NOTICE OF ASSESSMENT
Arizona Department of Insurance and Financial Institutions
100 North 15th Avenue, Suite 261, Phoenix, AZ 85007-2630 |
Web: https://difi.az.gov

This document contains FY 2025 assessment invoices for all insurance, warranty and service companies.

To locate your company's assessment, hold the [Ctrl] key and press the [F] key to open the "find" window. Then enter your company's NAIC number or a part of your company's name to locate it within this document

ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CERITY INSURANCE COMPANY
PO BOX 539003
HENDERSON, NV

CUSTOMER NUMBER
IDA000010006

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NEVADA GENERAL INSURANCE COMPANY
2485 VILLAGE VIEW DR, STE 100
HENDERSON, NV 89074

CUSTOMER NUMBER
IDA000010007

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AFFILIATED FM INSURANCE COMPANY
270 CENTRAL AVENUE, P.O. BOX 7500
JOHNSTON, RI

CUSTOMER NUMBER
IDA000010014

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GREYSTONE INSURANCE COMPANY
300 FIRST STAMFORD PLACE
STAMFORD, CT 6902

CUSTOMER NUMBER
IDA000010019

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA25-10019-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
FRA25-10019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LYNDON SOUTHERN INSURANCE COMPANY
10751 DEERWOOD PARK BLVD., SUITE 200
JACKSONVILLE, FL 32256

CUSTOMER NUMBER

IDA000010051

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA25-10051-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
FRA25-10051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CHUBB NATIONAL INSURANCE COMPANY
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 8889

CUSTOMER NUMBER
IDA000010052

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SECURIAN CASUALTY COMPANY
6055 LAKESIDE COMMONS DRIVE, SUITE 200
MACON, GA 31210

CUSTOMER NUMBER
IDA000010054

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL CO
P.O. BOX 189
CHESHIRE, CT 6410

CUSTOMER NUMBER
IDA000010069

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ENCOMPASS INSURANCE COMPANY OF AMERICA
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000010071

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10071-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ENCOMPASS PROPERTY AND CASUALTY COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000010072

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VICTORIA SELECT INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000010105

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010111

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA25-10111-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
FRA25-10111-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EVEREST NATIONAL INSURANCE COMPANY
100 EVEREST WAY, WARREN CORPORATE CENTER
WARREN, NJ 7059

CUSTOMER NUMBER
IDA000010120

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLIED INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000010127

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10127-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010130

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLCARE PRESCRIPTION INSURANCE, INC.
7700 FORSYTH BLVD.
ST. LOUIS, MO 63105

CUSTOMER NUMBER
IDA000010155

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA25-10155-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
FSF25-10155-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
FRA25-10155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**23,750.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010166

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MOUNTAIN STATES INDEMNITY COMPANY
PO BOX 93254
ALBUQUERQUE, NM

CUSTOMER NUMBER
IDA000010177

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FCCI INSURANCE COMPANY
6300 UNIVERSITY PARKWAY
SARASOTA, FL

CUSTOMER NUMBER
IDA000010178

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONSOLIDATED SPECIALTY INSURANCE COMPANY
ONE WORLD TRADE CENTER, 41ST FLOOR
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA000010184

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA25-10184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
FRA25-10184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HISCOX INSURANCE COMPANY INC.
30 N. LASALLE STREET, SUITE 1760
CHICAGO, IL 60602

CUSTOMER NUMBER
IDA000010200

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY
440 LINCOLN STREET
WORCESTER, MA

CUSTOMER NUMBER
IDA000010212

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10219-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MUNICH REINSURANCE AMERICA, INC.
555 COLLEGE ROAD EAST - P.O. BOX 5241
PRINCETON, NJ 8543

CUSTOMER NUMBER
IDA000010227

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN SOUTHERN INSURANCE COMPANY
P O BOX 723030
ATLANTA, GA

CUSTOMER NUMBER
IDA000010235

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010239

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10239-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010243

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10243-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN UNDERWRITERS INSURANCE COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 7960

CUSTOMER NUMBER
IDA000010251

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10251-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PMI INSURANCE CO.
3003 OAK ROAD, SUITE 300
WALNUT CREEK, CA 94597

