER
IDA000034894

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34894-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DAKOTA TRUCK UNDERWRITERS**  
PO BOX 89310  
SIOUX FALLS, SD 57109-9310

CUSTOMER NUMBER
IDA000034924



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-34924-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FINANCIAL CASUALTY & SURETY, INC.**  
3131 EASTSIDE, SUITE 250  
HOUSTON, TX 77098

CUSTOMER NUMBER
IDA000035009



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35009-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY**  
ONE LIBERTY PLAZA, 165 BROADWAY  
NEW YORK, NY 10006

CUSTOMER NUMBER
IDA000035157



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-35157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EXECUTIVE RISK INDEMNITY INC.**  
202B HALL'S MILL ROAD  
WHITEHOUSE STATION, NJ 08889

CUSTOMER NUMBER
IDA000035181



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ILLINOIS INSURANCE COMPANY**  
P.O. BOX 3646  
OMAHA, NE 68103-0646

CUSTOMER NUMBER
IDA000035246



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTINENTAL INSURANCE COMPANY, THE**  
151 N. FRANKLIN STREET  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000035289



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-35289-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLIANZ GLOBAL RISKS US INSURANCE COMPANY**  
225 W. WASHINGTON STREET, SUITE 1800  
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000035300



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED AUTOMOBILE INSURANCE COMPANY**  
1313 NORTH WEST 167TH STREET  
MIAMI GARDENS, FL 33169

CUSTOMER NUMBER
IDA000035319



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIDELITY AND GUARANTY INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000035386

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IMPERIUM INSURANCE COMPANY**  
800 GESSNER, SUITE 600  
HOUSTON, TX 77024

CUSTOMER NUMBER
IDA000035408



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-35408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**U.S. UNDERWRITERS INSURANCE COMPANY**  
1190 DEVON PARK DRIVE, P.O. BOX 6700  
WAYNE, PA 19087-8700

CUSTOMER NUMBER
IDA000035416



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD REPUBLIC SECURITY ASSURANCE COMPANY**  
307 NORTH MICHIGAN AVENUE  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000035424



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-35424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DAILY UNDERWRITERS OF AMERICA**  
P.O. BOX 39  
CARLISLE, PA 17013

CUSTOMER NUMBER
IDA000035483



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-35483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ROCKWOOD CASUALTY INSURANCE COMPANY**  
654 MAIN STREET  
ROCKWOOD, PA 15557

CUSTOMER NUMBER
IDA000035505



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OBSIDIAN INSURANCE COMPANY**  
1330 AVENUE OF THE AMERICAS, STE 23A  
NEW YORK, NY 10019

CUSTOMER NUMBER
IDA000035602



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-35602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROTECTIVE PROPERTY & CASUALTY INSURANCE COMPANY**  
14755 NORTH OUTER FORTY RD., SUITE 400  
ST. LOUIS, MO 63017

CUSTOMER NUMBER
IDA000035769



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-35769-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GEICO GENERAL INSURANCE COMPANY**  
ONE GEICO PLAZA  
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000035882



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35882-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-35882-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF**  
P. O. BOX M  
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER
IDA000035955



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-35955-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HANOVER AMERICAN INSURANCE COMPANY, THE**  
440 LINCOLN STREET  
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000036064



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36064-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS COMMERCIAL INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000036137

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS PERSONAL SECURITY INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000036145



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AETNA INSURANCE COMPANY OF CONNECTICUT**  
151 FARMINGTON AVENUE, RT21  
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000036153



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000036161



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS CASUALTY COMPANY OF CONNECTICUT**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000036170



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED CASUALTY AND SURETY INSURANCE COMPANY**  
116 HUNTINGTON AVE, SUITE 903  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000036226



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PREFERRED PROFESSIONAL INSURANCE COMPANY**  
PO BOX 540658  
OMAHA, NE 68154-0658

CUSTOMER NUMBER
IDA000036234

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TITAN INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000036269

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GRAY INSURANCE COMPANY, THE**  
P.O. BOX 6202  
METAIRIE, LA 70009-6202

CUSTOMER NUMBER
IDA000036307



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAMICO MUTUAL INSURANCE COMPANY**  
1800 GATEWAY DRIVE, SUITE 300  
SAN MATEO, CA 94404

CUSTOMER NUMBER
IDA000036340



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LM GENERAL INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000036447



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-36447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLSTATE NORTHBROOK INDEMNITY COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000036455



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-36455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000036463



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-36463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLISEUM REINSURANCE COMPANY**  
3 WEST 35TH STREET, 11TH FLOOR  
NEW YORK, NY 10001-2204

CUSTOMER NUMBER
IDA000036552



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFEPORT INSURANCE COMPANY**  
4200 SIX FORKS RD " SUITE 1400  
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000036560



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36560-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PLYMOUTH ROCK ASSURANCE PREFERRED CORPORATION**  
695 ATLANTIC AVENUE  
BOSTON, MA 02111-2217

CUSTOMER NUMBER
IDA000036587



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-36587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUARANTEE COMPANY OF NORTH AMERICA USA, THE**  
605 HIGHWAY 169 NORTH, SUITE 800  
PLYMOUTH, MN 55441

CUSTOMER NUMBER
IDA000036650



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RIVERPORT INSURANCE COMPANY**  
11201 DOUGLAS AVENUE  
URBANDALE, IA 50322-3707

CUSTOMER NUMBER
IDA000036684



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36684-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-36684-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FMH AG RISK INSURANCE COMPANY**  
6785 WESTOWN PARKWAY  
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000036781



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-36781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MANUFACTURERS ALLIANCE INSURANCE COMPANY**  
P. O. BOX 3031  
BLUE BELL, PA 19422-0754

CUSTOMER NUMBER
IDA000036897



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-36897-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLONY SPECIALTY INSURANCE COMPANY**  
8720 STONY POINT PKWY, SUITE 400  
#REF!, #REF! #REF!

CUSTOMER NUMBER
IDA000036927



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTURY SURETY COMPANY**  
550 POLARIS PARKWAY  
WESTERVILLE, OH 43082

CUSTOMER NUMBER
IDA000036951



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-36951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD UNITED CASUALTY COMPANY**  
POST OFFICE BOX 795  
SHAWNEE MISSION, KS 66201

CUSTOMER NUMBER
IDA000037060



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37060-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-37060-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENWORTH FINANCIAL ASSURANCE CORPORATION**  
8325 SIX FORKS ROAD  
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000037095



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LANDCAR CASUALTY COMPANY**  
9350 SOUTH 150 EAST, SUITE 220  
SANDY, UT 84070

CUSTOMER NUMBER
IDA000037109



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTRACTORS BONDING AND INSURANCE COMPANY**  
9025 N. LINDBERGH DRIVE  
PEORIA, IL 61615

CUSTOMER NUMBER
IDA000037206



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN STATES PREFERRED INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000037214

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRAETORIAN INSURANCE COMPANY**  
ONE QBE WAY  
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000037257



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-37257-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AXIS INSURANCE COMPANY**  
10000 AVALON BOULEVARD, SUITE 200  
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA000037273



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-37273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARTFORD INSURANCE COMPANY OF THE MIDWEST**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000037478



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BEAZLEY INSURANCE COMPANY, INC.**  
30 BATTERSON PARK ROAD  
FARMINGTON, CT 06032

CUSTOMER NUMBER
IDA000037540



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-37540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TOYOTA MOTOR INSURANCE COMPANY**  
6565 HEADQUARTERS DR, PM351  
PLANO, TX 75024

CUSTOMER NUMBER
IDA000037621



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37621-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PERMANENT GENERAL ASSURANCE CORPORATION**  
P.O. BOX 305054  
NASHVILLE, TN 37230-5054

CUSTOMER NUMBER
IDA000037648



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMP**  
4 FIRST AMERICAN WAY  
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA000037710



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CSAA GENERAL INSURANCE COMPANY**  
3055 OAK ROAD  
WALNUT CREEK, CA 94597

CUSTOMER NUMBER
IDA000037770



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**KOOKMIN BEST INSURANCE CO., LTD.(U.S.BRANCH)**  
55 CHALLENGER ROAD  
RIDGEFIELD PARK, NJ 07660

CUSTOMER NUMBER
IDA000037800



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE PREFERRED INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000037834



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37834-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFIC SPECIALTY INSURANCE COMPANY**  
5515 E. LA PALMA AVENUE, SUITE 150  
ANAHEIM, CA 92807

CUSTOMER NUMBER
IDA000037850



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRE-PAID LEGAL CASUALTY, INC.**  
P.O. BOX 145  
ADA, OK 74821

CUSTOMER NUMBER
IDA000037869



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37869-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPA**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000037877



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37877-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-37877-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**XL SPECIALTY INSURANCE COMPANY**  
70 SEAVIEW AVENUE  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000037885



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000037907



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37907-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-37907-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ESSENTIA INSURANCE COMPANY**  
10275 W. HIGGINS ROAD, SUITE 750  
ROSEMONT, IL 60018

CUSTOMER NUMBER
IDA000037915



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GEICO MARINE INSURANCE COMPANY**  
5323 PORT ROYAL ROAD  
SPRINGFIELD, VA 22151

CUSTOMER NUMBER
IDA000037923



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37923-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**YCI, INC.**  
4400 WILL ROGERS PARKWAY  
OKLAHOMA CITY, OK 73108

CUSTOMER NUMBER
IDA000037931



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-37931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LEXINGTON NATIONAL INSURANCE CORPORATION**  
P.O. BOX 6098  
LUTHERVILLE, MD 21094

CUSTOMER NUMBER
IDA000037940



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37940-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN EMPIRE INSURANCE COMPANY**  
301 E. FOURTH STREET  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000037990



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-37990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ECONOMY PREFERRED INSURANCE COMPANY**  
PO BOX 350, 700 QUAKER LANE  
WARWICK, RI 02887-0350

CUSTOMER NUMBER
IDA000038067



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38067-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS PERSONAL INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000038130



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LANCER INDEMNITY COMPANY**  
P.O. BOX 9007  
LONG BEACH, NY 11561-9007

CUSTOMER NUMBER
IDA000038148



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-38148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALPHA PROPERTY & CASUALTY INSURANCE COMPANY**  
POST OFFICE BOX 223687  
DALLAS, TX 75222-3687

CUSTOMER NUMBER
IDA000038156



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BCS INSURANCE COMPANY**  
2 MID AMERICA PLAZA, SUITE 200  
OAKBROOK TERRACE, IL 60181

CUSTOMER NUMBER
IDA000038245



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-38245-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARTFORD INSURANCE COMPANY OF THE SOUTHEAST**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000038261



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARTFORD INSURANCE COMPANY OF ILLINOIS**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000038288



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANCH)**  
105 CHALLENGER ROAD, 5TH FLOOR  
RIDGEFIELD PARK, NJ 07660

CUSTOMER NUMBER
IDA000038300



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STARR INDEMNITY & LIABILITY COMPANY**  
399 PARK AVENUE, 3RD FLOOR  
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA000038318



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-38318-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENWORTH MORTGAGE INSURANCE CORPORATION**  
8325 SIX FORKS ROAD  
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000038458

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARIZONA HOME INSURANCE COMPANY**  
P.O. BOX 61775  
PHOENIX, AZ 85082

CUSTOMER NUMBER
IDA000038490



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38490-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-38490-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,800.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RAMPART INSURANCE COMPANY**  
1880 JFK BOULEVARD, STE 801  
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000038512



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIC PROPERTY AND CASUALTY INSURANCE CORPORATION**  
500 WOODWARD AVE, 14TH FLOOR  
DETROIT, MI 48226

CUSTOMER NUMBER
IDA000038601



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE NORTHERN INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000038628



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PARTNER REINSURANCE COMPANY OF THE U.S.**  
200 FIRST STAMFORD PLACE, SUITE 400  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000038636



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-38636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN MODERN SELECT INSURANCE COMPANY**  
P.O. BOX 5323  
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER
IDA000038652



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIC GENERAL INSURANCE CORPORATION**  
P.O. BOX 3199  
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000038660



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-38660-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALASKA NATIONAL INSURANCE COMPANY**  
7001 JEWEL LAKE ROAD  
ANCHORAGE, AK 99502

CUSTOMER NUMBER
IDA000038733



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38733-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SIRIUS AMERICA INSURANCE COMPANY**  
140 BROADWAY - 32ND FLOOR  
NEW YORK, NY 10005-1123

CUSTOMER NUMBER
IDA000038776



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38776-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-38776-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INFINITY SECURITY INSURANCE COMPANY**  
POST OFFICE BOX 830189  
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER
IDA000038873



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKLEY NATIONAL INSURANCE COMPANY**  
11201 DOUGLAS AVENUE  
URBANDALE, IA 50322-3707

CUSTOMER NUMBER
IDA000038911



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-38911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENESIS INSURANCE COMPANY**  
120 LONG RIDGE ROAD  
STAMFORD, CT 06902-1843

CUSTOMER NUMBER
IDA000038962



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-38962-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MARKEL INSURANCE COMPANY**  
4521 HIGHWOODS PARKWAY  
GLEN ALLEN, VA 23060

CUSTOMER NUMBER
IDA000038970



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38970-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-38970-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOMPO AMERICA FIRE & MARINE INSURANCE COMPANY**  
11405 NORTH COMMUNITY HOUSE ROAD, STE 600  
CHARLOTTE, NC 28277

CUSTOMER NUMBER
IDA000038997



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-38997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-38997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFECO INSURANCE COMPANY OF ILLINOIS**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000039012



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RURAL COMMUNITY INSURANCE COMPANY**  
1299 ZURICH WAY  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000039039



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OMNI INSURANCE COMPANY**  
1400 UNION MEETING RD, SUITE 250  
BLUE BELL, PA 19422

CUSTOMER NUMBER
IDA000039098



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SERVICE AMERICAN INDEMNITY COMPANY**  
PO BOX 26850  
AUSTIN, TX 78755

CUSTOMER NUMBER
IDA000039152



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**QBE INSURANCE CORPORATION**  
ONE QBE WAY  
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000039217



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-39217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**  
1299 ZURICH WAY, 5TH FLOOR  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000039306



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENERAL SECURITY NATIONAL INSURANCE COMPANY**  
28 LIBERTY STREET, SUITE 5400  
NEW YORK, NY 10005-1445

CUSTOMER NUMBER
IDA000039322



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-39322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HERITAGE INDEMNITY COMPANY**  
17771 COWAN, SUITE 100  
IRVINE, CA 92614

CUSTOMER NUMBER
IDA000039527



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39527-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTINENTAL HERITAGE INSURANCE COMPANY**  
200 PARK AVENUE, STE 400  
ORANGE VILLAGE, OH 44122

CUSTOMER NUMBER
IDA000039551



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NUTMEG INSURANCE COMPANY**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000039608



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-39608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VISION SERVICE PLAN INSURANCE COMPANY**  
3333 QUALITY DRIVE  
RANCHO CORDOVA, CA 95670

CUSTOMER NUMBER
IDA000039616



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39616-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-39616-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTPORT INSURANCE CORPORATION**  
1200 MAIN ST. SUITE 800  
KANSAS CITY, MO 64105-2478

CUSTOMER NUMBER
IDA000039845



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-39845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GOLDEN BEAR INSURANCE COMPANY**  
1550 WEST FREMONT STREET, SUITE 200  
STOCKTON, CA 95203

CUSTOMER NUMBER
IDA000039861



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39861-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST**  
40 WANTAGE AVENUE  
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER
IDA000039926



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN NATIONAL GENERAL INSURANCE COMPANY**  
AMERICAN NATIONAL CENTER, 1949 EAST SUNSHINE  
SPRINGFIELD, MO 65899-0001

CUSTOMER NUMBER
IDA000039942



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**METROPOLITAN GENERAL INSURANCE COMPANY**  
PO BOX 350, 700 QUAKER LANE  
WARWICK, RI 02887-0350

CUSTOMER NUMBER
IDA000039950



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-39950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ANCHOR GENERAL INSURANCE COMPANY**  
PO BOX 509020  
SAN DIEGO, CA 92150-9020

CUSTOMER NUMBER
IDA000040010



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EXPLORER INSURANCE COMPANY**  
P.O. BOX 509039  
SAN DIEGO, CA 92150

CUSTOMER NUMBER
IDA000040029



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40029-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-40029-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STARNET INSURANCE COMPANY**  
11201 DOUGLAS AVENUE  
#REF!, #REF! #REF!

CUSTOMER NUMBER
IDA000040045



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-40045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN ZURICH INSURANCE COMPANY**  
1299 ZURICH WAY, 5TH FLOOR  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000040142



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-40142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MGA INSURANCE COMPANY, INC.**  
POST OFFICE BOX 199023  
DALLAS, TX 75219-9023

CUSTOMER NUMBER
IDA000040150



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMERS CASUALTY INSURANCE COMPANY**  
PO BOX 350, 700 QUAKER LANE  
WARWICK, RI 02887-0350

CUSTOMER NUMBER
IDA000040169



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**XL INSURANCE COMPANY OF NEW YORK, INC.**  
70 SEAVIEW AVENUE  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000040193



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AIG ASSURANCE COMPANY**  
175 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000040258



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARCH MORTGAGE INSURANCE COMPANY**  
POST OFFICE BOX 20597  
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000040266



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS COMMERCIAL CASUALTY COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000040282

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-40282-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PIONEER SPECIALTY INSURANCE COMPANY**  
4700 W 77TH STREET  
EDINA, MN 55435

CUSTOMER NUMBER
IDA000040312



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLUMBIA MUTUAL INSURANCE COMPANY**  
P.O. BOX 618  
COLUMBIA, MO 65205

CUSTOMER NUMBER
IDA000040371



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASHMERE INSURANCE COMPANY**  
1301 6TH AVENUE WEST  
BRADENTON, FL 34205

CUSTOMER NUMBER
IDA000040398



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40398-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-40398-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STRATFORD INSURANCE COMPANY**  
300 KIMBALL DRIVE, SUITE 500  
PARSIPPANY, NJ 07054

CUSTOMER NUMBER
IDA000040436



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40436-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD REPUBLIC SURETY COMPANY**  
PO BOX 1635  
MILWAUKEE, WI 53201-1635

CUSTOMER NUMBER
IDA000040444



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAGAMORE INSURANCE COMPANY**  
111 CONGRESSIONAL BLVD., SUITE 500  
#REF!, #REF! #REF!