CUSTOMER NUMBER

IDA000010287

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-10287-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GRANGE INDEMNITY INSURANCE COMPANY
671 SOUTH HIGH STREET
COLUMBUS, OH

CUSTOMER NUMBER
IDA000010322

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10336-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPLOYERS PREFERRED INSURANCE COMPANY
PO BOX 539003
HENDERSON, NV 89053

CUSTOMER NUMBER
IDA000010346

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010348

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010351

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10351-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10367-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10367-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY INSURANCE COMPANY
6000 AMERICAN PARKWAY
MADISON, WI

CUSTOMER NUMBER
IDA000010386

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010391

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10391-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010393

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CAPITOL INDEMNITY CORPORATION
P.O. BOX 5900
MADISON, WI

CUSTOMER NUMBER
IDA000010472

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COREPOINTE INSURANCE COMPANY
800 SUPERIOR AVENUE E., 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000010499

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CAROLINA CASUALTY INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000010510

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010638

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPLOYERS INSURANCE COMPANY OF NEVADA
PO BOX 539003
HENDERSON, NV 89053

CUSTOMER NUMBER
IDA000010640

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10640-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10646-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010669

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10669-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010671

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SCOTTSDALE SURPLUS LINES INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000010672

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-10672-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
FRA25-10672-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MOBILITAS GENERAL INSURANCE COMPANY
3055 OAK ROAD
WALNUT CREEK, CA 94623

CUSTOMER NUMBER
IDA000010675

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-10675-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST GUARD INSURANCE COMPANY
240 NOKOMIS AVE. SOUTH
VENICE, FL 34285

CUSTOMER NUMBER
IDA000010676

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-10676-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
FRA25-10676-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CINCINNATI INSURANCE COMPANY, THE
P.O. BOX 145496
CINCINNATI, OH

CUSTOMER NUMBER
IDA000010677

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10677-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10677-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CIVIL SERVICE EMPLOYEES INSURANCE COMPANY
330 NORTH BRAND BLVD, SUITE 700
GLENDALE, CA 91203

CUSTOMER NUMBER
IDA000010693

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONWIDE ASSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000010723

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EASTERN ALLIANCE INSURANCE COMPANY
PO BOX 83777
LANCASTER, PA

CUSTOMER NUMBER
IDA000010724

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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).

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN ACCESS CASUALTY COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000010730

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010738

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-10738-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-10738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INTREPID INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000010749

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COLONIAL SURETY COMPANY
123 TICE BOULEVARD, SUITE 250
WOODCLIFF LAKE, NJ 7677

CUSTOMER NUMBER
IDA000010758

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLPOINT OHIO, INC.
5800 NORTHAMPTON BLVD
NORFOLK, VA 23502

CUSTOMER NUMBER
IDA000010767

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010783

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10783-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MAXUM CASUALTY INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000010784

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GEOVERA INSURANCE COMPANY
4605 BUSINESS CENTER DRIVE, SUITE 300
FAIRFIELD, CA

CUSTOMER NUMBER
IDA000010799

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010801

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONTINENTAL WESTERN INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000010804

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
REPUBLIC FIRE AND CASUALTY INSURANCE COMPANY
800 SUPERIOR AVENUE E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000010810

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GNY CUSTOM INSURANCE COMPANY
200 MADISON AVENUE
NEW YORK, NY

CUSTOMER NUMBER
IDA000010814

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-10814-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
	TOTAL ASSESSMENT AMOUNT		**3,300.00**

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).