CUSTOMER NUMBER
IDA000040460



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-40460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**REPUBLIC-VANGUARD INSURANCE COMPANY**  
POST OFFICE BOX 809076  
DALLAS, TX 75380-9076

CUSTOMER NUMBER
IDA000040479



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40479-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-40479-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,300.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WCF NATIONAL INSURANCE COMPANY**  
P. O. BOX 571918  
SALT LAKE CITY, UT 84157-1918

CUSTOMER NUMBER
IDA000040517

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40517-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**POSEIDON CREDIT INSURANCE COMPANY**  
POST OFFICE BOX 20597  
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000040525

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIO INSURANCE COMPANY**  
300 FOUR FALLS CORPORATE CENTER, SUITE 235  
300 CONSHOHOCKEN STATE ROAD  
WEST CONSHOHOCKEN, PA 19428

CUSTOMER NUMBER
IDA000040550

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-40550-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ECONOMY PREMIER ASSURANCE COMPANY**  
PO BOX 350, 700 QUAKER LANE  
WARWICK, RI 02887-0350

CUSTOMER NUMBER
IDA000040649



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITRIN SAFEGUARD INSURANCE COMPANY**  
12926 GRAN BAY PARKWAY WEST  
JACKSONVILLE, FL 32258

CUSTOMER NUMBER
IDA000040703



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN BUSINESS & MERCANTILE INSURANCE MUTUAL, IN**  
307 NORTH MICHIGAN AVENUE  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000040789



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VIRGINIA SURETY COMPANY, INC.**  
175 W. JACKSON  
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000040827



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40827-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-40827-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPANY**  
1299 ZURICH WAY, 5TH FLOOR  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000040843



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DENTISTS INSURANCE COMPANY, THE**  
1201 K STREET, 17TH FLOOR  
SACRAMENTO, CA 95814

CUSTOMER NUMBER
IDA000040975



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-40975-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TDC NATIONAL ASSURANCE COMPANY**  
PO BOX 2900  
NAPA, CA 94558

CUSTOMER NUMBER
IDA000041050



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRIUMPHE CASUALTY COMPANY**  
3250 INTERSTATE DRIVE  
RICHFIELD, OH 44286

CUSTOMER NUMBER
IDA000041106

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIVERSAL UNDERWRITERS INSURANCE COMPANY**  
1299 ZURICH WAY, 5TH FLOOR  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000041181



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-41181-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRITON INSURANCE COMPANY**  
P.O. BOX 2548  
FORT WORTH, TX 76113-2548

CUSTOMER NUMBER
IDA000041211



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-41211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANS PACIFIC INSURANCE COMPANY**  
THREE BALA PLAZA EAST, SUITE 400  
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER
IDA000041238



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SCOTTSDALE INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000041297



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CITY NATIONAL INSURANCE COMPANY**  
1900 L. DON DODSON DR.  
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA000041335



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HDI GLOBAL INSURANCE COMPANY**  
161 N. CLARK STREET - 48TH FLOOR  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000041343



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-41343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BENCHMARK INSURANCE COMPANY**  
150 LAKE STREET WEST  
WAYZATA, MN 55391

CUSTOMER NUMBER
IDA000041394



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-41394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY**  
P. O. BOX 3031  
BLUE BELL, PA 19422-0754

CUSTOMER NUMBER
IDA000041424



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-41424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARMED FORCES INSURANCE EXCHANGE**  
550 EISENHOWER ROAD  
LEAVENWORTH, KS 66048

CUSTOMER NUMBER
IDA000041459



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMINGTON CASUALTY COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000041483



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-41483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GEICO CASUALTY COMPANY**  
ONE GEICO PLAZA  
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER
IDA000041491



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41491-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FOREMOST SIGNATURE INSURANCE COMPANY**  
P.O. BOX 2450  
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000041513



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-41513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RED SHIELD INSURANCE COMPANY**  
P.O. BOX 3736  
SEATTLE, WA 98124-3736

CUSTOMER NUMBER
IDA000041580



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW ENGLAND REINSURANCE CORPORATION**  
100 HIGH STREET, SUITE 610A  
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000041629



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MILBANK INSURANCE COMPANY**  
518 EAST BROAD STREET  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000041653



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41653-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-41653-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS CONSTITUTION STATE INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000041750



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS CASUALTY COMPANY, THE**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000041769



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLORADO CASUALTY INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000041785



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY**  
440 LINCOLN STREET  
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000041840



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41840-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-41840-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN SOUTHERN HOME INSURANCE COMPANY**  
P.O. BOX 5323  
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER
IDA000041998



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-41998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DIAMOND STATE INSURANCE COMPANY**  
3 BALA PLZ, STE 300E  
BALA CYNWYD, PA 19004-3406

CUSTOMER NUMBER
IDA000042048



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42048-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-42048-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA**  
P O BOX 64477  
SOUDERTON, PA 18964-0477

CUSTOMER NUMBER
IDA000042129



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-42129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRINCETON INSURANCE COMPANY**  
746 ALEXANDER ROAD  
PRINCETON, NJ 08540

CUSTOMER NUMBER
IDA000042226



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-42226-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY**  
333 SOUTH 7TH STREET, SUITE 2200  
MINNEAPOLIS, MN 55402

CUSTOMER NUMBER
IDA000042234



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MOUNTAINPOINT INSURANCE COMPANY**  
3030 N. 3RD STREET  
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000042242



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-42242-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-42242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NAVIGATORS INSURANCE COMPANY**  
400 ATLANTIC STREET, 8TH FLOOR  
STAMFORD, CT 06901

CUSTOMER NUMBER
IDA000042307



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-42307-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUIDEONE AMERICA INSURANCE COMPANY**  
1111 ASHWORTH ROAD  
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER
IDA000042331



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TECHNOLOGY INSURANCE COMPANY, INC.**  
59 MAIDEN LANE, 43RD FLOOR  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000042376



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMGUARD INSURANCE COMPANY**  
PO BOX AH  
WILKES-BARRE, PA 18701

CUSTOMER NUMBER
IDA000042390



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-42390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIBERTY INSURANCE CORPORATION**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000042404



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TOA REINSURANCE COMPANY OF AMERICA, THE**  
177 MADISON AVENUE, PO BOX 1930  
MORRISTOWN, NJ 07962-1930

CUSTOMER NUMBER
IDA000042439



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL GENERAL ASSURANCE COMPANY**  
P.O. BOX 3199  
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000042447



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NOVA CASUALTY COMPANY**  
440 LINCOLN STREET  
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000042552



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-42552-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000042579

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42579-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DEPOSITORS INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., 1-14-301  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000042587



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MAG MUTUAL INSURANCE COMPANY**  
P.O. BOX 52979  
ATLANTA, GA 30355-0979

CUSTOMER NUMBER
IDA000042617



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42617-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ROCHE SURETY AND CASUALTY COMPANY, INC.**  
4107 N HIMES AVE 2ND FLOOR  
TAMPA, FL 33607

CUSTOMER NUMBER
IDA000042706



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN MODERN PROPERTY AND CASUALTY INSURANCE**  
P.O. BOX 5323  
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER
IDA000042722



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-42722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRADERS INSURANCE COMPANY**  
P O BOX 5374  
KANSAS CITY, MO 64131

CUSTOMER NUMBER
IDA000042749



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AGRI GENERAL INSURANCE COMPANY**  
9200 NORTHPARK DRIVE, SUITE 350  
JOHNSTON, IA 50131

CUSTOMER NUMBER
IDA000042757



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42757-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTURION CASUALTY COMPANY**  
9800 HEALTH CARE LANE MN006-W500  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000042765



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42765-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-42765-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUIDEONE ELITE INSURANCE COMPANY**  
1111 ASHWORTH ROAD  
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER
IDA000042803



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42803-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VICTORIA FIRE & CASUALTY COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000042889

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42889-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE NORTHWESTERN INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000042919



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN SECURITY INSURANCE COMPANY**  
260 INTERSTATE NORTH CIRCLE, SE  
ATLANTA, GA 30339-2110

CUSTOMER NUMBER
IDA000042978



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-42978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STANDARD GUARANTY INSURANCE COMPANY**  
260 INTERSTATE NORTH CIRCLE, SE  
ATLANTA, GA 30339-2110

CUSTOMER NUMBER
IDA000042986



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-42986-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE CLASSIC INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000042994



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-42994-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RESPONSE INSURANCE COMPANY**  
200 EAST RANDOLPH STREET, STE. 3300  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000043044

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-43044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN EQUITY INSURANCE COMPANY**  
ONE TOWER SQUARE  
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000043117



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-43117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-43117-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,300.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INSURORS INDEMNITY COMPANY**  
P.O. BOX 32577  
WACO, TX 76703

CUSTOMER NUMBER
IDA000043273



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-43273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SERVICE LLOYDS INSURANCE COMPANY, A STOCK COMPANY**  
PO BOX 26850  
AUSTIN, TX 78755

CUSTOMER NUMBER
IDA000043389



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-43389-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASPEN AMERICAN INSURANCE COMPANY**  
175 CAPITAL BOULEVARD, SUITE 300  
ROCKY HILL, CT 06067

CUSTOMER NUMBER
IDA000043460



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-43460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-43460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS**  
5420 LYNDON B. JOHNSON FREEWAY SUITE 1100  
DALLAS, TX 75240-2345

CUSTOMER NUMBER
IDA000043494



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-43494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INDEMNITY INSURANCE COMPANY OF NORTH AMERICA**  
436 WALNUT STREET, P.O. BOX 1000  
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000043575



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-43575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-43575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMERS SPECIALTY INSURANCE COMPANY**  
P.O. BOX 2450  
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000043699



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-43699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**REPUBLIC INDEMNITY COMPANY OF CALIFORNIA**  
4500 PARK GRANADA, SUITE 300  
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000043753



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-43753-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RAINIER INSURANCE COMPANY**  
7245 WEST MARGINAL WAY S.W.  
SEATTLE, WA 98106-3997

CUSTOMER NUMBER
IDA000043915



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-43915-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
FRA22-43915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,800.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**21ST CENTURY INDEMNITY INSURANCE COMPANY**  
3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER
IDA000043974



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-43974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-43974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TOGGLE INSURANCE COMPANY**  
6301 OWENSMOUTH AVE  
WOODLAND HILLS, CA 91367-2216

CUSTOMER NUMBER
IDA000044245



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-44245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ADMIRAL INDEMNITY COMPANY**  
301 ROUTE 17 NORTH, SUITE 900  
RUTHERFORD, NJ 07070

CUSTOMER NUMBER
IDA000044318



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-44318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY**  
P.O. BOX 3199  
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000044369



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-44369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WEST AMERICAN INSURANCE COMPANY**  
175 BERKELEY STREET  
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000044393



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-44393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGRESSIVE PALOVERDE INSURANCE COMPANY**  
P.O. BOX 89490  
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER
IDA000044695



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-44695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VANTAPRO SPECIALTY INSURANCE COMPANY**  
199 WATER STREET  
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000044768



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-44768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-44768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN COMPENSATION INSURANCE COMPANY**  
518 EAST BROAD STREET  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000045934



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-45934-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SIGHTCARE, INC.**  
220 N. MCKEMY AVENUE  
CHANDLER, AZ 85226

CUSTOMER NUMBER
IDA000047012



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-47012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-47012-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
HCA22-47012-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.**  
1571 SAWGRASS CORPORATE PARKWAY SUITE 300  
SUNRISE, FL 33323

CUSTOMER NUMBER
IDA000047013



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-47013-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-47013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-47013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED DENTAL CARE OF ARIZONA, INC.**  
3101 NORTH CENTRAL AVENUE, SUITE 400  
SCOTTSDALE, AZ 85012

CUSTOMER NUMBER
IDA000047708



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-47708-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-47708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-47708-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TITLE RESOURCES GUARANTY COMPANY**  
8111 LBJ FREEWAY, STE 1200  
DALLAS, TX 75251

CUSTOMER NUMBER
IDA000050016



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DAKOTA HOMESTEAD TITLE INSURANCE COMPANY**  
315 S. PHILLIPS AVENUE  
SIOUX FALLS, SD 57104

CUSTOMER NUMBER
IDA000050020



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PREMIER LAND TITLE INSURANCE COMPANY**  
9111 CYPRESS WATERS BLVD., SUITE 200  
COPPELL, TX 75019

CUSTOMER NUMBER
IDA000050026



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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# ARIZONA

## DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2021

RE: ANNUAL ASSESSMENT  
**US NATIONAL TITLE INSURANCE COMPANY**  
935 GRAVIER STREET, STE 1700  
NEW ORLEANS, LA 70112

CUSTOMER NUMBER

IDA000050030



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTCOR LAND TITLE INSURANCE COMPANY**  
875 CONCOURSE PKWY SOUTH, STE 200  
MAITLAND, FL 32751

CUSTOMER NUMBER
IDA000050050

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMMONWEALTH LAND TITLE INSURANCE COMPANY**  
601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

CUSTOMER NUMBER
IDA000050083



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STEWART TITLE GUARANTY COMPANY**  
P. O. BOX 2029  
HOUSTON, TX 77252

CUSTOMER NUMBER
IDA000050121



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50121-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTH AMERICAN TITLE INSURANCE COMPANY**  
760 NW 107TH AVE. SUITE 401  
MIAMI, FL 33172

CUSTOMER NUMBER
IDA000050130



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHICAGO TITLE INSURANCE COMPANY**  
601 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

CUSTOMER NUMBER
IDA000050229



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INVESTORS TITLE INSURANCE COMPANY**  
P.O. DRAWER 2687  
CHAPEL HILL, NC 27515-2687

CUSTOMER NUMBER
IDA000050369



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**REAL ADVANTAGE TITLE INSURANCE COMPANY**  
1551 N. TUSTIN AVE, SUITE 300  
SANTA ANA, CA 92705

CUSTOMER NUMBER
IDA000050440



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY**  
400 SECOND AVENUE SOUTH  
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER
IDA000050520



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50520-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST AMERICAN TITLE INSURANCE COMPANY**  
1 FIRST AMERICAN WAY  
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA000050814



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-50814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL TITLE INSURANCE OF NEW YORK INC.**  
601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

CUSTOMER NUMBER
IDA000051020

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-51020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WFG NATIONAL TITLE INSURANCE COMPANY**  
7401 CARMEL EXECUTIVE PARK DR, SUITE 105  
CHARLOTTE, NC 28226-8403

CUSTOMER NUMBER
IDA000051152



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-51152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN GUARANTY TITLE INSURANCE COMPANY**  
400 SECOND AVENUE SOUTH  
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER
IDA000051411

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-51411-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ATTORNEYS TITLE GUARANTY FUND, INC.**  
7600 E. EASTMAN AVENUE, SUITE 130  
DENVER, CO 80231

CUSTOMER NUMBER
IDA000051560



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-51560-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMTRUST TITLE INSURANCE COMPANY**  
220 EAST 42ND STREET, 24TH FLOOR  
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000051578



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-51578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIDELITY NATIONAL TITLE INSURANCE COMPANY**  
601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

CUSTOMER NUMBER
IDA000051586



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-51586-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST AMERICAN TITLE GUARANTY COMPANY**  
1 FIRST AMERICAN WAY  
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA000051624

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-51624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RADIAN TITLE INSURANCE INC.**  
6100 OAK TREE BLVD. SUITE 200  
INDEPENDENCE, OH 44131

CUSTOMER NUMBER
IDA000051632



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-51632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.**  
2800 N. 44TH STREET, SUITE 500  
PHOENIX, AZ 85008

CUSTOMER NUMBER
IDA000052120



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-52120-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-52120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-52120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPLOYERS DENTAL SERVICES, INC.**  
3430 EAST SUNRISE DR SUITE 160  
TUCSON, AZ 85718

CUSTOMER NUMBER
IDA000053090



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-53090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-53090-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
HCA22-53090-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.**  
2444 W. LAS PALMARITAS DRIVE  
PHOENIX, AZ 85201

CUSTOMER NUMBER
IDA000053589



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-53589-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
FRA22-53589-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-53589-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,750.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARIZONA DENTAL INSURANCE SERVICE, INC.**  
5656 W. TALAVI BLVD  
GLENDALE, AZ 85306

CUSTOMER NUMBER
IDA000053597



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-53597-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
FRA22-53597-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-53597-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,500.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA, THE**  
2041 EXCHANGE DRIVE  
ST. CHARLES, MO 63303

CUSTOMER NUMBER
IDA000056006

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**THRIVENT FINANCIAL FOR LUTHERANS**  
600 PORTAND AVENUE S  
MINNEAPOLIS, MN 55415-1624

CUSTOMER NUMBER
IDA000056014



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CATHOLIC FINANCIAL LIFE**  
1100 WEST WELLS STREET  
MILWAUKEE, WI 53233-2316

CUSTOMER NUMBER
IDA000056030



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GLENER LIFE INSURANCE SOCIETY**  
P. O. BOX 1894  
ADRIAN, MI 49221-7894

CUSTOMER NUMBER
IDA000056154



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WOMAN'S LIFE INSURANCE SOCIETY**  
PO BOX 5020  
PORT HURON, MI 48061-5020

CUSTOMER NUMBER
IDA000056170



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION**  
2439 GLENWOOD AVENUE  
JOLIET, IL 60435

CUSTOMER NUMBER
IDA000056227



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE**  
24950 CHAGRIN BOULEVARD  
BEACHWOOD, OH 44122-5634

CUSTOMER NUMBER
IDA000056332



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56332-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,T**  
6611 ROCKSIDE ROAD  
INDEPENDENCE, OH 44131

CUSTOMER NUMBER
IDA000056340



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA, T**  
1801 WATERMARK DRIVE SUITE 100  
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000056383



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASSURED LIFE ASSOCIATION**  
PO BOX 3169  
ENGLEWOOD, CO 80155-3169

CUSTOMER NUMBER
IDA000056499



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CROATIAN FRATERNAL UNION OF AMERICA**  
100 DELANEY DRIVE  
PITTSBURGH, PA 15235

CUSTOMER NUMBER
IDA000056634



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GBU FINANCIAL LIFE**  
4254 SAW MILL RUN BOULEVARD  
PITTSBURGH, PA 15227

CUSTOMER NUMBER
IDA000056685



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56685-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GCU**  
5400 TUSCARAWAS RD.  
BEAVER, PA 15009-9513

CUSTOMER NUMBER
IDA000056693



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ISDA FRATERNAL ASSOCIATION**  
419 WOOD STREET  
PITTSBURGH, PA 15222

CUSTOMER NUMBER
IDA000056707



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56707-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LOYAL CHRISTIAN BENEFIT ASSOCIATION**  
P.O. BOX 13005  
ERIE, PA 16514-1305

CUSTOMER NUMBER
IDA000056758



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL SLOVAK SOCIETY OF THE USA, THE**  
351 VALLEY BROOK ROAD  
MCMURRAY, PA 15317-3337

CUSTOMER NUMBER
IDA000056782



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56782-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SERB NATIONAL FEDERATION**  
615 IRON CITY DRIVE, SUITE 302  
PITTSBURGH, PA 15205

CUSTOMER NUMBER
IDA000056936



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-56936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SONS OF NORWAY**  
1455 WEST LAKE STREET  
MINNEAPOLIS, MN 55408

CUSTOMER NUMBER
IDA000057142

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BAPTIST LIFE ASSOCIATION**  
8555 MAIN STREET  
BUFFALO, NY 14221

CUSTOMER NUMBER
IDA000057223



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY**  
1700 FARNAM STREET  
OMAHA, NE 68102

CUSTOMER NUMBER
IDA000057320



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CATHOLIC LIFE INSURANCE**  
1635 N. E. LOOP 410  
SAN ANTONIO, TX 78209

CUSTOMER NUMBER
IDA000057347



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CATHOLIC ORDER OF FORESTERS**  
355 SHUMAN BLVD, PO BOX 3012  
NAPERVILLE, IL 60566-7012

CUSTOMER NUMBER
IDA000057487



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MODERN WOODMEN OF AMERICA**  
1701 FIRST AVENUE  
ROCK ISLAND, IL 61201-8779

CUSTOMER NUMBER
IDA000057541



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57541-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A.**  
6100 N. CICERO AVE.  
CHICAGO, IL 60646-4385

CUSTOMER NUMBER
IDA000057622



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**POLISH ROMAN CATHOLIC UNION OF AMERICA**  
984 MILWAUKEE AVENUE  
CHICAGO, IL 60642-4101

CUSTOMER NUMBER
IDA000057630

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ROYAL NEIGHBORS OF AMERICA**  
230 - 16TH STREET  
ROCK ISLAND, IL 61201

CUSTOMER NUMBER
IDA000057657



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SLOVENE NATIONAL BENEFIT SOCIETY**  
247 WEST ALLEGHENY ROAD  
IMPERIAL, PA 15126

CUSTOMER NUMBER
IDA000057673



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EVERENCE ASSOCIATION, INC.**  
P O BOX 483  
GOSHEN, IN 46527

CUSTOMER NUMBER
IDA000057991



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-57991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BETTERLIFE**  
1900 FIRST AVENUE NE  
CEDAR RAPIDS, IA 52402-5372

CUSTOMER NUMBER
IDA000058017



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-58017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**KNIGHTS OF COLUMBUS**  
P.O. BOX 1670  
NEW HAVEN, CT 06507-0901

CUSTOMER NUMBER
IDA000058033



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-58033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)**  
789 DON MILLS ROAD  
TORONTO, ON 00319

CUSTOMER NUMBER
IDA000058068

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-58068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUPREME COUNCIL OF THE ROYAL ARCANUM**  
61 BATTERYMARCH STREET  
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000058181



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-58181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PARK AVENUE LIFE INSURANCE COMPANY**  
10 HUDSON YARDS  
NEW YORK, NY 10001

CUSTOMER NUMBER
IDA000060003



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HUMANA BENEFIT PLAN OF ILLINOIS, INC.**  
P.O. BOX 740036  
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000060052



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AETNA LIFE INSURANCE COMPANY**  
151 FARMINGTON AVENUE, RT21  
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000060054



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HALLMARK LIFE INSURANCE COMPANY**  
7700 FORSYTH BLVD.  
ST. LOUIS, MO 63105

CUSTOMER NUMBER
IDA000060078



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-60078-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
FRA22-60078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST CARE, INC.**  
10455 MILL RUN CIRCLE  
OWINGS MILLS, MD 21117

CUSTOMER NUMBER
IDA000060113



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60113-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60113-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TUFTS INSURANCE COMPANY**  
705 MOUNT AUBURN STREET  
WATERTOWN, MA 02472-1508

CUSTOMER NUMBER
IDA000060117



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60117-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TIAA-CREF LIFE INSURANCE COMPANY**  
730 THIRD AVENUE  
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000060142



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SBLI USA LIFE INSURANCE COMPANY, INC.**  
100 WEST 33RD STREET, SUITE 1007  
NEW YORK, NY 10001-2900

CUSTOMER NUMBER
IDA000060176



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60176-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60176-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**S.USA LIFE INSURANCE COMPANY, INC.**  
100 WEST 33RD STREET, SUITE 1007  
NEW YORK, NY 10001-2900

CUSTOMER NUMBER
IDA000060183



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-60183-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
HCA22-60183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLSTATE LIFE INSURANCE COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000060186



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60186-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUPERIOR VISION INSURANCE, INC.**  
881 ELKRIDGE LANDING ROAD STE #300  
LINTHICUM, MD 21090

CUSTOMER NUMBER
IDA000060188



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-60188-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
HCA22-60188-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,500.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMALGAMATED LIFE INSURANCE COMPANY**  
333 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604

CUSTOMER NUMBER
IDA000060216



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LOMBARD INTERNATIONAL LIFE ASSURANCE COMPANY**  
1650 MARKET STREET, 54TH FLOOR  
PHILADELPHIA, PA 19103-7309

CUSTOMER NUMBER
IDA000060232



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PREMIER ACCESS INSURANCE COMPANY**  
8890 CAL CENTER DRIVE  
SACRAMENTO, CA 95826

CUSTOMER NUMBER
IDA000060237



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60237-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMFIRST INSURANCE COMPANY**  
P.O. BOX 16708  
JACKSON, MS 39236

CUSTOMER NUMBER
IDA000060250



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORID**  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157-6596

CUSTOMER NUMBER
IDA000060275

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACE LIFE INSURANCE COMPANY**  
436 WALNUT STREET  
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000060348



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBU**  
1932 WYNNNTON ROAD  
COLUMBUS, GA 03199-9001

CUSTOMER NUMBER
IDA000060380



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FAMILY LIFE INSURANCE COMPANY**  
6000 AMERICAN PARKWAY  
MADISON, WI 53783-0001

CUSTOMER NUMBER
IDA000060399



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FIDELITY ASSURANCE COMPANY**  
POST OFFICE BOX 25523  
OKLAHOMA CITY, OK 73125-0523

CUSTOMER NUMBER
IDA000060410



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60410-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FIDELITY LIFE INSURANCE COMPANY**  
500 S. PALAFOX ST., STE. 200  
PENSACOLA, FL 32502

CUSTOMER NUMBER
IDA000060429



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAGICOR LIFE INSURANCE COMPANY**  
P.O. BOX 52121  
PHOENIX, AZ 85072-2121

CUSTOMER NUMBER
IDA000060445



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN GENERAL LIFE INSURANCE COMPANY**  
P.O. BOX 1591, 3-D1  
HOUSTON, TX 77251

CUSTOMER NUMBER
IDA000060488



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60488-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN HEALTH AND LIFE INSURANCE COMPANY**  
P.O. BOX 2548  
FORT WORTH, TX 76113-2548

CUSTOMER NUMBER
IDA000060518

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FL 32224-6688

CUSTOMER NUMBER
IDA000060534



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN HOME LIFE INSURANCE COMPANY**  
P. O. BOX 1497  
TOPEKA, KS 66601

CUSTOMER NUMBER
IDA000060542



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60542-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60542-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN INCOME LIFE INSURANCE COMPANY**  
P.O. BOX 2608  
WACO, TX 76702

CUSTOMER NUMBER
IDA000060577



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60577-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60577-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WILTON REASSURANCE LIFE COMPANY OF NEW YORK**  
20 GLOVER AVENUE 4TH FLOOR  
NORWALK, CT 06850

CUSTOMER NUMBER
IDA000060704



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN NATIONAL INSURANCE COMPANY**  
ONE MOODY PLAZA  
GALVESTON, TX 77550

CUSTOMER NUMBER
IDA000060739



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60739-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60739-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN PUBLIC LIFE INSURANCE COMPANY**  
PO BOX 925  
JACKSON, MS 39205-0925

CUSTOMER NUMBER
IDA000060801



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60801-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN REPUBLIC INSURANCE COMPANY**  
PO BOX 1  
DES MOINES, IA 50306-0001

CUSTOMER NUMBER
IDA000060836

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN UNITED LIFE INSURANCE COMPANY**  
P.O. BOX 368  
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER
IDA000060895



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60895-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMPBENEFITS INSURANCE COMPANY**  
P.O. BOX 740036  
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000060984



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-60984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-60984-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ANTHEM LIFE INSURANCE COMPANY**  
8940 LYRA DRIVE, SUTIE 300  
COLUMBUS, OH 43240

CUSTOMER NUMBER
IDA000061069



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61069-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ATLANTIC COAST LIFE INSURANCE COMPANY**  
POST OFFICE BOX 20010  
CHARLESTON, SC 29413-0010

CUSTOMER NUMBER
IDA000061115



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61115-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AURORA NATIONAL LIFE ASSURANCE COMPANY**  
16600 SWINGLEY RIDGE ROAD  
CHESTERFIELD, MO 63017-1706

CUSTOMER NUMBER
IDA000061182



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61182-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUTO-OWNERS LIFE INSURANCE COMPANY**  
P.O. BOX 30660  
LANSING, MI 48909-8160

CUSTOMER NUMBER
IDA000061190



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BALTIMORE LIFE INSURANCE COMPANY, THE**  
10075 RED RUN BOULEVARD  
OWINGS MILLS, MD 21117

CUSTOMER NUMBER
IDA000061212



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANKERS FIDELITY LIFE INSURANCE COMPANY**  
PO BOX 105185  
ATLANTA, GA 30348

CUSTOMER NUMBER
IDA000061239



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61239-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANKERS LIFE AND CASUALTY COMPANY**  
111 EAST WACKER DRIVE, SUITE 2100  
CHICAGO, IL 60601-4508

CUSTOMER NUMBER
IDA000061263



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61263-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRINCIPAL LIFE INSURANCE COMPANY**  
711 HIGH STREET  
DES MOINES, IA 50392-2300

CUSTOMER NUMBER
IDA000061271



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61271-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERITAS LIFE INSURANCE CORP.**  
P.O. BOX 81889  
LINCOLN, NE 68501-1889

CUSTOMER NUMBER
IDA000061301



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK**  
5780 POWERS FERRY ROAD, NW  
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000061360

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61360-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61360-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BENEFICIAL LIFE INSURANCE COMPANY**  
PO BOX 45654  
SALT LAKE CITY, UT 84145-0654

CUSTOMER NUMBER
IDA000061395



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61395-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL BENEFIT LIFE INSURANCE COMPANY**  
30-30 47TH AVENUE, SUITE 625  
LONG ISLAND CITY, NY 11101-3433

CUSTOMER NUMBER
IDA000061409



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61409-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61409-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRUSTMARK INSURANCE COMPANY**  
400 FIELD DRIVE  
LAKE FOREST, IL 60045-2581

CUSTOMER NUMBER
IDA000061425



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61425-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61425-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BOSTON MUTUAL LIFE INSURANCE COMPANY**  
120 ROYALL STREET  
CANTON, MA 02021-1098

CUSTOMER NUMBER
IDA000061476



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61476-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61476-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ATHENE ANNUITY & LIFE ASSURANCE COMPANY**  
7700 MILLS CIVIC PARKWAY  
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER
IDA000061492



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61492-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RESOURCE LIFE INSURANCE COMPANY**  
111 EAST WACKER DRIVE, SUITE 2100  
CHICAGO, IL 60601-4508

CUSTOMER NUMBER
IDA000061506



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAPITOL LIFE INSURANCE COMPANY**  
1605 LBJ FREEWAY SUITE 700  
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000061581



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ATHENE ANNUITY AND LIFE COMPANY**  
7700 MILLS CIVIC PARKWAY  
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER
IDA000061689



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61689-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AME**  
225 S. EAST STREET, SUITE 360  
INDIANAPOLIS, IN 46202

CUSTOMER NUMBER
IDA000061700



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CIGNA NATIONAL HEALTH INSURANCE COMPANY**  
11200 LAKELINE BLVD STE 100  
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000061727



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61727-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61727-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTRAL SECURITY LIFE INSURANCE COMPANY**  
PO BOX 833879  
RICHARDSON, TX 75083-3879

CUSTOMER NUMBER
IDA000061735

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61735-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61735-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTRAL STATES HEALTH & LIFE CO. OF OMAHA**  
P.O. BOX 34350  
OMAHA, NE 68134

CUSTOMER NUMBER
IDA000061751



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61751-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHESAPEAKE LIFE INSURANCE COMPANY, THE**  
9151 BOULEVARD 26  
NORTH RICHLAND HILLS, TX 76180

CUSTOMER NUMBER
IDA000061832



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61832-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHRISTIAN FIDELITY LIFE INSURANCE COMPANY**  
2721 NORTH CENTRAL AVENUE  
PHOENIX, AZ 85004

CUSTOMER NUMBER
IDA000061859



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61859-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHURCH LIFE INSURANCE CORPORATION**  
19 EAST 34TH STREET  
NEW YORK, NY 10016-4303

CUSTOMER NUMBER
IDA000061875



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61875-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61875-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MANHATTANLIFE ASSURANCE COMPANY OF AMERICA**  
10777 NORTHWEST FREEWAY  
HOUSTON, TX 77092

CUSTOMER NUMBER
IDA000061883



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61883-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61883-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CITIZENS SECURITY LIFE INSURANCE COMPANY**  
P. O. BOX 436149  
LOUISVILLE, KY 40253

CUSTOMER NUMBER
IDA000061921



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPAN**  
P.O. BOX 410288  
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000061999



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-61999-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-61999-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**  
1200 COLONIAL LIFE BOULEVARD  
COLUMBIA, SC 29210

CUSTOMER NUMBER
IDA000062049



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62049-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62049-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK**  
100 NORTH GREENE STREET  
GREENSBORO, NC 27401

CUSTOMER NUMBER
IDA000062057



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62057-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62057-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLONIAL PENN LIFE INSURANCE COMPANY**  
399 MARKET STREET  
PHILADELPHIA, PA 19181

CUSTOMER NUMBER
IDA000062065



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**  
4704 VESTAL PARKWAY EAST, P.O. BOX 1381  
BINGHAMTON, NY 13902-1381

CUSTOMER NUMBER
IDA000062103



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62103-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMBINED INSURANCE COMPANY OF AMERICA**  
8750 W BRYN MAWR  
CHICAGO, IL 60631

CUSTOMER NUMBER
IDA000062146



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62146-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACCORDIA LIFE AND ANNUITY COMPANY**  
215 10TH STREET, SUITE 1100  
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000062200



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNUM LIFE INSURANCE COMPANY OF AMERICA**  
2211 CONGRESS STREET  
PORTLAND, ME 04122

CUSTOMER NUMBER
IDA000062235



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62235-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GOLDEN RULE INSURANCE COMPANY**  
9800 HEALTH CARE LANE  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000062286



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**  
TWO LIBERTY PLACE, 1601 CHESTNUT STREET, TL14A  
PHILADELPHIA, PA 19192-2362

CUSTOMER NUMBER
IDA000062308



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62308-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FREEDOM LIFE INSURANCE COMPANY OF AMERICA**  
300 BURNETT STREET, SUITE 200  
FORT WORTH, TX 76102-2734

CUSTOMER NUMBER
IDA000062324



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62324-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62324-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBR**  
1314 DOUGLAS STREET, SUITE 1400  
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000062345



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDMUTUAL LIFE INSURANCE COMPANY**  
2060 EAST NINTH STREET  
CLEVELAND, OH 44115-1355

CUSTOMER NUMBER
IDA000062375



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62375-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62375-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTURION LIFE INSURANCE COMPANY**  
800 WALNUT STREET  
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000062383

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62383-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WILCAC LIFE INSURANCE COMPANY**  
20 GLOVER AVENUE 4TH FLOOR  
NORWALK, CT 06850

CUSTOMER NUMBER
IDA000062413



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EQUITRUST LIFE INSURANCE COMPANY**  
7100 WESTOWN PARKWAY, SUITE 200  
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000062510



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COUNTRY LIFE INSURANCE COMPANY**  
P. O. BOX 2000  
BLOOMINGTON, IL 61702-2000

CUSTOMER NUMBER
IDA000062553



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62553-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62553-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNION FIDELITY LIFE INSURANCE COMPANY**  
7101 COLLEGE BOULEVARD SUITE 1400  
OVERLAND PARK, KS 66210

CUSTOMER NUMBER
IDA000062596



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CMFG LIFE INSURANCE COMPANY**  
5910 MINERAL POINT ROAD  
MADISON, WI 53705

CUSTOMER NUMBER
IDA000062626



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DELAWARE AMERICAN LIFE INSURANCE COMPANY**  
18210 CRANE NEST DRIVE, 3RD FLOOR  
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000062634



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62634-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EDUCATORS LIFE INSURANCE COMPANY OF AMERICA**  
#1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000062790



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62790-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRUSTMARK LIFE INSURANCE COMPANY**  
400 FIELD DRIVE  
LAKE FOREST, IL 60045-2581

CUSTOMER NUMBER
IDA000062863



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62863-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62863-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EQUITABLE FINANCIAL LIFE AND ANNUITY COMPANY**  
525 WASHINGTON BOULEVARD - 35TH FLOOR  
JERSEY CITY, NJ 07310

CUSTOMER NUMBER
IDA000062880

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMC NATIONAL LIFE COMPANY**  
PO BOX 9202  
DES MOINES, IA 50306-9202

CUSTOMER NUMBER
IDA000062928



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EQUITABLE FINANCIAL LIFE INSURANCE COMPANY**  
1290 AVENUE OF THE AMERICAS, CONTROLLERS 15TH FLOOR  
NEW YORK, NY 10104

CUSTOMER NUMBER
IDA000062944

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62944-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SILAC INSURANCE COMPANY**  
P.O. BOX 2460  
SALT LAKE CITY, UT 84110-2460

CUSTOMER NUMBER
IDA000062952



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-62952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-62952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FAMILY LIFE INSURANCE COMPANY**  
10777 NORTHWEST FREEWAY  
HOUSTON, TX 77092

CUSTOMER NUMBER
IDA000063053



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARM BUREAU LIFE INSURANCE COMPANY**  
5400 UNIVERSITY AVENUE  
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER
IDA000063088



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63088-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63088-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FARMERS NEW WORLD LIFE INSURANCE COMPANY**  
3120 139TH AVENUE SOUTHEAST, SUITE 300  
BELLEVUE, WA 98005-4491

CUSTOMER NUMBER
IDA000063177



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63177-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FEDERAL LIFE INSURANCE COMPANY**  
3750 W. DEERFIELD ROAD  
RIVERWOODS, IL 60015

CUSTOMER NUMBER
IDA000063223



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63223-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FEDERATED LIFE INSURANCE COMPANY**  
121 EAST PARK SQUARE  
OWATONNA, MN 55060

CUSTOMER NUMBER
IDA000063258



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIDELITY & GUARANTY LIFE INSURANCE COMPANY**  
801 GRAND AVENUE SUITE 2600,  
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000063274



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC**  
8700 W. BRYN MAWR AVE., SUITE 900S  
CHICAGO, IL 60631

CUSTOMER NUMBER
IDA000063290



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63290-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63290-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT AMERICAN LIFE INSURANCE COMPANY**  
POST OFFICE BOX 5420  
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000063312



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63312-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACCENDO INSURANCE COMPANY**  
200 HIGHLAND CORPORATE DRIVE  
CUMBERLAND, RI 02864

CUSTOMER NUMBER
IDA000063444



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA**  
P.O. BOX 410288  
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000063487



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63487-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GARDEN STATE LIFE INSURANCE COMPANY**  
ONE MOODY PLAZA  
GALVESTON, TX 77550

CUSTOMER NUMBER
IDA000063657



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDCO CONTAINMENT LIFE INSURANCE COMPANY**  
ONE EXPRESS WAY  
ST. LOUIS, MO 63121

CUSTOMER NUMBER
IDA000063762

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63762-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITY FINANCIAL LIFE INSURANCE COMPANY**  
P.O. BOX 625700  
CINCINNATI, OH 45262-5700

CUSTOMER NUMBER
IDA000063819



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63819-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPA**  
GPM LIFE BLDG - P.O. BOX 659567  
SAN ANTONIO, TX 78265-9567

CUSTOMER NUMBER
IDA000063967



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63967-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED HERITAGE LIFE INSURANCE COMPANY**  
PO BOX 7777  
MERIDIAN, ID 83680-7777

CUSTOMER NUMBER
IDA000063983



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-63983-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-63983-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JEFFERSON NATIONAL LIFE INSURANCE COMPANY**  
10350 ORMSBY PARK PLACE  
LOUISVILLE, KY 40223

CUSTOMER NUMBER
IDA000064017



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EPIC LIFE INSURANCE COMPANY, THE**  
PO BOX 14196  
MADISON, WI 53708-0196

CUSTOMER NUMBER
IDA000064149



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64149-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
3300 MUTUAL OF OMAHA PLAZA  
GLENVIEW, IL 60025

CUSTOMER NUMBER
IDA000064211



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUARANTY INCOME LIFE INSURANCE COMPANY**  
2638 SOUTH SHERWOOD FOREST BLVD, STE 200  
BATON ROUGE, LA 70816

CUSTOMER NUMBER
IDA000064238



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE**  
10 HUDSON YARDS  
NEW YORK, NY 10001

CUSTOMER NUMBER
IDA000064246



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64246-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARLEYSVILLE LIFE INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000064327



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64327-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64327-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.**  
1440 KAPIOLANI BOULEVARD, SUITE 1700  
HONOLULU, HI 96814-3698

CUSTOMER NUMBER
IDA000064343



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HERITAGE LIFE INSURANCE COMPANY**  
227 WEST MONROE STREET, SUITE 3775  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000064394



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-64394-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
HCA22-64394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, IN**  
P.O. BOX 31391  
TAMPA, FL 33631-3391

CUSTOMER NUMBER
IDA000064467



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64467-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64467-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOMESTEADERS LIFE COMPANY**  
P.O. BOX 1756  
DES MOINES, IA 50306

CUSTOMER NUMBER
IDA000064505



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64505-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HORACE MANN LIFE INSURANCE COMPANY**  
#1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000064513



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ILLINOIS MUTUAL LIFE INSURANCE COMPANY**  
300 S.W. ADAMS STREET  
PEORIA, IL 61634

CUSTOMER NUMBER
IDA000064580



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INDEPENDENCE LIFE AND ANNUITY COMPANY**  
1209 ORANGE STREET  
WILMINGTON, DE 19801

CUSTOMER NUMBER
IDA000064602



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY**  
101 SOUTH TRYON STREET, SUITE 3200  
CHARLOTTE, NC 28280

CUSTOMER NUMBER
IDA000064688



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY**  
101 PARKLANE BLVD, STE 301  
SUGAR LAND, TX 77478

CUSTOMER NUMBER
IDA000064696



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INTRAMERICA LIFE INSURANCE COMPANY**  
878 VETERAN'S MEMORIAL HIGHWAY  
HAUPPAUGE, NY 11788-5107

CUSTOMER NUMBER
IDA000064831



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64831-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64831-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKLEY LIFE AND HEALTH INSURANCE COMPANY**  
P.O. BOX 9190  
DES MOINES, IA 50306-9190

CUSTOMER NUMBER
IDA000064890



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64890-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INVESTORS HERITAGE LIFE INSURANCE COMPANY**  
P.O. BOX 717  
FRANKFORT, KY 40602-0717

CUSTOMER NUMBER
IDA000064904



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-64904-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-64904-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RIVERSOURCE LIFE INSURANCE COMPANY**  
227 AMERIPRISE FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

CUSTOMER NUMBER
IDA000065005



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65005-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65005-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JACKSON NATIONAL LIFE INSURANCE COMPANY**  
1 CORPORATE WAY  
LANSING, MI 48951

CUSTOMER NUMBER
IDA000065056

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JOHN ALDEN LIFE INSURANCE COMPANY**  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157-6596

CUSTOMER NUMBER
IDA000065080



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**KANSAS CITY LIFE INSURANCE COMPANY**  
P O BOX 219139  
KANSAS CITY, MO 64121-9139

CUSTOMER NUMBER
IDA000065129



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LAFAYETTE LIFE INSURANCE COMPANY, THE**  
400 BROADWAY  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000065242



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65242-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED BENEFIT LIFE INSURANCE COMPANY**  
11200 LAKELINE BLVD STE 100  
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000065269



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65269-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LINCOLN LIFE ASSURANCE COMPANY OF BOSTON**  
150 N. RADNOR CHESTER ROAD, SUITE A 300  
RADNOR, PA 19087

CUSTOMER NUMBER
IDA000065315



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65315-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65315-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
3700 S. STONEBRIDGE DRIVE  
MCKINNEY, TX 75070

CUSTOMER NUMBER
IDA000065331



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
51 MADISON AVENUE  
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000065498



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIFE INSURANCE COMPANY OF THE SOUTHWEST**  
1 NATIONAL LIFE DRIVE  
MONTPELIER, VT 05604

CUSTOMER NUMBER
IDA000065528



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENWORTH LIFE AND ANNUITY INSURANCE COMPANY**  
6604 WEST BROAD STREET  
RICHMOND, VA 23230

CUSTOMER NUMBER
IDA000065536



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LINCOLN BENEFIT LIFE COMPANY**  
5600 N. RIVER ROAD, COLUMBIA CENTER I, SUITE 300  
ROSEMONT, IL 60018

CUSTOMER NUMBER
IDA000065595



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDICO LIFE AND HEALTH INSURANCE COMPANY**  
PO BOX 14571  
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000065641



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE**  
1300 SOUTH CLINTON STREET  
FORT WAYNE, IN 46802

CUSTOMER NUMBER
IDA000065676



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65676-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65676-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LOYAL AMERICAN LIFE INSURANCE COMPANY**  
11200 LAKELINE BLVD., SUITE 100  
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000065722



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**  
P.O. BOX 5008  
MADISON, WI 53705-0008

CUSTOMER NUMBER
IDA000065781



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**  
200 BERKELEY STREET  
BOSTON, MA 02116-5010

CUSTOMER NUMBER
IDA000065838



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65838-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65838-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MANHATTAN LIFE INSURANCE COMPANY, THE**  
10777 NORTHWEST FREEWAY  
HOUSTON, TX 77092

CUSTOMER NUMBER
IDA000065870



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRIMERICA LIFE INSURANCE COMPANY**  
1 PRIMERICA PARKWAY  
DULUTH, GA 30099

CUSTOMER NUMBER
IDA000065919



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
4343 EAST CAMELBACK ROAD  
PHOENIX, AZ 85018

CUSTOMER NUMBER
IDA000065927



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65927-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY**  
1295 STATE STREET  
SPRINGFIELD, MA 01111

CUSTOMER NUMBER
IDA000065935



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MERIT LIFE INSURANCE CO.**  
2 CORPORATE DRIVE, SUITE #760  
SHELTON, CT 06484

CUSTOMER NUMBER
IDA000065951



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65951-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WINDSOR LIFE INSURANCE COMPANY**  
1345 RIVER BEND DRIVE, SUITE 100  
DALLAS, TX 75247

CUSTOMER NUMBER
IDA000065960



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65960-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65960-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**METROPOLITAN LIFE INSURANCE COMPANY**  
18210 CRANE NEST DRIVE, 3RD FLOOR  
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000065978



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-65978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-65978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN BENEFIT LIFE INSURANCE COMPANY**  
1605 LBJ FREEWAY, SUITE 700  
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000066001



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66001-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66001-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIDLAND NATIONAL LIFE INSURANCE COMPANY**  
8300 MILLS CIVIC PARKWAY  
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000066044



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.**  
9151 BOULEVARD 26  
NORTH RICHLAND HILLS, TX 76180-5611

CUSTOMER NUMBER
IDA000066087



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MIDWESTERN UNITED LIFE INSURANCE COMPANY**  
5780 POWERS FERRY ROAD, NW  
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000066109

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WILTON REASSURANCE COMPANY**  
20 GLOVER AVENUE 4TH FLOOR  
NORWALK, CT 06850

CUSTOMER NUMBER
IDA000066133



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66133-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HEALTH NET LIFE INSURANCE COMPANY**  
7700 FORSYTH BOULEVARD  
SAINT LOUIS, MO 63105

CUSTOMER NUMBER
IDA000066141



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66141-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MINNESOTA LIFE INSURANCE COMPANY**  
400 ROBERT STREET NORTH  
ST. PAUL, MN 55101-2098

CUSTOMER NUMBER
IDA000066168



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66168-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HEARTLAND NATIONAL LIFE INSURANCE COMPANY**  
1600 NE CORONADO DR  
BLUE SPRINGS, MO 64014

CUSTOMER NUMBER
IDA000066214



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66214-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK**  
3275 BENNETT CREEK AVENUE  
FREDERICK, MD 21704

CUSTOMER NUMBER
IDA000066230



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MUNICH AMERICAN REASSURANCE COMPANY**  
56 PERIMETER CENTER EAST, N.E., STE. 500  
ATLANTA, GA 30346-2290

CUSTOMER NUMBER
IDA000066346



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MONY LIFE INSURANCE COMPANY**  
5788 WIDEWATERS PARKWAY  
SYRACUSE, NY 13214

CUSTOMER NUMBER
IDA000066370



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MUTUAL TRUST LIC, A PAN-AMERICAN LIFE INS GROUP STK C**  
1200 JORIE BOULEVARD  
OAK BROOK, IL 60523-2269

CUSTOMER NUMBER
IDA000066427



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL FARMERS UNION LIFE INSURANCE COMPANY**  
P.O. BOX 410288  
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000066540



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL GUARDIAN LIFE INSURANCE COMPANY**  
P.O. BOX 1191  
MADISON, WI 53701-1191

CUSTOMER NUMBER
IDA000066583



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL LIFE INSURANCE COMPANY**  
1 NATIONAL LIFE DRIVE  
MONTPELIER, VT 05604

CUSTOMER NUMBER
IDA000066680



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIBERTY UNION LIFE ASSURANCE COMPANY**  
560 KIRTS BLVD STE 125  
TROY, MI 48084-4133

CUSTOMER NUMBER
IDA000066753

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66753-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66753-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL WESTERN LIFE INSURANCE COMPANY**  
10801 N. MOPAC EXPY, BLDG 3  
AUSTIN, TX 78759-5415

CUSTOMER NUMBER
IDA000066850



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONWIDE LIFE INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000066869



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66869-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66869-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW YORK LIFE INSURANCE COMPANY**  
51 MADISON AVENUE  
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000066915



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66915-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURAN**  
8300 MILLS CIVIC PARKWAY  
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000066974



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-66974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-66974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GPM HEALTH AND LIFE INSURANCE COMPANY**  
P.O. BOX 659567  
SAN ANTONIO, TX 78265-9567

CUSTOMER NUMBER
IDA000067059



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67059-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
POST OFFICE BOX 5420  
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000067083



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67083-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE**  
720 EAST WISCONSIN AVENUE  
MILWAUKEE, WI 53202-4797

CUSTOMER NUMBER
IDA000067091



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67091-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67091-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RELIASTAR LIFE INSURANCE COMPANY**  
5780 POWERS FERRY ROAD, NW  
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000067105

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLIN**  
P.O. BOX 2549  
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000067148



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OHIO NATIONAL LIFE INSURANCE COMPANY, THE**  
POST OFFICE BOX 237  
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000067172



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67172-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OHIO STATE LIFE INSURANCE COMPANY, THE**  
300 CRESCENT CT., SUITE 700  
DALLAS, TX 75201

CUSTOMER NUMBER
IDA000067180



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD AMERICAN INSURANCE COMPANY**  
P.O. BOX 218573  
KANSAS CITY, MO 64121-9139

CUSTOMER NUMBER
IDA000067199



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67199-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67199-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN LIFE & SECURITY CORP.**  
P.O. BOX 5577  
LINCOLN, NE 68505

CUSTOMER NUMBER
IDA000067253



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67253-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD REPUBLIC LIFE INSURANCE COMPANY**  
307 NORTH MICHIGAN AVENUE  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000067261



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CIGNA HEALTH AND LIFE INSURANCE COMPANY**  
1601 CHESTNUT STREET, TL14A  
PHILADELPHIA, PA 19192

CUSTOMER NUMBER
IDA000067369



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67369-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OZARK NATIONAL LIFE INSURANCE COMPANY**  
PO BOX 219541  
KANSAS CITY, MO 64121-9541

CUSTOMER NUMBER
IDA000067393



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67393-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UBS LIFE INSURANCE COMPANY USA**  
P.O. BOX 1795  
ERIE, PA 16512-1795

CUSTOMER NUMBER
IDA000067423



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67423-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFIC LIFE INSURANCE COMPANY**  
700 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

CUSTOMER NUMBER
IDA000067466



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67466-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67466-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PAN-AMERICAN LIFE INSURANCE COMPANY**  
POST OFFICE BOX 60219  
NEW ORLEANS, LA 70160-0219

CUSTOMER NUMBER
IDA000067539



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67539-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67539-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PAUL REVERE LIFE INSURANCE COMPANY, THE**  
1 FOUNTAIN SQUARE  
CHATTANOOGA, TN 37402-1330

CUSTOMER NUMBER
IDA000067598



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNUM INSURANCE COMPANY**  
1 FOUNTAIN SQUARE  
CHATTANOOGA, TN 37402-1330

CUSTOMER NUMBER
IDA000067601



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67601-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PEKIN LIFE INSURANCE COMPANY**  
2505 COURT STREET  
PEKIN, IL 61558-0001

CUSTOMER NUMBER
IDA000067628



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67628-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DSM USA INSURANCE COMPANY, INC.**  
465 MEDFORD STREET  
BOSTON, MA 02129

CUSTOMER NUMBER
IDA000067636



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PENN MUTUAL LIFE INSURANCE COMPANY, THE**  
THE PENN MUTUAL LIFE INSURANCE COMPANY  
PHILADELPHIA, PA 19172

CUSTOMER NUMBER
IDA000067644



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67644-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67644-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST PENN-PACIFIC LIFE INSURANCE COMPANY**  
100 NORTH GREENE STREET  
GREENSBORO, NC 27401

CUSTOMER NUMBER
IDA000067652



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN REPUBLIC CORP INSURANCE COMPANY**  
PO BOX 14510  
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000067679



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67679-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY**  
11720 KATY FREEWAY, SUITE 1700  
HOUSTON, TX 77079

CUSTOMER NUMBER
IDA000067784



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PHOENIX LIFE INSURANCE COMPANY**  
P. O. BOX 5056  
HARTFORD, CT 06102-5056

CUSTOMER NUMBER
IDA000067814



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67814-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PIONEER AMERICAN INSURANCE COMPANY**  
P. O. BOX 2549  
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000067873



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY**  
11200 LAKELINE BLVD STE 100  
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000067903



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67903-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC**  
P.O. BOX 368  
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER
IDA000067911



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN MEMORIAL LIFE INSURANCE COMPANY**  
PO BOX 2730  
RAPID CITY, SD 57709

CUSTOMER NUMBER
IDA000067989



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-67989-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-67989-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK**  
7700 MILLS CIVIC PARKWAY  
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER
IDA000068039



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROFESSIONAL INSURANCE COMPANY**  
ONE SUN LIFE EXECUTIVE PARK  
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER
IDA000068047



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68047-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROFESSIONAL LIFE & CASUALTY COMPANY**  
227 WEST MONROE STREET, SUITE 3775  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000068063



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-68063-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-68063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68063-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PURITAN LIFE INSURANCE COMPANY**  
7272 EAST INDIAN SCHOOL RD. SUITE 100  
SCOTTSDALE, AZ 85251

CUSTOMER NUMBER
IDA000068071



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68071-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-68071-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
HCA22-68071-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROTECTIVE LIFE INSURANCE COMPANY**  
2801 HIGHWAY 280 SOUTH  
BIRMINGHAM, AL 35223

CUSTOMER NUMBER
IDA000068136



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROVIDENT AMERICAN INSURANCE COMPANY**  
10501 N CENTRAL EXPWY #240  
DALLAS, TX 75231-2200

CUSTOMER NUMBER
IDA000068179



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**  
1 FOUNTAIN SQUARE  
CHATTANOOGA, TN 37402-1330

CUSTOMER NUMBER
IDA000068195



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68195-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE**  
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR  
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000068241



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPLOYERS REASSURANCE CORPORATION**  
P. O. BOX 2981  
MISSION, KS 66201-1391

CUSTOMER NUMBER
IDA000068276



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NASSAU LIFE INSURANCE COMPANY OF KANSAS**  
1064 GREENWOOD BLVD., STE. 260  
LAKE MARY, FL 32746

CUSTOMER NUMBER
IDA000068284



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68284-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68284-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY**  
8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000068322



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RELIABLE LIFE INSURANCE COMPANY, THE**  
12115 LACKLAND ROAD  
ST. LOUIS, MO 63146-4003

CUSTOMER NUMBER
IDA000068357



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY**  
525 WASHINGTON BOULEVARD - 35TH FLOOR  
JERSEY CITY, NJ 07310-1692

CUSTOMER NUMBER
IDA000068365



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68365-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RELIANCE STANDARD LIFE INSURANCE COMPANY**  
1700 MARKET STREET, SUITE 1200  
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000068381



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68381-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68381-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WMI MUTUAL INSURANCE COMPANY**  
PO BOX 572450  
SALT LAKE CITY, UT 84157-2450

CUSTOMER NUMBER
IDA000068420



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OCEANVIEW LIFE AND ANNUITY COMPANY**  
410 N 44TH STREET SUITE 210  
PHOENIX, AZ 85008-7605

CUSTOMER NUMBER
IDA000068446



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68446-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68446-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RESERVE NATIONAL INSURANCE COMPANY**  
601 EAST BRITTON ROAD  
OKLAHOMA CITY, OK 73114

CUSTOMER NUMBER
IDA000068462



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68462-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68462-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, T**  
1021 REAMS FLEMING BOULEVARD  
FRANKLIN, TN 37064

CUSTOMER NUMBER
IDA000068500



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68500-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68500-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIBERTY BANKERS LIFE INSURANCE COMPANY**  
1605 LBJ FREEWAY, SUITE 700  
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000068543



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68543-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS**  
P. O. BOX 2549  
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000068594



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68594-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SYMETRA LIFE INSURANCE COMPANY**  
P.O.BOX 34690  
SEATTLE, WA 98124-1690

CUSTOMER NUMBER
IDA000068608



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VANTIS LIFE INSURANCE COMPANY**  
200 DAY HILL ROAD  
WINDSOR, CT 06095

CUSTOMER NUMBER
IDA000068632



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68632-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SECURITY BENEFIT LIFE INSURANCE COMPANY**  
ONE SECURITY BENEFIT PLACE  
TOPEKA, KS 66636-0001

CUSTOMER NUMBER
IDA000068675



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68675-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SECURITY LIFE OF DENVER INSURANCE COMPANY**  
5780 POWERS FERRY ROAD, NW  
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000068713



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK**  
PO BOX 1625  
BINGHAMTON, NY 13902-1625

CUSTOMER NUMBER
IDA000068772



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENTINEL SECURITY LIFE INSURANCE COMPANY**  
257 E. 200 S, SUITE 725  
SALT LAKE CITY, UT 84111

CUSTOMER NUMBER
IDA000068802



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENTRY LIFE INSURANCE COMPANY**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000068810



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68810-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SHENANDOAH LIFE INSURANCE COMPANY**  
P.O. BOX 12847  
ROANOKE, VA 24029

CUSTOMER NUMBER
IDA000068845



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STARMOUNT LIFE INSURANCE COMPANY**  
P.O. BOX 98100  
BATON ROUGE, LA 70898-9100

CUSTOMER NUMBER
IDA000068985



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-68985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-68985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTHWESTERN LONG TERM CARE INSURANCE COMPANY**  
720 EAST WISCONSIN AVENUE  
MILWAUKEE, WI 53202

CUSTOMER NUMBER
IDA000069000



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69000-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STANDARD INSURANCE COMPANY**  
PO BOX 711  
PORTLAND, OR 97207-0711

CUSTOMER NUMBER
IDA000069019



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69019-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STANDARD SECURITY LIFE INSURANCE COMPANY OF NY**  
485 MADISON AVENUE, 14TH FLOOR  
NEW YORK, NY 10022-5872

CUSTOMER NUMBER
IDA000069078



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STATE FARM LIFE INSURANCE COMPANY**  
ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000069108



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STATE LIFE INSURANCE COMPANY, THE**  
P.O. BOX 368  
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER
IDA000069116



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69116-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STATE MUTUAL INSURANCE COMPANY**  
PO BOX 153  
ROME, GA 30162

CUSTOMER NUMBER
IDA000069132



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY**  
20 GUEST STREET  
BRIGHTON, MA 02135

CUSTOMER NUMBER
IDA000069140



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69140-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUNSET LIFE INSURANCE COMPANY OF AMERICA**  
P.O. BOX 219139  
KANSAS CITY, MO 64121-9139

CUSTOMER NUMBER
IDA000069272



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69272-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SURETY LIFE INSURANCE COMPANY**  
310 NE MULBERRY STREET  
LEE'S SUMMIT, MO 64086

CUSTOMER NUMBER
IDA000069310



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69310-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SURETY LIFE AND CASUALTY INSURANCE COMPANY**  
827 28TH STREET SW UNIT C  
FARGO, ND 58103

CUSTOMER NUMBER
IDA000069329



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69329-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69329-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY**  
150 EAST PALMETTO PARK ROAD, SUITE 450  
BOCA RATON, FL 33432

CUSTOMER NUMBER
IDA000069337



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69337-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMER**  
730 THIRD AVENUE  
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000069345



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69345-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TEXAS LIFE INSURANCE COMPANY**  
900 WASHINGTON AVENUE  
WACO, TX 76701

CUSTOMER NUMBER
IDA000069396



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SECURITY NATIONAL LIFE INSURANCE COMPANY**  
P. O. BOX 57220  
SALT LAKE CITY, UT 84157-0220

CUSTOMER NUMBER
IDA000069485



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69485-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69485-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDAMERICA INSURANCE COMPANY**  
P.O. BOX 41930  
ROCHESTER, NY 14604-0620

CUSTOMER NUMBER
IDA000069515



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANS WORLD ASSURANCE COMPANY**  
885 S. EL CAMINO REAL  
SAN MATEO, CA 94402

CUSTOMER NUMBER
IDA000069566



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69566-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69566-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MUNICH RE US LIFE CORPORATION**  
56 PERIMETER CENTER EAST, N.E., STE. 500  
ATLANTA, GA 30346-2290

CUSTOMER NUMBER
IDA000069604



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69604-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69604-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OPTUM INSURANCE OF OHIO, INC.**  
9800 HEALTH CARE LANE; MS: MN006-W500  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000069647



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**USAA LIFE INSURANCE COMPANY**  
9800 FREDERICKSBURG ROAD  
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000069663



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69663-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST**  
11720 KATY FREEWAY, SUITE 1700  
HOUSTON, TX 77079

CUSTOMER NUMBER
IDA000069698



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69698-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69698-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNION LABOR LIFE INSURANCE COMPANY, THE**  
8403 COLESVILLE ROAD  
SILVER SPRING, MD 20910

CUSTOMER NUMBER
IDA000069744



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69744-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69744-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED OF OMAHA LIFE INSURANCE COMPANY**  
3300 MUTUAL OF OMAHA PLAZA  
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000069868



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69868-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69868-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED FARM FAMILY LIFE INSURANCE COMPANY**  
P.O. BOX 1250  
INDIANAPOLIS, IN 46206-1250

CUSTOMER NUMBER
IDA000069892



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69892-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69892-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED HOME LIFE INSURANCE COMPANY**  
P. O. BOX 7192  
INDIANAPOLIS, IN 46202

CUSTOMER NUMBER
IDA000069922



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69922-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED INSURANCE COMPANY OF AMERICA**  
12115 LACKLAND ROAD  
ST. LOUIS, MO 63146-4003

CUSTOMER NUMBER
IDA000069930



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69930-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED LIFE INSURANCE COMPANY**  
200 1ST ST SE, SUITE 1300  
CEDAR RAPIDS, IA 52401-1429

CUSTOMER NUMBER
IDA000069973



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-69973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-69973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENWORTH LIFE INSURANCE COMPANY**  
6604 WEST BROAD STREET  
RICHMOND, VA 23230

CUSTOMER NUMBER
IDA000070025



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70025-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70025-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE**  
P.O. BOX 1591, 3-D1  
HOUSTON, TX 77251

CUSTOMER NUMBER
IDA000070106



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70106-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIVERSAL FIDELITY LIFE INSURANCE COMPANY**  
13931 QUAIL POINTE DRIVE  
OKLAHOMA CITY, OK 73134

CUSTOMER NUMBER
IDA000070122



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70122-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIVERSAL GUARANTY LIFE INSURANCE COMPANY**  
P.O. BOX 13080  
SPRINGFIELD, IL 62791-3080

CUSTOMER NUMBER
IDA000070130



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE**  
P.O. BOX 1591, 3-D1  
HOUSTON, TX 77251-1591

CUSTOMER NUMBER
IDA000070238



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WASHINGTON NATIONAL INSURANCE COMPANY**  
11825 NORTH PENNSYLVANIA STREET  
CARMEL, IN 46032

CUSTOMER NUMBER
IDA000070319



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70319-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WEST COAST LIFE INSURANCE COMPANY**  
P. O. BOX 2606  
BIRMINGHAM, AL 35202

CUSTOMER NUMBER
IDA000070335



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70335-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNION SECURITY INSURANCE COMPANY**  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157-6596

CUSTOMER NUMBER
IDA000070408



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MML BAY STATE LIFE INSURANCE COMPANY**  
1295 STATE STREET  
SPRINGFIELD, MA 01111

CUSTOMER NUMBER
IDA000070416



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASS**  
ONE LINSCOTT ROAD  
WOBURN, MA 01801

CUSTOMER NUMBER
IDA000070435



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70435-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70435-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN AND SOUTHERN LIFE INSURANCE COMPANY**  
400 BROADWAY  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000070483



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HUMANADENTAL INSURANCE COMPANY**  
PO BOX 740036  
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000070580



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE C**  
300 EAST RANDOLPH STREET  
CHICAGO, IL 60601-5099

CUSTOMER NUMBER
IDA000070670



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70670-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70670-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY**  
440 MAMARONECK AVENUE  
HARRISON, NY 10528

CUSTOMER NUMBER
IDA000070688



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FAMILY BENEFIT LIFE INSURANCE COMPANY**  
7633 E 63RD PL, STE 230  
TULSA, OK 74133-1246

CUSTOMER NUMBER
IDA000070742



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFICARE LIFE AND HEALTH INSURANCE COMPANY**  
9800 HEALTH CARE LANE MN006-W500  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000070785



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**  
ONE HARTFORD PLAZA  
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000070815



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLSTATE ASSURANCE COMPANY**  
3075 SANDERS ROAD, SUITE G4E  
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000070866



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GERBER LIFE INSURANCE COMPANY**  
1311 MAMARONECK AVENUE, SUITE 350  
WHITE PLAINS, NY 10605

CUSTOMER NUMBER
IDA000070939



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-70939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-70939-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSI**  
7700 FORSYTH BLVD.  
ST. LOUIS, MO 63105

CUSTOMER NUMBER
IDA000071013



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PARKER CENTENNIAL ASSURANCE COMPANY**  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000071099



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DEARBORN LIFE INSURANCE COMPANY**  
701 EAST 22ND STREET  
LOMBARD, IL 60148

CUSTOMER NUMBER
IDA000071129



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TALCOTT RESOLUTION LIFE AND ANNUITY INSURANCE COMP**  
1 GRIFFIN ROAD N  
WINDSOR, CT 06095-1512

CUSTOMER NUMBER
IDA000071153



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRINCIPAL NATIONAL LIFE INSURANCE COMPANY**  
711 HIGH STREET  
DES MOINES, IA 50392-2300

CUSTOMER NUMBER
IDA000071161



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71161-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LANGHORNE REINSURANCE (ARIZONA) LTD**  
16600 SWINGLEY RIDGE ROAD  
CHESTERFIELD, MO 63017-1706

CUSTOMER NUMBER
IDA000071323



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71323-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-71323-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
HCA22-71323-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAREAMERICA LIFE INSURANCE COMPANY**  
601 12TH STREET  
OAKLAND, CA 94607

CUSTOMER NUMBER
IDA000071331



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PURITAN LIFE INSURANCE COMPANY OF AMERICA**  
7272 EAST INDIAN SCHOOL RD. SUITE 100  
SCOTTSDALE, AZ 85251

CUSTOMER NUMBER
IDA000071390



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-71390-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
HCA22-71390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTINENTAL GENERAL INSURANCE COMPANY**  
11001 LAKELINE BOULEVARD SUITE 120  
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000071404



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71404-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MUTUAL OF OMAHA INSURANCE COMPANY**  
3300 MUTUAL OF OMAHA PLAZA  
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000071412



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71412-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.**  
P.O. BOX 36451  
LAS VEGAS, NV 89133-6451

CUSTOMER NUMBER
IDA000071420



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASSURITY LIFE INSURANCE COMPANY**  
PO BOX 82533  
LINCOLN, NE 68501-2533

CUSTOMER NUMBER
IDA000071439



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71439-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ARCH LIFE INSURANCE COMPANY OF AMERICA**  
445 SOUTH ST. STE. 220  
MORRISTOWN, NJ 07962-1988

CUSTOMER NUMBER
IDA000071455



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CICA LIFE INSURANCE COMPANY OF AMERICA**  
P.O. BOX 149151  
AUSTIN, TX 78714

CUSTOMER NUMBER
IDA000071463



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ABILITY INSURANCE COMPANY**  
P.O. BOX 3735  
OMAHA, NE 68103

CUSTOMER NUMBER
IDA000071471



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71471-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71471-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT WESTERN INSURANCE COMPANY**  
601 SIXTH AVENUE  
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000071480

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LEWER LIFE INSURANCE COMPANY**  
9900 W. 109TH ST., SUITE 200  
OVERLAND PARK, KS 66210

CUSTOMER NUMBER
IDA000071595



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STANDARD LIFE AND CASUALTY INSURANCE COMPANY**  
POST OFFICE BOX 510690  
SALT LAKE CITY, UT 84151-0690

CUSTOMER NUMBER
IDA000071706



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71706-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
700 SOUTH STREET  
PITTSFIELD, MA 01201

CUSTOMER NUMBER
IDA000071714



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71714-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTINENTAL AMERICAN INSURANCE COMPANY**  
POST OFFICE BOX 427  
COLUMBIA, SC 29202

CUSTOMER NUMBER
IDA000071730



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HM HEALTH INSURANCE COMPANY**  
120 FIFTH AVENUE MAIL CODE: FAPHM-191A  
PITTSBURGH, PA 15222

CUSTOMER NUMBER
IDA000071768



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS**  
ONE MOODY PLAZA  
GALVESTON, TX 77550

CUSTOMER NUMBER
IDA000071773



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71773-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AAA LIFE INSURANCE COMPANY**  
17900 N. LAUREL PARK DRIVE  
LIVONIA, MI 48152

CUSTOMER NUMBER
IDA000071854



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71854-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71854-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIDELITY SECURITY LIFE INSURANCE COMPANY**  
3130 BROADWAY  
KANSAS CITY, MO 64111-2452

CUSTOMER NUMBER
IDA000071870



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANKERS FIDELITY ASSURANCE COMPANY**  
PO BOX 105185  
ATLANTA, GA 30348

CUSTOMER NUMBER
IDA000071919



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-71919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-71919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AETNA HEALTH INSURANCE COMPANY**  
151 FARMINGTON AVENUE, RT21  
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000072052



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-72052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-72052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PHYSICIANS LIFE INSURANCE COMPANY**  
2600 DODGE STREET  
OMAHA, NE 68131-2671

CUSTOMER NUMBER
IDA000072125



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-72125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-72125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMICA LIFE INSURANCE COMPANY**  
P.O. BOX 6008  
PROVIDENCE, RI 02940-6008

CUSTOMER NUMBER
IDA000072222



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-72222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED WORLD LIFE INSURANCE COMPANY**  
3300 MUTUAL OF OMAHA PLAZA  
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000072850



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-72850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-72850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CANYON STATE LIFE INSURANCE COMPANY**  
3101 NORTH CENTRAL AVENUE, SUITE 400  
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000072958



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-72958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-72958-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
HCA22-72958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HUMANA INSURANCE COMPANY**  
P.O. BOX 740036  
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000073288



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-73288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-73288-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DENTEGRA INSURANCE COMPANY**  
ONE DELTA DRIVE  
MECHANICSBURG, PA 17055

CUSTOMER NUMBER
IDA000073474



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-73474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-73474-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LUMICO LIFE INSURANCE COMPANY**  
175 KING ST.  
ARMONK, NY 10504

CUSTOMER NUMBER
IDA000073504



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-73504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-73504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FAMILY SERVICE LIFE INSURANCE COMPANY**  
10 HUDSON YARDS  
NEW YORK, NY 10001

CUSTOMER NUMBER
IDA000074004



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-74004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EVERENCE INSURANCE COMPANY**  
P. O. BOX 483  
GOSHEN, IN 46527

CUSTOMER NUMBER
IDA000074209



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-74209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-74209-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INTEGRITY LIFE INSURANCE COMPANY**  
400 BROADWAY  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000074780



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-74780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-74780-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA**  
200 FIRST STAMFORD PLACE, SUITE 400  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000074900



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-74900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-74900-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD UNITED LIFE INSURANCE COMPANY**  
P. O. BOX 795  
SHAWNEE MISSION, KS 66201

CUSTOMER NUMBER
IDA000076007



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-76007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-76007-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	4,500.00
HCA22-76007-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>5,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLUMBIAN LIFE INSURANCE COMPANY**  
4704 VESTAL PARKWAY EAST, P.O. BOX 1381  
BINGHAMTON, NY 13902-1381

CUSTOMER NUMBER
IDA000076023



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-76023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-76023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OXFORD LIFE INSURANCE COMPANY**  
2721 NORTH CENTRAL AVENUE  
PHOENIX, AZ 85004

CUSTOMER NUMBER
IDA000076112



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-76112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-76112-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
HCA22-76112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CINCINNATI LIFE INSURANCE COMPANY, THE**  
6200 SOUTH GILMORE ROAD  
FAIRFIELD, OH 45014-5141

CUSTOMER NUMBER
IDA000076236



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-76236-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-76236-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LASSO HEALTHCARE INSURANCE COMPANY**  
2605 INTERSTATE DRIVE  
HARRISBURG, PA 17110

CUSTOMER NUMBER
IDA000076503



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-76503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-76503-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CANADA LIFE REINSURANCE COMPANY**  
P.O. BOX 1120  
BLUE BELL, PA 19422-0319

CUSTOMER NUMBER
IDA000076694



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-76694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-76694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENTINEL AMERICAN LIFE INSURANCE COMPANY**  
10 HUDSON YARDS  
NEW YORK, NY 10001

CUSTOMER NUMBER
IDA000077119



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-77119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-77119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STERLING LIFE INSURANCE COMPANY**  
11200 LAKELINE BLVD., SUITE 100  
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000077399



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-77399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-77399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TOWN & COUNTRY LIFE INSURANCE COMPANY**  
P.O. BOX 58769  
SALT LAKE CITY, UT 84158

CUSTOMER NUMBER
IDA000077674



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-77674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-77674-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANS-CITY LIFE INSURANCE CO.**  
7500 E. MCDONALD DR., SUITE 700  
SCOTTSDALE, AZ 85250-6055

CUSTOMER NUMBER
IDA000077690



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-77690-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-77690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-77690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIFESecure INSURANCE COMPANY**  
10559 CITATION DRIVE, SUITE 300  
BRIGHTON, MI 48116

CUSTOMER NUMBER
IDA000077720



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-77720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-77720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMPANION LIFE INSURANCE COMPANY**  
P O BOX 100102  
COLUMBIA, SC 29219

CUSTOMER NUMBER
IDA000077828



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-77828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-77828-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**5 STAR LIFE INSURANCE COMPANY**  
909 N. WASHINGTON STREET  
ALEXANDRIA, VA 22314

CUSTOMER NUMBER
IDA000077879



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-77879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-77879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA**  
P.O. BOX 470608  
CLEVELAND, OH 44147-3529

CUSTOMER NUMBER
IDA000077968

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-77968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-77968-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EQUITABLE FINANCIAL LIFE INSURANCE COMPANY OF AMERI**  
525 WASHINGTON BLVD - CONTROLLERS 35TH FLOOR  
JERSEY CITY, NJ 07310

CUSTOMER NUMBER
IDA000078077



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-78077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-78077-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
HCA22-78077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UPSTREAM LIFE INSURANCE COMPANY**  
PO BOX 2940  
OXFORD, MS 38655

CUSTOMER NUMBER
IDA000078093



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-78093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CLEAR SPRING HEALTH INSURANCE COMPANY**  
250 S. NORTHWEST HWY, SUITE 302  
PARK RIDGE, IL 60068

CUSTOMER NUMBER
IDA000078301



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-78301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-78301-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	4,500.00
HCA22-78301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>5,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HCSC INSURANCE SERVICES COMPANY**  
300 EAST RANDOLPH STREET  
CHICAGO, IL 60601-5099

CUSTOMER NUMBER
IDA000078611



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-78611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-78611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENIOR LIFE INSURANCE COMPANY**  
P.O. BOX 2447  
THOMASVILLE, GA 31799-2447

CUSTOMER NUMBER
IDA000078662



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-78662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-78662-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AETNA HEALTH AND LIFE INSURANCE COMPANY**  
151 FARMINGTON AVENUE, RT21  
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000078700



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-78700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-78700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW ERA LIFE INSURANCE COMPANY**  
11720 KATY FREEWAY, SUITE 1700  
HOUSTON, TX 77079

CUSTOMER NUMBER
IDA000078743



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-78743-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-78743-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE**  
10 HUDSON YARDS  
#REF!, #REF! #REF!

CUSTOMER NUMBER
IDA000078778



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-78778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-78778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFEHEALTH LIFE INSURANCE COMPANY**  
18210 CRANE NEST DRIVE, 3RD FLOOR  
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000079014



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-79014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-79014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DELAWARE LIFE INSURANCE COMPANY**  
1601 TRAPELO ROAD, SUITE 30  
WALTHAM, MA 02451

CUSTOMER NUMBER
IDA000079065



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-79065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-79065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRUCO LIFE INSURANCE COMPANY**  
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR  
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000079227



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-79227-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
FRA22-79227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-79227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITEDHEALTHCARE INSURANCE COMPANY**  
185 ASYLUM STREET  
HARTFORD, CT 06103-3408

CUSTOMER NUMBER
IDA000079413



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-79413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-79413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDICO CORP LIFE INSURANCE COMPANY**  
P.O. BOX 10482  
DES MOINES, IA 50306-0482

CUSTOMER NUMBER
IDA000079987



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-79987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-79987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MOUNTAIN LIFE INSURANCE COMPANY**  
2416 SIR BARTON WAY  
LEXINGTON, KY 40509

CUSTOMER NUMBER
IDA000080020



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80020-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WYSH LIFE AND HEALTH INSURANCE COMPANY**  
720 EAST WISCONSIN AVENUE  
MILWAUKEE, WI 53202

CUSTOMER NUMBER
IDA000080055



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80055-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNICARE LIFE & HEALTH INSURANCE COMPANY**  
233 S. WACKER DRIVE, SUITE 3700  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000080314



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80314-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PHYSICIANS MUTUAL INSURANCE COMPANY**  
2600 DODGE STREET  
OMAHA, NE 68131-2671

CUSTOMER NUMBER
IDA000080578



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CANADA LIFE ASSURANCE COMPANY, THE**  
8515 E. ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000080659



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80659-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CELTIC INSURANCE COMPANY**  
200 EAST RANDOLPH STREET, SUITE 3600  
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000080799



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80799-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUN LIFE ASSURANCE COMPANY OF CANADA**  
ONE SUN LIFE EXECUTIVE PARK  
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER
IDA000080802



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTRE LIFE INSURANCE COMPANY**  
4 WORLD TRADE CENTER, 53RD FLOOR, 150 GREENWICH ST  
NEW YORK, NY 10007-2366

CUSTOMER NUMBER
IDA000080896



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80896-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**





DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)**  
ONE SUN LIFE EXECUTIVE PARK  
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER
IDA000080926



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80926-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VENERABLE INSURANCE AND ANNUITY COMPANY**  
1475 DUNWOODY DRIVE, SUITE 200  
WEST CHESTER, PA 19380

CUSTOMER NUMBER
IDA000080942



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80942-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**4 EVER LIFE INSURANCE COMPANY**  
2 MID AMERICA PLAZA, SUITE 200  
OAKBROOK TERRACE, IL 60181

CUSTOMER NUMBER
IDA000080985



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-80985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-80985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED SECURITY HEALTH AND CASUALTY INSURANCE COMP**  
6640 S. CICERO AVENUE  
BEDFORD PARK, IL 60638

CUSTOMER NUMBER
IDA000081108



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-81108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-81108-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIFE OF AMERICA INSURANCE COMPANY**  
11720 KATY FREEWAY, SUITE 1700  
HOUSTON, TX 77079

CUSTOMER NUMBER
IDA000081132



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-81132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-81132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN MATURITY LIFE INSURANCE COMPANY**  
1 GRIFFIN ROAD N  
WINDSOR, CT 06095-1512

CUSTOMER NUMBER
IDA000081213



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-81213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-81213-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NIPPON LIFE INSURANCE COMPANY OF AMERICA**  
655 THIRD AVE  
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000081264



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-81264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-81264-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NYLIFE INSURANCE COMPANY OF ARIZONA**  
9800 HEALTH CARE LANE MN06-W500  
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000081353



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-81353-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	4,500.00
FRA22-81353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-81353-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>5,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DELTA DENTAL INSURANCE COMPANY**  
ONE DELTA DRIVE  
MECHANICSBURG, PA 17055

CUSTOMER NUMBER
IDA000081396



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-81396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-81396-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY**  
70 GENESEE STREET  
UTICA, NY 13502-3502

CUSTOMER NUMBER
IDA000081426



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-81426-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-81426-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MONITOR LIFE INSURANCE COMPANY OF NEW YORK**  
305 MADISON AVENUE  
MORRISTOWN, NJ 07960

CUSTOMER NUMBER
IDA000081442



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-81442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-81442-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDEN**  
PO BOX 14998  
OKLAHOMA CITY, OK 73113

CUSTOMER NUMBER
IDA000081779



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-81779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-81779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COVENTRY HEALTH AND LIFE INSURANCE COMPANY**  
15400 CALHOUN DRIVE, SUITE 300  
ROCKVILLE, MD 20855

CUSTOMER NUMBER
IDA000081973



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-81973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-81973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CITIZENS NATIONAL LIFE INSURANCE COMPANY**  
P. O. BOX 149151  
AUSTIN, TX 78728

CUSTOMER NUMBER
IDA000082082



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-82082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-82082-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LANDMARK LIFE INSURANCE COMPANY**  
PO BOX 40  
BROWNWOOD, TX 76804

CUSTOMER NUMBER
IDA000082252



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-82252-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALL SAVERS INSURANCE COMPANY**  
9800 HEALTH CARE LANE; MN006 W500  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000082406



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-82406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-82406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL HEALTH INSURANCE COMPANY**  
4455 LBJ FREEWAY, SUITE 375  
DALLAS, TX 75244

CUSTOMER NUMBER
IDA000082538



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-82538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-82538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SWISS RE LIFE & HEALTH AMERICA INC.**  
175 KING STREET  
ARMONK, NY 10504

CUSTOMER NUMBER
IDA000082627



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-82627-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-82627-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CSI LIFE INSURANCE COMPANY**  
P.O. BOX 34888  
OMAHA, NE 68134

CUSTOMER NUMBER
IDA000082880



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-82880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-82880-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TEXAS SERVICE LIFE INSURANCE COMPANY**  
P O BOX 341899  
AUSTIN, TX 78734

CUSTOMER NUMBER
IDA000083160



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-83160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-83160-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EVERGREEN LIFE INSURANCE COMPANY**  
700 E. PALISADE AVENUE  
ENGLEWOOD CLIFFS, NJ 07632

CUSTOMER NUMBER
IDA000083232



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-83232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WELLCARE HEALTH INSURANCE OF ARIZONA, INC.**  
P.O. BOX 31391  
TAMPA, FL 33631-3391

CUSTOMER NUMBER
IDA000083445



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-83445-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
FRA22-83445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-83445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUGGENHEIM LIFE AND ANNUITY COMPANY**  
401 PENNSYLVANIA PARKWAY, SUITE 300  
INDIANAPOLIS, IN 46280

CUSTOMER NUMBER
IDA000083607



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-83607-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-83607-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ELCO MUTUAL LIFE AND ANNUITY**  
916 SHERWOOD DRIVE  
LAKE BLUFF, IL 60044-2285

CUSTOMER NUMBER
IDA000084174



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-84174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-84174-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFICARE LIFE ASSURANCE COMPANY**  
9800 HEALTH CARE LANE; MN006-W500  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000084506



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-84506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-84506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUTO CLUB LIFE INSURANCE COMPANY**  
17900 NORTH LAUREL PARK DRIVE  
LIVONIA, MI 48152

CUSTOMER NUMBER
IDA000084522



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-84522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-84522-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**U.S. FINANCIAL LIFE INSURANCE COMPANY**  
227 WEST MONROE STREET, SUITE 3775  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000084530



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-84530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-84530-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
HCA22-84530-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITEDHEALTHCARE INSURANCE COMPANY OF AMERICA**  
185 ASYLUM STREET  
CITY PLACE - 4TH FLOOR  
HARTFORD, CT 06103

CUSTOMER NUMBER
IDA000084549

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-84549-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-84549-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN SPECIALTY HEALTH INSURANCE COMPANY**  
10221 WATERIDGE CIRCLE  
SAN DIEGO, CA 92121

CUSTOMER NUMBER
IDA000084697



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-84697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-84697-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY**  
20 GUEST STREET  
BRIGHTON, MA 02135

CUSTOMER NUMBER
IDA000084824



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-84824-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-84824-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN UNITED LIFE ASSURANCE COMPANY**  
P.O. BOX 2290  
SPOKANE, WA 99210

CUSTOMER NUMBER
IDA000085189



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-85189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-85189-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FRESENIUS HEALTH PLANS INSURANCE COMPANY**  
3711 S. MOPAC EXPY, BUILDING TWO, SUITE 300  
AUSTIN, TX 78746

CUSTOMER NUMBER
IDA000085286



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-85286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-85286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL SECURITY LIFE AND ANNUITY COMPANY**  
PO BOX 5363  
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000085472



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-85472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ELIPS LIFE INSURANCE COMPANY**  
1450 AMERICAN LANE, SUITE 1100  
SCHAUMBURG, IL 60173

CUSTOMER NUMBER
IDA000085561

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-85561-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-85561-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED CONCORDIA INSURANCE COMPANY**  
4401 DEER PATH ROAD  
HARRISBURG, PA 17110

CUSTOMER NUMBER
IDA000085766



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-85766-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-85766-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
HCA22-85766-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEMBERS LIFE INSURANCE COMPANY**  
5910 MINERAL POINT ROAD  
MADISON, WI 53705

CUSTOMER NUMBER
IDA000086126



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-86126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-86126-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRANSAMERICA LIFE INSURANCE COMPANY**  
4333 EDGEWOOD RD NE  
CEDAR RAPIDS, IA 52499

CUSTOMER NUMBER
IDA000086231



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-86231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-86231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENERAL RE LIFE CORPORATION**  
120 LONG RIDGE RD  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000086258



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-86258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-86258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY**  
ONE MOODY PLAZA  
GALVESTON, TX 77550

CUSTOMER NUMBER
IDA000086355



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-86355-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-86355-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CLOVER INSURANCE COMPANY**  
30 MONTGOMERY STREET, 15TH FLOOR  
JERSEY CITY, NJ 07302

CUSTOMER NUMBER
IDA000086371



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-86371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-86371-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**  
5780 POWERS FERRY ROAD, NW  
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000086509



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-86509-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-86509-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION**  
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR  
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000086630



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-86630-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
FRA22-86630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-86630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,750.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SCOR GLOBAL LIFE REINSURANCE COMPANY OF DELAWARE**  
101 SOUTH TRYON STREET, SUITE 3200  
CHARLOTTE, NC 28280

CUSTOMER NUMBER
IDA000087017



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-87017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-87017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY**  
13421 MANCHESTER ROAD, SUITE 204  
SAINT LOUIS, MO 63131-1741

CUSTOMER NUMBER
IDA000087394



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-87394-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-87394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-87394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED FIDELITY LIFE INSURANCE COMPANY**  
P.O. BOX 410288  
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000087645



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-87645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-87645-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BRIGHTHOUSE LIFE INSURANCE COMPANY**  
11225 NORTH COMMUNITY HOUSE ROAD  
CHARLOTTE, NC 28277

CUSTOMER NUMBER
IDA000087726



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-87726-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-87726-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPAN**  
4949 KELLER SPRINGS RD.  
ADDISON, TX 75001-5910

CUSTOMER NUMBER
IDA000087963



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-87963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-87963-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TALCOTT RESOLUTION LIFE INSURANCE COMPANY**  
1 GRIFFIN ROAD N  
WINDSOR, CT 06095-1512

CUSTOMER NUMBER
IDA000088072

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-88072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-88072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OMAHA HEALTH INSURANCE COMPANY**  
3300 MUTUAL OF OMAHA PLAZA  
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000088080



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-88080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-88080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OPTIMUM RE INSURANCE COMPANY**  
P O BOX 660010  
DALLAS, TX 75266-0010

CUSTOMER NUMBER
IDA000088099



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-88099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-88099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLONIAL LIFE INSURANCE COMPANY OF TEXAS**  
PO BOX 2543  
FORT WORTH, TX 76113-2543

CUSTOMER NUMBER
IDA000088153



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-88153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-88153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN RETIREMENT LIFE INSURANCE COMPANY**  
11200 LAKELINE BLVD., SUITE 100  
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000088366



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-88366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-88366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY**  
P. O. BOX 2606  
BIRMINGHAM, AL 35202

CUSTOMER NUMBER
IDA000088536



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-88536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-88536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EMPHEYSYS INSURANCE COMPANY**  
P. O. BOX 740036  
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000088595



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-88595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-88595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MUTUAL OF AMERICA LIFE INSURANCE COMPANY**  
320 PARK AVENUE  
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA000088668



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-88668-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-88668-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ENTERPRISE LIFE INSURANCE COMPANY**  
300 BURNETT STREET, SUITE 200  
801 CHERRY ST  
FORT WORTH, TX 76102-2734

CUSTOMER NUMBER
IDA000089087



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-89087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-89087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STERLING INVESTORS LIFE INSURANCE COMPANY**  
10201 N. ILLINOIS ST., SUITE 280  
CARMEL, IN 46290

CUSTOMER NUMBER
IDA000089184



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-89184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-89184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OHIO NATIONAL LIFE ASSURANCE CORPORATION**  
POST OFFICE BOX 237  
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000089206



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-89206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-89206-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN LABOR LIFE INSURANCE COMPANY**  
8 MARTICVILLE ROAD  
LANCASTER, PA 17603

CUSTOMER NUMBER
IDA000089427



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-89427-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-89427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-89427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SHELTERPOINT INSURANCE COMPANY**  
1225 FRANKLIN AVENUE - SUITE 475  
GARDEN CITY, NY 11530

CUSTOMER NUMBER
IDA000089958



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-89958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-89958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GREAT SOUTHERN LIFE INSURANCE COMPANY**  
P.O. BOX 410288  
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000090212



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-90212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-90212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RX LIFE INSURANCE COMPANY**  
227 WEST MONROE STREET, SUITE 3775  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000090247



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-90247-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-90247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-90247-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY**  
151 FARMINGTON AVENUE, RT21  
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000090328



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-90328-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-90328-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ZURICH AMERICAN LIFE INSURANCE COMPANY**  
1299 ZURICH WAY  
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000090557



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-90557-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-90557-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SYMETRA NATIONAL LIFE INSURANCE COMPANY**  
P.O. BOX 34690  
SEATTLE, WA 98124-1690

CUSTOMER NUMBER
IDA000090581



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-90581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-90581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA**  
5701 GOLDEN HILLS DRIVE  
MINNEAPOLIS, MN 55416-1297

CUSTOMER NUMBER
IDA000090611



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-90611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-90611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BEST LIFE AND HEALTH INSURANCE COMPANY**  
P.O BOX 19721  
IRVINE, CA 92623-9721

CUSTOMER NUMBER
IDA000090638



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-90638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-90638-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GLOBE LIFE AND ACCIDENT INSURANCE COMPANY**  
3700 SOUTH STONEBRIDGE DRIVE  
MCKINNET, TX 75070

CUSTOMER NUMBER
IDA000091472



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-91472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-91472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIMERICA INSURANCE COMPANY**  
11000 OPTUM CIRCLE  
EDEN PRAIRIE, MN 55344

CUSTOMER NUMBER
IDA000091529



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-91529-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-91529-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION**  
51 MADISON AVENUE  
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000091596

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-91596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-91596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NEW ENGLAND LIFE INSURANCE COMPANY**  
ONE FINANCIAL CENTER  
BOSTON, MA 02111

CUSTOMER NUMBER
IDA000091626



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-91626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-91626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FORETHOUGHT LIFE INSURANCE COMPANY**  
10 WEST MARKET STREET, SUITE 2300  
#REF!, #REF! #REF!

CUSTOMER NUMBER
IDA000091642



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-91642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-91642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IA AMERICAN LIFE INSURANCE COMPANY**  
P.O. BOX 2549  
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000091693



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-91693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-91693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STERLING NATIONAL LIFE INSURANCE COMPANY, INC.**  
PO BOX 2730  
SALT LAKE CITY, UT 84110-2730

CUSTOMER NUMBER
IDA000091785



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-91785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-91785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIFECARE ASSURANCE COMPANY**  
P.O. BOX 4243  
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000091898



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-91898-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
FRA22-91898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-91898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,750.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN SAVINGS LIFE INSURANCE COMPANY**  
935 E MAIN STREET SUITE 100  
MESA, AZ 85203

CUSTOMER NUMBER
IDA000091910



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-91910-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-91910-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	2,250.00
HCA22-91910-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>3,500.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMPANION LIFE INSURANCE COMPANY OF CALIFORNIA**  
PO BOX 100102  
COLUMBIA, SC 29202

CUSTOMER NUMBER
IDA000092444



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-92444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-92444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRUASSURE INSURANCE COMPANY**  
111 SHUMAN BOULEVARD  
NAPERVILLE, IL 60563

CUSTOMER NUMBER
IDA000092525



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-92525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-92525-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN-SOUTHERN LIFE ASSURANCE COMPANY**  
400 BROADWAY  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000092622



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-92622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-92622-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY**  
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS  
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000092657



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-92657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-92657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA**  
1275 MILWAUKEE AVENUE  
GLENVIEW, IL 60025

CUSTOMER NUMBER
IDA000092703



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-92703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-92703-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HCC LIFE INSURANCE COMPANY**  
225 TOWNPARK DRIVE, SUITE 350  
KENNESAW, GA 30144-3710

CUSTOMER NUMBER
IDA000092711



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-92711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-92711-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY**  
6000 WESTOWN PARKWAY  
WEST DES MOINES, IA 50266-5921

CUSTOMER NUMBER
IDA000092738



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-92738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TIER ONE INSURANCE COMPANY**  
1932 WYNNTON ROAD  
COLUMBUS, GA 31999-0001

CUSTOMER NUMBER
IDA000092908



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-92908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-92908-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED AMERICAN INSURANCE COMPANY**  
P.O. BOX 8080  
MCKINNEY, TX 75070

CUSTOMER NUMBER
IDA000092916



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-92916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-92916-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PENN INSURANCE AND ANNUITY COMPANY, THE**  
PENN INSURANCE & ANNUITY COMPANY  
PHILADELPHIA, PA 19172

CUSTOMER NUMBER
IDA000093262



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93262-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**C.M. LIFE INSURANCE COMPANY**  
1295 STATE STREET  
SPRINGFIELD, MA 01111

CUSTOMER NUMBER
IDA000093432



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93432-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93432-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HM LIFE INSURANCE COMPANY**  
P.O. BOX 535061  
PITTSBURGH, PA 15253-5061

CUSTOMER NUMBER
IDA000093440



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93440-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PAN-AMERICAN ASSURANCE COMPANY**  
POST OFFICE BOX 53372  
NEW ORLEANS, LA 70153-3372

CUSTOMER NUMBER
IDA000093459



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GRANULAR INSURANCE COMPANY**  
463 MOUNTAIN VIEW DRIVE, SUITE 301,  
COLCHESTER, VT 05446

CUSTOMER NUMBER
IDA000093521



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93521-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PHL VARIABLE INSURANCE COMPANY**  
P. O. BOX 5056  
HARTFORD, CT 06102-5056

CUSTOMER NUMBER
IDA000093548



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93548-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RGA REINSURANCE COMPANY**  
16600 SWINGLEY RIDGE ROAD  
CHESTERFIELD, MO 63017-1706

CUSTOMER NUMBER
IDA000093572



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93572-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY**  
P.O. BOX 717  
BOSTON, MA 02117-0717

CUSTOMER NUMBER
IDA000093610



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPA**  
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR  
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000093629



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93629-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ANNUITY INVESTORS LIFE INSURANCE COMPANY**  
POST OFFICE BOX 5423  
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000093661



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93661-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93661-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**QCC INSURANCE COMPANY**  
1901 MARKET STREET  
PHILADELPHIA, PA 19103-1480

CUSTOMER NUMBER
IDA000093688



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIDELITY INVESTMENTS LIFE INSURANCE COMPANY**  
900 SALEM STREET, OT1W2  
SMITHFIELD, RI 02917

CUSTOMER NUMBER
IDA000093696



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NASSAU LIFE AND ANNUITY COMPANY**  
P. O. BOX 5056  
HARTFORD, CT 06102-5056

CUSTOMER NUMBER
IDA000093734



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93734-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93734-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SECURIAN LIFE INSURANCE COMPANY**  
400 ROBERT STREET NORTH  
ST. PAUL, MN 55101-2098

CUSTOMER NUMBER
IDA000093742



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-93742-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFIC CENTURY LIFE INSURANCE CORPORATION**  
3101 NORTH CENTRAL AVENUE, SUITE 400  
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000093815



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-93815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-93815-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
HCA22-93815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,750.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENWORTH INSURANCE COMPANY**  
6620 WEST BROAD STREET, BLDG 2  
RICHMOND, VA 23230

CUSTOMER NUMBER
IDA000094072



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-94072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-94072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COUNTRY INVESTORS LIFE ASSURANCE COMPANY**  
P. O. BOX 2000  
BLOOMINGTON, IL 61702-2000

CUSTOMER NUMBER
IDA000094218



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-94218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-94218-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANNER LIFE INSURANCE COMPANY**  
3275 BENNETT CREEK AVENUE  
FREDERICK, MD 21704

CUSTOMER NUMBER
IDA000094250



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-94250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-94250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**USABLE LIFE**  
P.O. BOX 1650  
LITTLE ROCK, AR 72203-1650

CUSTOMER NUMBER
IDA000094358



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-94358-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-94358-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STATE FARM HEALTH INSURANCE COMPANY**  
ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000094498



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-94498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-94498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEMBERS HEALTH INSURANCE COMPANY**  
P.O. BOX 1801  
COLUMBIA, TN 38402-1801

CUSTOMER NUMBER
IDA000094587



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-94587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-94587-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
HCA22-94587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>2,000.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HUMANA HEALTH PLAN OF TEXAS, INC.**  
P.O. BOX 740036  
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000095024



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95024-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AETNA HEALTH INC.**  
151 FARMINGTON AVENUE, RT21  
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000095109



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CIGNA HEALTHCARE OF ARIZONA, INC.**  
25500 N. NORTERRA DR.  
PHOENIX, AZ 85085-8200

CUSTOMER NUMBER
IDA000095125



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-95125-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	4,500.00
FRA22-95125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>5,550.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CHA HMO, INC.**  
P.O. BOX 740036  
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000095158



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95158-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.**  
9800 HEALTH CARE LANE  
MN006-W500  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000095174



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HEALTH NET OF ARIZONA, INC.**  
7700 FORSYTH BOULEVARD  
SAINT LOUIS, MO 63105

CUSTOMER NUMBER
IDA000095206



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-95206-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,550.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PREMIER CHOICE DENTAL, INC.**  
P.O. BOX 14227  
ORANGE, CA 92863

CUSTOMER NUMBER
IDA000095224



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-95224-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-95224-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-95224-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDICA COMMUNITY HEALTH PLAN**  
401 CARLSON PARKWAY CP250  
MINNETONKA, MN 55305

CUSTOMER NUMBER
IDA000095232



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERIGROUP TEXAS, INC.**  
4425 CORPORATION LANE  
VIRGINIA BEACH, VA 23462

CUSTOMER NUMBER
IDA000095314



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

**Using OPTins allows you to save time and ensure that both the form and payment are received together and on time.**

**Make sure we receive your payment by or before August 20, 2021.**

*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRESBYTERIAN HEALTH PLAN, INC.**  
PO BOX 27489  
ALBUQUERQUE, NM 87125-7489

CUSTOMER NUMBER
IDA000095330



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95330-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALPHA DENTAL OF ARIZONA, INC.**  
560 MISSION STREET, SUITE 1300  
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER
IDA000095366



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-95366-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-95366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-95366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,625.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFICARE OF COLORADO, INC.**  
9700 HEALTHCARE LANE, MN017-E900  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000095434

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFICARE OF ARIZONA, INC.**  
9800 HEALTH CARE LANE MN06-W500  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000095617



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-95617-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	375.00
FRA22-95617-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,425.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITEDHEALTHCARE OF WISCONSIN, INC.**  
WI030-1000, 10701 WEST RESEARCH DRIVE PO BOX 26649  
WAUWATOSA, WI 53226-0649

CUSTOMER NUMBER
IDA000095710



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CARITEN HEALTH PLAN INC.**  
P.O. BOX 740036  
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000095754



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HUMANA HEALTH PLAN, INC.**  
P.O. BOX 740036  
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000095885



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-95885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MEDISUN, INC.**  
POST OFFICE BOX 13466  
PHOENIX, AZ 85002

CUSTOMER NUMBER
IDA000095982



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-95982-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	7,500.00
FRA22-95982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>8,550.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITEDHEALTHCARE OF ARIZONA, INC.**  
9800 HEALTH CARE LANE, MN006-W500  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000096016



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF22-96016-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	750.00
FRA22-96016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,800.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DENTAL CARE PLUS, INC.**  
100 CROWNE POINT PLACE  
CINCINNATI, OH 45241

CUSTOMER NUMBER
IDA000096265



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-96265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-96265-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**METROPOLITAN TOWER LIFE INSURANCE COMPANY**  
18210 CRANE NEST DRIVE, 3RD FLOOR  
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000097136



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-97136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PLATEAU INSURANCE COMPANY**  
P.O. BOX 7001, 2701 NORTH MAIN STREET  
CROSSVILLE, TN 38557-7001

CUSTOMER NUMBER
IDA000097152



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-97152-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITEDHEALTHCARE LIFE INSURANCE COMPANY**  
9800 HEALTH CARE LANE, MN006-W500  
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000097179



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-97179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SETTLERS LIFE INSURANCE COMPANY**  
PO BOX 1191  
MADISON, WI 53701-1191

CUSTOMER NUMBER
IDA000097241



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-97241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PACIFIC LIFE & ANNUITY COMPANY**  
700 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

CUSTOMER NUMBER
IDA000097268



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
FSF22-97268-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2021	22,500.00
HCA22-97268-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>23,750.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MAGELLAN LIFE INSURANCE COMPANY**  
14100 MAGELLAN PLAZA  
MARYLAND HEIGHTS, MO 63043

CUSTOMER NUMBER
IDA000097292



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-97292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIFE OF THE SOUTH INSURANCE COMPANY**  
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 500  
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000097691



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-97691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DIRECT GENERAL LIFE INSURANCE COMPANY**  
1281 MURFREESBORO ROAD  
NASHVILLE, TN 37217-2432

CUSTOMER NUMBER
IDA000097705



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-97705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IDEALIFE INSURANCE COMPANY**  
120 LONG RIDGE ROAD  
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000097764



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97764-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-97764-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**US HEALTH AND LIFE INSURANCE COMPANY**  
8220 IRVING RD.  
STERLING HEIGHTS, MI 48312

CUSTOMER NUMBER
IDA000097772



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-97772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIFEMAP ASSURANCE COMPANY**  
P.O. BOX 1271 MS WW2-25  
PORTLAND, OR 97207-1271

CUSTOMER NUMBER
IDA000097985



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-97985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-97985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL FOUNDATION LIFE INSURANCE COMPANY**  
300 BURNETT STREET, SUITE 200  
FORT WORTH, TX 76102-2734

CUSTOMER NUMBER
IDA000098205

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-98205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-98205-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIFESHIELD NATIONAL INSURANCE CO.**  
P.O. BOX 18223  
OKLAHOMA CITY, OK 73154-0223

CUSTOMER NUMBER
IDA000099724



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-99724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-99724-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FUNERAL DIRECTORS LIFE INSURANCE COMPANY**  
P. O. BOX 5649  
ABILENE, TX 79608

CUSTOMER NUMBER
IDA000099775



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-99775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COLUMBUS LIFE INSURANCE COMPANY**  
400 EAST 4TH STREET  
CINCINNATI, OH 45202-3302

CUSTOMER NUMBER
IDA000099937



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-99937-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
HCA22-99937-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2021	200.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,250.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INTERSTATE NATIONAL DEALER SERVICES, INC.**  
PO BOX 724707  
ATLANTA, GA 31139

CUSTOMER NUMBER
IDA049207143



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VEHICLE PROTECTION, INC.**  
250 NE MULBERRY  
LEE'S SUMMIT, MO 64086

CUSTOMER NUMBER
IDA049207144



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207144-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TWG HOME WARRANTY SERVICES, INC.**  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157

CUSTOMER NUMBER
IDA049207145



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SERVICEPLAN, INC.**  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157

CUSTOMER NUMBER
IDA049207146



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SERVICE SAVER, INCORPORATED**  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157

CUSTOMER NUMBER
IDA049207147



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PABLO CREEK SERVICES, INC.**  
1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FL 32224

CUSTOMER NUMBER
IDA049207148



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DEALER PERFORMANCE, INC.**  
175 W JACKSON BLVD  
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207149



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONSUMER PROGRAM ADMINISTRATORS, INC.**  
175 W JACKSON BLVD  
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207150



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUTOMOTIVE WARRANTY SERVICES OF FLORIDA, INC.**  
175 W JACKSON BLVD  
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207151



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN GUARDIAN WARRANTY SERVICES, INC.**  
PO BOX 768  
WARRENVILLE, IL 60555

CUSTOMER NUMBER
IDA049207152



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AAGI, INC.**  
1700 E GOLF ROAD, SUITE 700  
SCHAUMBURG, IL 60173

CUSTOMER NUMBER
IDA049207153



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN HOME GUARDIAN, INC.**  
601 MERRITT 7, 6TH FLOOR  
NORWALK, CT 06851

CUSTOMER NUMBER
IDA049207154



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DEALERS ALLIANCE CORPORATION**  
15920 ADDISON ROAD  
ADDISON, TX 75001

CUSTOMER NUMBER
IDA049207155



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IWS ACQUISITION CORPORATION**  
5901 BROKEN SOUND PARKWAY NW, SUITE 400  
BOCA RATON, FL 33487

CUSTOMER NUMBER
IDA049207156



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OWNERSHIELD, INC.**  
10751 DEERWOOD PARK BLVD, SUITE 200  
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA049207157



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFE-GUARD PRODUCTS INTERNATIONAL, LLC**  
2 CONCOURSE PARKWAY, SUITE 500  
ATLANTA, GA 30328

CUSTOMER NUMBER
IDA049207158



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207158-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NISSAN EXTENDED SERVICES NORTH AMERICA, GP**  
PO BOX 685004 (A-4-F)  
FRANKLIN, TN 37068-5004

CUSTOMER NUMBER
IDA049207159



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207159-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VISION WARRANTY CORPORATION**  
17555 EL CAMINO REAL  
HOUSTON, TX 77058

CUSTOMER NUMBER
IDA049207160



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VEHICLE SERVICE ADMINISTRATOR, LLC**  
900 S HIGHWAY DR, SUITE 100  
FENTON, MO 63026

CUSTOMER NUMBER
IDA049207161



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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*Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.*

**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIVERSAL UNDERWRITERS SERVICE CORPORATION**  
1299 ZURICH WAY  
SCHAUMBURG, IL 60196

CUSTOMER NUMBER
IDA049207162

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED STATES WARRANTY CORP. OF FLORIDA (FN)**  
14755 N OUTER FORTY ROAD, SUITE 400  
CHESTERFIELD, MO 63017-6050

CUSTOMER NUMBER
IDA049207163



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207163-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site ([www.azleg.gov](http://www.azleg.gov)).

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PREMIER DEALER SERVICES, INC.**  
9449 BALBOA AVE, SUITE 300  
SAN DIEGO, CA 92123

CUSTOMER NUMBER
IDA049207164



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST AUTOMOTIVE SERVICE CORPORATION**  
2400 LOUISIANA BLVD NE, BUILDING 4, SUITE 100  
ALBUQUERQUE, NM 87110

CUSTOMER NUMBER
IDA049207166

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUTO SERVICE WARRANTIES, INC. (FN)**  
PO BOX 2400  
MOUNTAIN HOME, AR 72654

CUSTOMER NUMBER
IDA049207168



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**A.U.L. CORP.**  
1250 MAIN STREET, SUITE 300  
NAPA, CA 94559

CUSTOMER NUMBER
IDA049207169



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BANKERS WARRANTY GROUP, INC.**  
11101 ROOSEVELT BLVD NORTH  
ST PETERSBURG, FL 33716

CUSTOMER NUMBER
IDA049207171



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207171-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OLD REPUBLIC HOME PROTECTION COMPANY, INC.**  
PO BOX 5017  
SAN RAMON, CA 94583

CUSTOMER NUMBER
IDA049207173



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207173-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SOUTHWEST GENERAL INSURANCE COMPANY**  
PO BOX 1377  
GALLUP, NM 87305

CUSTOMER NUMBER
IDA049207174



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HYUNDAI PROTECTION PLAN, INC.**  
3161 MICHELSON DRIVE, SUITE 1900  
IRVINE, CA 92612

CUSTOMER NUMBER
IDA049207175



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207175-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**POWER PROTECT EXTENDED SERVICES, INC.**  
3161 MICHELSON DRIVE, SUITE 1900  
IRVINE, CA 92612

CUSTOMER NUMBER
IDA049207176



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207176-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICA'S PREFERRED HOME WARRANTY, INC.**  
5775 ANN ARBOR ROAD  
JACKSON, MI 49201

CUSTOMER NUMBER
IDA049207178



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WYNN'S EXTENDED CARE, INC.**  
6303 BLUE LAGOON DRIVE, SUITE 225  
MIAMI, FL 33126-6004

CUSTOMER NUMBER
IDA049207179



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VANTAGE WARRANTY, INC.**  
8834 N CAPITAL OF TX HWY, SUITE 250  
AUSTIN, TX 78759

CUSTOMER NUMBER
IDA049207180



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**STARR PROTECTION SOLUTIONS, LLC**  
399 PARK AVENUE, 3RD FLOOR  
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA049207181



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PHOENIX AMERICAN WARRANTY COMPANY, INC.**  
6303 BLUE LAGOON DRIVE, SUITE 225  
MIAMI, FL 33126-6004

CUSTOMER NUMBER
IDA049207182



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PALMER ADMINISTRATIVE SERVICES, INC.**  
3430 SUNSET AVENUE  
OCEAN, NJ 07712

CUSTOMER NUMBER
IDA049207183



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTHCOAST WARRANTY SERVICES, INC.**  
3925 BROOKSIDE PARKWAY  
ALPHARETTA, GA 30022

CUSTOMER NUMBER
IDA049207184



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAREGARD WARRANTY SERVICES, INC.**  
1900 CHAMPAGNE BLVD  
GRAPEVINE, TX 76051

CUSTOMER NUMBER
IDA049207185



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUTO KNIGHT MOTOR CLUB, INC.**  
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 330  
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA049207186



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TAG WARRANTY CORP.**  
2200 HIGHWAY 121, SUITE 100  
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA049207187



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNIVERSAL WARRANTY CORPORATION**  
500 WOODWARD AVE, 10TH FLOOR  
DETROIT, MI 48226

CUSTOMER NUMBER
IDA049207188



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SERVICEGUARD SYSTEMS, INC.**  
34555 CHAGRIN BLVD., SUITE 100  
MORELAND HILLS, OH 44022

CUSTOMER NUMBER
IDA049207189



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALLY SERVICE AGREEMENT CORPORATION**  
500 WOODWARD AVENUE, 10TH FLOOR  
DETROIT, MI 48226

CUSTOMER NUMBER
IDA049207190



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FEDERAL WARRANTY SERVICE CORP.**  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157

CUSTOMER NUMBER
IDA049207191



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207191-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ENDURANCE DEALER SERVICES, LLC**  
C/O MEENAN P.A.  
PO BOX 11247  
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA049207192



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207192-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASURION WARRANTY SERVICES, INC.**  
11460 TOMAHAWK CREEK PKWY, SUITE 300  
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207193

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASURION WARRANTY PROTECTION SERVICES, LLC**  
11460 TOMAHAWK CREEK PKWY, SUITE 300  
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207194



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASURION TECHNOLOGY SERVICES, INC.**  
11460 TOMAHAWK CREEK PKWY, SUITE 300  
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207195



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASURION SERVICE PLANS, INC.**  
11460 TOMAHAWK CREEK PKWY, SUITE 300  
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207196



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207196-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASURION CONSUMER SOLUTIONS, INC.**  
11460 TOMAHAWK CREEK PKWY, SUITE 300  
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207197



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207197-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN RELIABLE INSURANCE COMPANY**  
3 BALA PLAZA EAST, SUITE 300  
BALA CYNWYD, PA 19004

CUSTOMER NUMBER
IDA049207198



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUTOGUARD ADVANTAGE CORPORATION**  
5500 FRANTZ ROAD, SUITE 120  
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA049207200



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTINENTAL SERVICE PROVIDER, INC.**  
PO BOX 2840  
SCOTTSDALE, AZ 85252-2840

CUSTOMER NUMBER
IDA049207202



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207202-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EFG HOME SERVICES, LLC**  
PO BOX 167667  
IRVING, TX 75016

CUSTOMER NUMBER
IDA049207203



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIDELITY NATIONAL HOME WARRANTY CO.**  
1850 GATEWAY BLVD, SUITE 400  
CONCORD, CA 94520

CUSTOMER NUMBER
IDA049207204



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MPP CO., INC.**  
PO BOX 634  
SHAWNEE MISSION, KS 66201

CUSTOMER NUMBER
IDA049207205



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PLATINUM HOME PROTECTION, LLC**  
16211 N SCOTTSDALE ROAD, SUITE A6A-478  
SCOTTSDALE, AZ 85254

CUSTOMER NUMBER
IDA049207207



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TMI SOLUTIONS, LLC**  
2200 HIGHWAY 121, SUITE 100  
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA049207208



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WARRANTY GLOBAL GROUP, INC.**  
15510 WRIGHT BROTHERS DRIVE  
ADDISON, TX 75001

CUSTOMER NUMBER
IDA049207209



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ASURION SERVICES, LLC**  
11460 TOMAHAWK CREEK PKWY, SUITE 300  
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207210

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTURION SERVICE CORP.**  
525 W 21ST STREET  
TEMPE, AZ 85282

CUSTOMER NUMBER
IDA049207211



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SENTINEL SERVICE CORP.**  
525 W 21ST STREET  
TEMPE, AZ 85282

CUSTOMER NUMBER
IDA049207212



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMPLETE PRODUCT CARE CORP.**  
600 HARRISON STREET, SUITE 400  
SAN FRANCISCO, CA 94107

CUSTOMER NUMBER
IDA049207213



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ENTERPRISE FINANCIAL GROUP, INC.**  
PO BOX 167667  
IRVING, TX 75016

CUSTOMER NUMBER
IDA049207214



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GAI WARRANTY COMPANY**  
301 E 4TH STREET  
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA049207216



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GLOBAL AUTO SOLUTIONS, INC.**  
425 METRO PLACE N, SUITE 300  
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA049207217



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**The Arizona Department of Insurance and Financial Institutions has implemented OPTins (Online Premium Tax for Insurance) for insurance companies filing and paying the Annual Assessment.**

The steps to submit your assessment are very simple and require no formal training. Easy to follow instructions are available at: <http://www.optins.org>.

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**Make sure we receive your payment by or before August 20, 2021.**

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GS ADMINISTRATORS, INC.**  
1345 ENCLAVE PARKWAY  
HOUSTON, TX 77077

CUSTOMER NUMBER
IDA049207218



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOME WARRANTY OF AMERICA, INC.**  
1371 ABBOTT COURT, SUITE A  
BUFFALO GROVE, IL 60089

CUSTOMER NUMBER
IDA049207219



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOMEGUARD HOMEWARRANTY, INC.**  
510 MADERA AVE  
SAN JOSE, CA 95112

CUSTOMER NUMBER
IDA049207220



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IAS WARRANTY, INC.**  
PO BOX 204329  
AUSTIN, TX 78720

CUSTOMER NUMBER
IDA049207221



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL AUTO CARE CORPORATION**  
208 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082

CUSTOMER NUMBER
IDA049207222



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL WARRANTY CORPORATION**  
ATTN: COMPLIANCE DEPT  
PO BOX 724707  
ATLANTA, GA 31139

CUSTOMER NUMBER
IDA049207223



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OWNERGUARD CORPORATION**  
2200 HIGHWAY 121, SUITE 100  
BEDFORD, TX 30009-7602

CUSTOMER NUMBER
IDA049207225



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**QBE ADMINISTRATION SERVICES, INC.**  
PO BOX 779  
SHELBY, OH 44875-0779

CUSTOMER NUMBER
IDA049207226



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAFEWARE, THE INSURANCE AGENCY, INC.**  
5700 PERIMETER DRIVE, SUITE E  
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA049207227

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WEST COAST ASSURANCE COMPANY**  
14755 N OUTER FORTY ROAD, SUITE 400  
ST. LOUIS, MO 63017-6050

CUSTOMER NUMBER
IDA049207228

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN AUTO SHIELD, LLC**  
1597 COLE BLVD, SUITE 200  
LAKEWOOD, CO 80401

CUSTOMER NUMBER
IDA049207229



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AIG WARRANTYGUARD, INC.**  
650 MISSOURI AVE  
JEFFERSONVILLE, IN 47130

CUSTOMER NUMBER
IDA049207230

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN GENERAL DEALER SERVICES, INC.**  
14755 N OUTER FORTY ROAD, SUITE 400  
SAINT LOUIS, MO 63017-6050

CUSTOMER NUMBER
IDA049207231

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WARRANTY SUPPORT SERVICES, LLC**  
6010 ATLANTIC BLVD  
NORCROSS, GA 30071-1303

CUSTOMER NUMBER
IDA049207232



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED CAR CARE, INC.**  
PO BOX 3988  
GREENWOOD VILLAGE, CO 80155-3988

CUSTOMER NUMBER
IDA049207233



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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**Make sure we receive your payment by or before August 20, 2021.**

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**For questions concerning this assessment, email us at [accounting@difi.az.gov](mailto:accounting@difi.az.gov)**



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SERVICE NET WARRANTY, LLC**  
650 MISSOURI AVE  
JEFFERSONVILLE, IN 47130

CUSTOMER NUMBER
IDA049207234



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROTECTIVE ADMINISTRATIVE SERVICES, INC.**  
14755 N OUTER FORTY ROAD, SUITE 400  
SAINT LOUIS, MO 63017-6050

CUSTOMER NUMBER
IDA049207235



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATION MOTOR CLUB, LLC**  
800 YAMATO ROAD, SUITE 100  
BOCA RATON, FL 33431

CUSTOMER NUMBER
IDA049207237

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EXPRESS SYSTEMS, INC.**  
25541 COMMERCENTRE DRIVE, SUITE 100  
LAKE FOREST, CA 92630

CUSTOMER NUMBER
IDA049207238

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN HOME SHIELD OF ARIZONA, INC.**  
150 PEABODY PLACE  
MEMPHIS, TN 38103

CUSTOMER NUMBER
IDA049207240



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOME WARRANTY ADMINISTRATOR OF ARIZONA, INC.**  
90 WASHINGTON VALLEY ROAD  
BEDMINSTER, NJ 07921

CUSTOMER NUMBER
IDA049207241



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED SERVICE PROTECTION CORPORATION**  
11222 QUAIL ROOST DRIVE  
MIAMI, FL 33157

CUSTOMER NUMBER
IDA049207242



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SELECT HOME WARRANTY, LLC**  
1 INTERNATIONAL BOULEVARD, SUITE 400  
MAHWAH, NJ 07495

CUSTOMER NUMBER
IDA049207243



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ROYAL ADMINISTRATION SERVICES, INC.**  
51 MILL STREET, BUILDING F  
HANOVER, MA 02339

CUSTOMER NUMBER
IDA049207244



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207244-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOME BUYERS RESALE WARRANTY CORPORATION**  
13900 E HARVARD AVENUE  
AURORA, CO 80014

CUSTOMER NUMBER
IDA049207246



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**3M COMPANY**  
3M CENTER, BUILDING 223-06N-01  
SAINT PAUL, MN 55144

CUSTOMER NUMBER
IDA049207248

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED STATES WARRANTY E.S.P. CORPORATION**  
C/O MEENAN P.A.  
PO BOX 11247  
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA049207249



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PORTFOLIO SERVICES LIMITED, INC.**  
25541 COMMERCENTRE DRIVE, SUITE 100  
LAKE FOREST, CA 92630

CUSTOMER NUMBER
IDA049207251



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207251-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIDELITY WARRANTY SERVICES, INC.**  
500 JIM MORAN BOULEVARD  
DEERFIELD BEACH, FL 33442

CUSTOMER NUMBER
IDA049207253



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ETHOS GROUP, INC.**  
370 LAS COLINAS BLVD W, SUITE 108  
IRVING, TX 75039

CUSTOMER NUMBER
IDA049207254

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DIMENSION SERVICE CORPORATION**  
5500 FRANTZ ROAD, SUITE 120  
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA049207255



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CNA WARRANTY SERVICES, INC.**  
151 N FRANKLIN STREET  
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA049207256



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTURY WARRANTY SERVICES, INC.**  
500 JIM MORAN BOULEVARD  
DEERFIELD BEACH, FL 33442

CUSTOMER NUMBER
IDA049207257



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTURY AUTOMOTIVE SERVICE CORPORATION**  
6565 AMERICAS PARKWAY NE, SUITE 1000  
ALBUQUERQUE, NM 87002

CUSTOMER NUMBER
IDA049207258



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN WATER RESOURCES, LLC**  
1751 W DIEHL RD, SUITE 200  
NAPERVILLE, IL 60565

CUSTOMER NUMBER
IDA049207260



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PREFERRED WARRANTIES, INC.**  
PO BOX 278  
ORWIGSBURG, PA 17961

CUSTOMER NUMBER
IDA049207262



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TOYOTA MOTOR INSURANCE SERVICES, INC.**  
6565 HEADQUARTERS DRIVE, W2-5D  
PLANO, TX 75024

CUSTOMER NUMBER
IDA049207263

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WARRANTY SOLUTIONS ADMINISTRATIVE SERVICES, INC.**  
2200 HIGHWAY 121, SUITE 100  
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA049207264



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LANDMARK HOME WARRANTY, LLC**  
150 PEABODY PLACE  
MEMPHIS, TN 38103

CUSTOMER NUMBER
IDA049207265



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EXTENDED VEHICLE PROTECTION, LLC**  
26001 LAWRENCE AVE  
CIMS: 423-04-06  
CENTER LINE, MI 48015

CUSTOMER NUMBER
IDA049207266



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRIME RESERVE PLUS, INC.**  
1900 CHAMPAGNE BLVD  
GRAPEVINE, TX 76051

CUSTOMER NUMBER
IDA049207267



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207267-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LANDCAR AGENCY, INC.**  
9350 S 150 E, SUITE 220  
SANDY, UT 84070

CUSTOMER NUMBER
IDA049207268



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MINNEHOMA AUTOMOBILE ASSOCIATION, INC.**  
PO BOX 35008  
TULSA, OK 74153-0008

CUSTOMER NUMBER
IDA049207269



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUBARU OF AMERICA SERVICES, INC.**  
C/O STEPHEN MCDANIEL  
MEENAN P.A. 300 S DUVAL STREET, SUITE 410  
TALLAHASSEE, FL 32301

CUSTOMER NUMBER
IDA049207270



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207270-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NWAN, INC.**  
8370 DOW CIRCLE, SUITE 100  
STRONGSVILLE, OH 44136

CUSTOMER NUMBER
IDA049207271



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UTILITY SERVICE PARTNERS PRIVATE LABEL, INC.**  
4000 TOWN CENTER BOULEVARD, SUITE 400  
CANONSBURG, PA 15317

CUSTOMER NUMBER
IDA049207272



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOMESURE OF AMERICA, INC.**  
4700 EXCHANGE COURT, SUITE 300  
BOCA RATON, FL 33433

CUSTOMER NUMBER
IDA049207273



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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HELZBERG'S DIAMOND SHOPS, INC.**  
1825 SWIFT  
NORTH KANSAS CITY, MO 64116

CUSTOMER NUMBER
IDA049207274



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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BFS OF ARIZONA, INC.**  
3500 N 28TH TERRACE  
HOLLYWOOD, FL 33020

CUSTOMER NUMBER
IDA049207275



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WESTERN SERVICE CONTRACT CORP.**  
5515 E LA PALMA AVE, SUITE 150  
ANAHEIM, CA 92807

CUSTOMER NUMBER
IDA049207276



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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WARRANTECH CONSUMER PRODUCT SERVICES, INC.**  
2200 HIGHWAY 121, SUITE 100  
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA049207277



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207277-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**WARRANTECH AUTOMOTIVE, INC.**  
2200 HIGHWAY 121, SUITE 100  
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA049207279



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ONEGUARD ARIZONA, LLC**  
150 PEABODY PLACE  
MEMPHIS, TN 38103

CUSTOMER NUMBER
IDA049207280



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MERCURY SELECT MANAGEMENT COMPANY, INC.**  
PO BOX 728847  
OKLAHOMA CITY, OK 73172-8847

CUSTOMER NUMBER
IDA049207281



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOME SECURITY OF AMERICA, INC.**  
15 PEABODY PLACE  
MEMPHIS, TN 38120

CUSTOMER NUMBER
IDA049207282



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GWC WARRANTY CORPORATION**  
PO BOX 7900  
WILKES-BARRE, PA 18773-7900

CUSTOMER NUMBER
IDA049207283



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST AMERICAN HOME WARRANTY CORPORATION**  
PO BOX 8030  
WEST HILLS, CA 91309

CUSTOMER NUMBER
IDA049207284



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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207284-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BRIGHTSTAR DEVICE PROTECTION, LLC**  
2325 LAKEVIEW PARKWAY, SUITE 700  
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA049207285



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RED SHIELD ADMINISTRATION, INC.**  
3550 N CENTRAL AVE, SUITE 800  
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA049207287



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AUTOXCEL CORPORATION**  
272 N FRONT STREET, SUITE 500  
WILMINGTON, NC 28401

CUSTOMER NUMBER
IDA049207288



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMERICAN HONDA PROTECTION PRODUCTS CORPORATION**  
MAILSTOP:100-2W-4B TAX DEPT  
1919 TORRANCE BOULEVARD  
TORRANCE, CA 90501-2722

CUSTOMER NUMBER
IDA049207294



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ZCSC, LLC**  
PO BOX 152762  
IRVING, TX 75015

CUSTOMER NUMBER
IDA049207295



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207295-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**4WARRANTY CORPORATION**  
10151 DEERWOOD PARK BLVD  
BUILDING 100, SUITE 330  
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA049207296



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207296-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**UNITED SERVICE CONTRACT GROUP, LLC**  
570 CARILLON PARKWAY, SUITE 300  
ST. PETERSBURG, FL 33716

CUSTOMER NUMBER
IDA049207297



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PRCO, INC.**  
3690 MOUNT DIABLO BLVD  
LAFAYETTE, CA 94549

CUSTOMER NUMBER
IDA049207298



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOMELIFE WARRANTY PROTECTION, LLC**  
PO BOX 141  
GILBERT, AZ 85299

CUSTOMER NUMBER
IDA049207299



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207299-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CARGUARD ADMINISTRATION, INC.**  
1776 N SCOTTSDALE ROAD, SUITE 2827  
SCOTTSDALE, AZ 85257

CUSTOMER NUMBER
IDA049207300



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SILVERROCK AUTOMOTIVE, INC.**  
1720 W RIO SALADO PARKWAY  
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA049207301



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SONSIO INTERNATIONAL, INC.**  
5630 WARD ROAD  
ARVADA, CO 80002

CUSTOMER NUMBER
IDA049207302



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207302-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALPHA WARRANTY SERVICES, INC.**  
10855 S RIVER FRONT PKWY, 5TH FLOOR  
SOUTH JORDAN, UT 84095

CUSTOMER NUMBER
IDA049207303



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NORTH AMERICAN WARRANTY, INC.**  
175 W JACKSON BLVD  
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207304



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EXTENDED PROTECTION ADMINISTRATION, INC.**  
PO BOX 768  
WARRENVILLE, IL 60555

CUSTOMER NUMBER
IDA049207305

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AEGIS EXTENDED SERVICE, LLC**  
1298 KIFER ROAD, SUITE 508  
SUNNYVALE, CA 94086

CUSTOMER NUMBER
IDA049207306



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RESIDENTIAL WARRANTY SERVICES, INC.**  
PO BOX 797  
CARMEL, IN 46082

CUSTOMER NUMBER
IDA049207307



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SIGNET SERVICE PLANS, INC.**  
375 GHENT ROAD  
ATTN: TAX DEPT  
AKRON, OH 44333

CUSTOMER NUMBER
IDA049207308



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAL-TEX PROTECTIVE COATINGS, INCORPORATED**  
7455 NATURAL BRIDGE CAVERNS ROAD  
SCHERTZ, TX 78154

CUSTOMER NUMBER
IDA049207309



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VWFS PROTECTION SERVICES, INC.**  
C/O STEPHEN MCDANIEL, MEENAN P.A.  
PO BOX 11247  
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA049207311

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TOTAL HOME SHIELD OF ARIZONA, INC.**  
300 MCGAW DRIVE, 2ND FLOOR  
EDISON, NJ 08837

CUSTOMER NUMBER
IDA049207312



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GLOBE HOME WARRANTY COMPANY**  
PO BOX 620395  
ORLANDO, FL 32862-0395

CUSTOMER NUMBER
IDA049207313



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207313-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SILVERROCK AUTOMOTIVE OF FLORIDA, INC.**  
1720 W RIO SALADO PKWY  
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA049207314



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SISKIN ENTERPRISES, INC.**  
PO BOX 58  
SALT LAKE CITY, UT 84110

CUSTOMER NUMBER
IDA049207315



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207315-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TIRE SHIELD, INC.**  
155 SUPREME COURT  
ST AUGUSTINE, FL 32086

CUSTOMER NUMBER
IDA049207316



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207316-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TT OF FIRST MILE SERVICES, INC.**  
C/O MEENAN P.A.  
PO BOX 11247  
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA049207317



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207317-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FURNITURE CARE PROTECTION, INC.**  
609 S KELLY AVE, SUITE E8  
EDMOND, OK 73003

CUSTOMER NUMBER
IDA049207319



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JM CARE PLAN, INC.**  
24 JEWELERS PARK DRIVE  
NEENAH, WI 54956

CUSTOMER NUMBER
IDA049207320



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-49207320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AXIOM PRODUCT ADMINISTRATION, LLC**  
8651 HIGHWAY N SUITE 201  
LAKE ST. LOUIS, MO 63367

CUSTOMER NUMBER
IDA501130441



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-501130441-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NOBILIS ADMINISTRATIVE SERVICES, INC.**  
5100 N O'CONNOR BLVD, SUITE 100  
IRVING, TX 75039

CUSTOMER NUMBER
IDA501400945



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-501400945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOME SERVICE CLUB WARRANTY CORP.**  
C/O COZEN O'CONNOR - ATTN: K. LEVINE  
ONE N. CLEMATIS STREET, SUITE 510  
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA501515973



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-501515973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FREEDOM WARRANTY OF AMERICA, LLC**  
117 LEE PARKWAY DRIVE  
CHATTANOOGA, TN 37421

CUSTOMER NUMBER
IDA501614658



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-501614658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CONTINENTAL WARRANTY, INC.**  
PO BOX 207  
CLAYMONT, DE 19703

CUSTOMER NUMBER
IDA501845788



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-501845788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HSB SECURE SERVICES, INC.**  
PO BOX 5024  
HARTFORD, CT 06102-5024

CUSTOMER NUMBER
IDA502476270



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-502476270-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ELITE WARRANTY, INC.**  
PO BOX 404  
SPRINGVILLE, UT 84663

CUSTOMER NUMBER
IDA502604183



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-502604183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUPER HOME CALIFORNIA, INC.**  
120 2ND STREET, 4TH FLOOR  
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER
IDA502715965



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-502715965-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUARDSMAN US LLC**  
2200 HIGHWAY 121, SUITE 100  
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA502864936



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-502864936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MATRIX CAPITAL SERVICES, LLC (FN)**  
3100 MCKINNON, SUITE 420  
DALLAS, TX 75201

CUSTOMER NUMBER
IDA503229089



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-503229089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL HOME REPAIR WARRANTY, INC.**  
3925 BROOKSIDE PARKWAY  
ALPHARETTA, GA 30022

CUSTOMER NUMBER
IDA504120382



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-504120382-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FORTRESS WARRANTY CORP.**  
C/O DAC, ATTN: LISA KIRK  
15920 ADDISON ROAD  
ADDISON, TX 75001

CUSTOMER NUMBER
IDA504388264



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-504388264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROTECT MY CAR, LLC**  
570 CARILLON PARKWAY, SUITE 300  
ST. PETERSBURG, FL 33716

CUSTOMER NUMBER
IDA504756865



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-504756865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DENT WIZARD WARRANTY COMPANY, LLC**  
13801 RIVERPORT DRIVE, SUITE 401  
MARYLAND HEIGHTS, MO 63043

CUSTOMER NUMBER
IDA504761289



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-504761289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAPITAL PROCESSING SYSTEMS, INC.**  
PO BOX 241274  
CHARLOTTE, NC 28224

CUSTOMER NUMBER
IDA505231346

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-505231346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
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**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**INTEGRITY WARRANTY, LLC**  
8822 PRODUCTION LANE  
OOLTEWAH, TN 37363

CUSTOMER NUMBER
IDA505285742

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-505285742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
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**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PREFERRED PROTECTION SERVICES, LLC**  
PO BOX 2840  
SCOTTSDALE, AZ 85252-2840

CUSTOMER NUMBER
IDA505456259



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-505456259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SPORTSMAN'S WAREHOUSE, INC.**  
1475 W 9000 S, SUITE A  
WEST JORDAN, UT 84088

CUSTOMER NUMBER
IDA505465790



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-505465790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**C.A.R.S. PROTECTION PLUS, INC.**  
4431 WILLIAM PENN HIGHWAY, SUITE 1  
MURRYSVILLE, PA 15668

CUSTOMER NUMBER
IDA505517347



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-505517347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OMNIDIAN, INC.**  
PO BOX 21647  
SEATTLE, WA 98111

CUSTOMER NUMBER
IDA505580289



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-505580289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MARATHON ADMINISTRATIVE CO., INC.**  
PO BOX 961  
O'FALLON, IL 62269

CUSTOMER NUMBER
IDA505891357



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-505891357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CENTRAL ADMINISTRATIVE SERVICE CORPORATION, INC.**  
3550 N CENTAL AVE, SUITE 800  
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA505952154



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-505952154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DIVERSIFIED INSURANCE FACILITIES, INC.**  
18 AUGUSTA PINES DRIVE, SUITE 220W  
SPRING, TX 77389

CUSTOMER NUMBER
IDA505969000



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-505969000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LIBERTY HOME GUARD, LLC**  
4101A AVENUE U  
BROOKLYN, NY 11234

CUSTOMER NUMBER
IDA506019668



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506019668-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HOMEGUARD HOMEWARRANTY OF ARIZONA, INC.**  
510 MADERA AVENUE  
SAN JOSE, CA 95112

CUSTOMER NUMBER
IDA506213534

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506213534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**NATIONAL HOME WARRANTY, INC.**  
1675 S MOJAVE ROAD  
LAS VEGAS, NV 89104

CUSTOMER NUMBER
IDA506475614



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506475614-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUNNOVA ENERGY CORPORATION**  
PO BOX 56229  
HOUSTON, TX 77256

CUSTOMER NUMBER
IDA506479919



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506479919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RIPROCK HOLDING, LLC**  
3460 LOTUS DRIVE, SUITE 150  
PLANO, TX 75075

CUSTOMER NUMBER
IDA506496828



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506496828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AMAZON WARRANTY ADMINISTRATORS OF ARIZONA, LLC**  
C/O MEENAN PA ATTN: JAMES ROSS  
PO BOX 11247  
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA506866213

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506866213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAN TAN TIRE AND AUTO LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA506955543



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506955543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TJ AUTOMOTIVE LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA506955544

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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506955544-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ALMA SCHOOL TIRE & AUTO, LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA506959683



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506959683-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GERMANN TIRE & AUTO, LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA506963701



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506963701-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JOHNSON RANCH TIRE AND AUTO LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA506963702



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506963702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JT AUTOMOTIVE LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA506963703



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506963703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MARICOPA TIRE AND AUTO LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA506963704

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506963704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MCKELLIPS TIRE AND AUTO LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA506963705



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506963705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**VAL VISTA TIRE AND AUTO LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA506963706



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-506963706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SYNERGY ADMINISTRATORS, LLC**  
6010 ATLANTIC BOULEVARD  
NORCROSS, GA 30071

CUSTOMER NUMBER
IDA507125272



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-507125272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EGV COMPANIES, INC.**  
50 N LAURA STREET, SUITE 2500  
JACKSONVILLE, FL 32202

CUSTOMER NUMBER
IDA507162342



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-507162342-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CAPITAL AUTO PROTECTION SERVICES, LLC**  
812 NORWOOD STREET  
FORT WORTH, TX 76107

CUSTOMER NUMBER
IDA507491584



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-507491584-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AHWC, INC.**  
4514 TRAVIS STREET, SUITE 220  
DALLAS, TX 75205

CUSTOMER NUMBER
IDA507508656

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-507508656-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ONPOINT WARRANTY SOLUTIONS, LLC**  
9900 CORPORATE CAMPUS DRIVE, SUITE 2050  
LOUISVILLE, KY 40223

CUSTOMER NUMBER
IDA507508657



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-507508657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST SHIELD CONSUMER SERVICE CORPORATION**  
2345 GRAND BOULEVARD, SUITE 900  
KANSAS CITY, MO 64108

CUSTOMER NUMBER
IDA508093922



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-508093922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST SHIELD SERVICE CORPORATION**  
2345 GRAND BOULEVARD, SUITE 900  
KANSAS CITY, MO 64108

CUSTOMER NUMBER
IDA508298649



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-508298649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DISCOUNT TIRE CERTIFICATE, LLC**  
20225 N SCOTTSDALE ROAD  
SCOTTSDALE, AZ 85255

CUSTOMER NUMBER
IDA508298650



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-508298650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GENERALI WARRANTY SERVICES, LLC**  
7 WORLD TRADE CENTER  
250 GREENWICH STREET, 33RD FLOOR  
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA508389160



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-508389160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GLASSPARENCY PRODUCTS, INC.**  
185 W MONTAUK HWY  
LINDENHURST, NY 11757

CUSTOMER NUMBER
IDA508393355



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-508393355-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MHHC WARRANTY AND SERVICES INC.**  
400 UNION AVENUE SE, SUITE 200  
OLYMPIA, WA 98501

CUSTOMER NUMBER
IDA508657104



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-508657104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DOWC PROVIDER SERVICES, LLC**  
PO BOX 661  
RINGWOOD, NJ 07456

CUSTOMER NUMBER
IDA509064469



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-509064469-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PLATEAU SERVICE COMPANY**  
PO BOX 7001  
CROSSVILLE, TN 38557

CUSTOMER NUMBER
IDA509633819



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-509633819-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GLOBAL ADMINISTRATORS, LLC**  
20 CABOT BLVD, SUITE 400  
MANSFIELD, MA 02048

CUSTOMER NUMBER
IDA509681578

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-509681578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ACCLAIMED HOME WARRANTY, LLC**  
PO BOX 9720  
SALT LAKE CITY, UT 84109

CUSTOMER NUMBER
IDA509690246



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-509690246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**AFTERCARE, INC.**  
126 E DYER ROAD, SUITE A  
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA509833725



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-509833725-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SAM LEVITZ FURNITURE COMPANY, INC.**  
3430 E 36TH STREET  
TUCSON, AZ 85713

CUSTOMER NUMBER
IDA510040992



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-510040992-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**GUARANTEED PROVIDER SERVICES, INC.**  
PO BOX 653  
RINGWOOD, NJ 07456

CUSTOMER NUMBER
IDA510227280



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-510227280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LEXINGTON NATIONAL WARRANTY SERVICES, LLC**  
PO BOX 6098  
LUTHERVILLE, MD 21094

CUSTOMER NUMBER
IDA510507721



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-510507721-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CGA SC PROVIDER SERVICES, INC.**  
1776 N SCOTTSDALE ROAD, SUITE 2827  
SCOTTSDALE, AZ 85257

CUSTOMER NUMBER
IDA510923780



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-510923780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SUNPATH LTD**  
50 BRAINTREE HILL PARK, SUITE 310  
BRAINTREE, MA 02184

CUSTOMER NUMBER
IDA511123048



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511123048-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**JVTLB, INC.**  
2550 S 75TH AVENUE  
PHOENIX, AZ 85043

CUSTOMER NUMBER
IDA511467389



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511467389-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SYDAN SERVICES, INC.**  
2510 N 75TH AVENUE  
PHOENIX, AZ 85035

CUSTOMER NUMBER
IDA511475731



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511475731-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**24 NORTHERN TIRE AND AUTOMOTIVE LLC**  
1147 N ORO VISTA  
LITCHFIELD PARK, AZ 85340

CUSTOMER NUMBER
IDA511584985



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511584985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**7TH STREET TIRE AND AUTOMOTIVE, LLC**  
1147 N ORO VISTA  
LITCHFIELD PARK, AZ 85340

CUSTOMER NUMBER
IDA511584986



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511584986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HAPPY VALLEY ROAD TIRES, LLC**  
2330 W MISSION LANE, #4  
PHOENIX, AZ 85021

CUSTOMER NUMBER
IDA511584988



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511584988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MAGCK, LLC**  
10517 S FRONTAGE ROAD  
YUMA, AZ 85365

CUSTOMER NUMBER
IDA511593685

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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511593685-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COCHISE TIRES & AUTOMOTIVE, LLC**  
1988 S HIGHWAY 92  
SIERRA VISTA, AZ 85635

CUSTOMER NUMBER
IDA511593686



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Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511593686-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**J.S.V.G., INC.**  
2975 S PACIFIC AVENUE  
YUMA, AZ 85365

CUSTOMER NUMBER
IDA511597798



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511597798-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PEORIA AUTO CARE, INC.**  
5115 W PEORIA AVE  
GLENDALE, AZ 85302

CUSTOMER NUMBER
IDA511597801



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511597801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**SCIOTO ADMINISTRATORS CORPORATION**  
5500 FRANTZ ROAD, SUITE 100  
DULIN, OH 43017

CUSTOMER NUMBER
IDA511615254



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511615254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**PROGUARD WARRANTY, INC.**  
PO BOX 1337  
PITTSTON, PA 18640

CUSTOMER NUMBER
IDA511615271

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511615271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DOGLEG TIRE, LLC**  
2330 W MISSION LANE #4  
PHOENIX, AZ 85021

CUSTOMER NUMBER
IDA511672217

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511672217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ONE PUTT TIRE, LLC**  
2330 W MISSION LANE, #4  
PHOENIX, AZ 85021

CUSTOMER NUMBER
IDA511676325



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511676325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**OX CAR CARE, INC.**  
4 PARK PLAZA, SUITE 500  
IRVINE, CA 92614

CUSTOMER NUMBER
IDA511711197



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511711197-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RIGGS TIRE AND AUTO LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA511837924



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511837924-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CASA GRANDE TIRE AND AUTO LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA511837925



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511837925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BELL ROAD TIRE AND AUTO LLC**  
3210 N DELAWARE STREET  
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA511842051



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511842051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DMS ENTERPRISES, INC.**  
17039 N BOSWELL BOULEVARD  
SUN CITY, AZ 85373

CUSTOMER NUMBER
IDA511989373

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-511989373-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**CLASSIC ADMINISTRATION SYSTEMS, LLC**  
1603 CAPITOL AVENUE, SUITE 303D  
CHEYENNE, WY 82001

CUSTOMER NUMBER
IDA512023940



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512023940-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ADVANCE CORE CAPITAL, INC.**  
5706 E MOCKINGBIRD LANE, SUITE 115-212  
DALLAS, TX 75206

CUSTOMER NUMBER
IDA512325871



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512325871-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MILEPOST66, LLC**  
1942 E ANDY DEVINE AVENUE  
KINGMAN, AZ 86401

CUSTOMER NUMBER
IDA512339259



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512339259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MILESTONE LAKE HAVASU, INC.**  
1625 COUNTRYSHIRE AVENUE  
LAKE HAVASU CITY, AZ 86403

CUSTOMER NUMBER
IDA512343385

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512343385-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**A.J. TIRE & SERVICE, INC.**  
35 S. IDAHO ROAD  
APACHE JUNCTION, AZ 85119

CUSTOMER NUMBER
IDA512418281



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512418281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**RICKY & DIANE ENTERPRISES, INC.**  
1790 N BROAD STREET  
GLOBE, AZ 85501

CUSTOMER NUMBER
IDA512418282



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512418282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ABS RISK, LLC**  
10170 CHURCH RANCH WAY, SUITE 320  
WESTMINSTER, CO 80021

CUSTOMER NUMBER
IDA512510294

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512510294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**G.A. SECURITY**  
730 WEST 2100 SOUTH  
SALT LAKE CITY, UT 84119

CUSTOMER NUMBER
IDA512536644



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512536644-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ADVANCED PROTECTION PRODUCTS INTERNATIONAL, INC.**  
9449 BALBOA AVENUE, SUITE 300  
SAN DIEGO, CA 92123

CUSTOMER NUMBER
IDA512576535



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512576535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MAXX'S PRODUCTS, LLC**  
500 GULFSTREAM ROAD, SUITE 206  
DELRAY BEACH, FL 33483

CUSTOMER NUMBER
IDA512721520



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512721520-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MULBERRY SHIELD, INC.**  
201 VARICK STREET, FRNT 1  
PO BOX 453  
NEW YORK, NY 10014

CUSTOMER NUMBER
IDA512941906



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512941906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST PREMIER HOME WARRANTY CORP**  
2918 AVENUE R  
BROOKLYN, NY 11229

CUSTOMER NUMBER
IDA512941931



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-512941931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**HIPPO WARRANTY SOLUTIONS INC.**  
101 W 6TH STREET, 5TH FLOOR  
AUSTIN, AZ 78701

CUSTOMER NUMBER
IDA513030432



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513030432-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**COMPREHENSIVE AUTO RESOURCES COMPANY INC.**  
415 EAGLEVIEW BLVD., SUITE 100  
EXTON, PA 19341

CUSTOMER NUMBER
IDA513163353



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513163353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TRIPLE PROTECTION AUTO CARE, INC.**  
7200 S ALTON WAY, SUITE A350  
CENTENNIAL, CO 80112

CUSTOMER NUMBER
IDA513198693

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513198693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**ROADSIDE PROTECT, INC.**  
1000 W IRVING PARK ROAD, SUITE 150  
ITASCA, IL 60143

CUSTOMER NUMBER
IDA513198713



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513198713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**BEST BUY PRODUCT PROTECTION, INC.**  
7601 PENN AVENUE SOUTH  
RICHFIELD, MN 55423

CUSTOMER NUMBER
IDA513318448



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513318448-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**EXTEND WARRANTY SERVICES CORPORATION**  
301 HOWARD STREET, SUITE 1401  
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER
IDA513456983

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513456983-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**TORQUE GROUP LLC**  
41 W DIVISION STREET, SUITE C  
EVANSVILLE, IN 47710

CUSTOMER NUMBER
IDA513585012



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513585012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**IRONWOOD WARRANTY, LLC**  
400 MISSOURI AVENUE, SUITE 120  
JEFFERSONVILLE, IN 47130

CUSTOMER NUMBER
IDA513651565



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513651565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**MAGELLAN SERVICE CORPORATION**  
8220 SAN PEDRO DRIVE NE, SUITE 515  
ALBUQUERQUE, NM 87113

CUSTOMER NUMBER
IDA513718047



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513718047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FOLIO PROTECTION COMPANY, INC.**  
25541 COMMERCENTRE DRIVE, SUITE 100  
LAKE FOREST, CA 92630

CUSTOMER NUMBER
IDA513762432

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513762432-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DOMESTIC & GENERAL USA SERVICES LLC**  
300 S DUVAL STREET, SUITE 410  
TALLAHASSEE, FL 32301

CUSTOMER NUMBER
IDA513811565



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513811565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**LKL PROTECTION COMPANY LLC**  
300 S DUVAL STREET, SUITE 410  
TALLAHASSEE, FL 32301

CUSTOMER NUMBER
IDA513900479



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513900479-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**DRIVESMART AUTO CARE INC.**  
310 MAIN STREET  
TOMS RIVER, NJ 08753

CUSTOMER NUMBER
IDA513904667



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513904667-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**51 THOMAS TIRE AND AUTOMOTIVE, LLC**  
147 N ORO VISTA  
LITCHFIELD PARK, AZ 85340

CUSTOMER NUMBER
IDA513931314



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-513931314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**KORNERSTONE ADMINISTRATIVE SERVICES, LLC**  
111 E BROADWAY, SUITE 900  
SALT LAKE CITY, UT 84111

CUSTOMER NUMBER
IDA514555943



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-514555943-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS  
**NOTICE OF ASSESSMENT**

July 13, 2021

RE: ANNUAL ASSESSMENT  
**FIRST SECURED ADMINISTRATORS, LLC**  
475 N 300 W, SUITE 8  
KAYSVILLE, UT 84037

CUSTOMER NUMBER
IDA514567535



*Please enter your CUSTOMER NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA22-514567535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2021	1,050.00
<b>TOTAL ASSESSMENT AMOUNT</b>			<b>1,050.00</b>

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