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VERLAN FIRE INSURANCE COMPANY
440 LINCOLN STREET
WORCESTER, MA

CUSTOMER NUMBER
IDA000010815

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010817

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GOLDEN EAGLE INSURANCE CORPORATION
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000010836

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10847-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PARK NATIONAL INSURANCE COMPANY
800 SUPERIOR AVENUE E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000010859

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN STRATEGIC INSURANCE CORP.
2 ASI WAY
ST. PETERSBERG, FL 33702

CUSTOMER NUMBER
IDA000010872

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
KEY RISK INSURANCE COMPANY
PO BOX 49129
GREENSBORO, NC 27419

CUSTOMER NUMBER
IDA000010885

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10885-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONCERT INSURANCE COMPANY
1701 GOLF ROAD, SUITE 1-1110
ROLLING MEADOWS, IL 60008

CUSTOMER NUMBER
IDA000010891

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10891-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10891-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMMERCIAL ALLIANCE INSURANCE COMPANY
28420 HARDY TOLL ROAD. SUITE 200
SPRING, TX 77373

CUSTOMER NUMBER
IDA000010906

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10909-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
KEMPER INDEPENDENCE INSURANCE COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000010914

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10914-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SURETEC INSURANCE COMPANY
10275 W. HIGGINS ROAD, SUITE 750
ROSEMONT, IL 60018

CUSTOMER NUMBER
IDA000010916

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SOUTHERN VANGUARD INSURANCE COMPANY
5900 BALCONES DRIVE, STE 13469
AUSTIN, TX 78731

CUSTOMER NUMBER
IDA000010925

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SENECA INSURANCE COMPANY, INC.
199 WATER STREET
NEW YORK, NY

CUSTOMER NUMBER
IDA000010936

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010945

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10945-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010946

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10946-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10946-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-10952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000010957

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10957-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-10974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PIE CASUALTY INSURANCE COMPANY
1755 BLAKE STREET
5TH FLOOR
DENVER, CO 80202

CUSTOMER NUMBER
IDA000010997

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-10997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SENTINEL INSURANCE COMPANY, LTD.
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000011000

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011027

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11027-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEMIC INDEMNITY COMPANY
261 COMMERCIAL STREET, PO BOX 11409
PORTLAND, ME 4101

CUSTOMER NUMBER
IDA000011030

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011044

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERISURE PARTNERS INSURANCE COMPANY
26777 HALSTED ROAD
FARMINGTON HILLS, MI

CUSTOMER NUMBER
IDA000011050

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FLETCHER REINSURANCE COMPANY
PO BOX 100239
COLUMBIA, SC

CUSTOMER NUMBER
IDA000011054

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ROCK RIDGE INSURANCE COMPANY
B-7 TABONUCO STREET, SUITE 912
GUAYNABO, PR 968

CUSTOMER NUMBER
IDA000011089

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLSTATE NORTH AMERICAN INSURANCE COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000011110

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11110-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11110-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011118

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11118-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11118-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNIFIED LIFE INSURANCE COMPANY
7201 W. 129TH STREET SUITE 300
OVERLAND PARK, KS 66213

CUSTOMER NUMBER
IDA000011121

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11121-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11121-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011123

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11123-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SOMPO AMERICA INSURANCE COMPANY
13146 BALLANTYNE CORPORATE PLACE, SUITE 300
CHARLOTTE, NC 28277

CUSTOMER NUMBER
IDA000011126

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011127

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11127-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RURAL TRUST INSURANCE COMPANY
1700 E DOUGLAS AVE
WICHITA, KS 67214

CUSTOMER NUMBER
IDA000011134

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11134-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11134-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011150

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11150-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF THE SOUTH
10751 DEERWOOD PARK BLVD., SUITE 200
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000011162

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11162-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AVESIS INSURANCE INCORPORATED
1275 WEST WASHINGTON STREET, STE 102
TEMPE, AZ 85021

CUSTOMER NUMBER

IDA000011163

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11163-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-11163-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-11163-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011177

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011185

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11185-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011198

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HOUSING ENTERPRISE INSURANCE COMPANY, INC.
189 COMMERCE COURT
CHESHIRE, CT 6410

CUSTOMER NUMBER
IDA000011206

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMFED NATIONAL INSURANCE COMPANY
PO BOX 1380
RIDGELAND, MS 39158

CUSTOMER NUMBER
IDA000011208

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFECO INSURANCE COMPANY OF INDIANA
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000011215

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11215-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENERALI (U.S. BRANCH)
28 LIBERTY STREET, SUITE #3040
NEW YORK, NY 10005

CUSTOMER NUMBER
IDA000011231

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011232

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011240

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLIED EASTERN INDEMNITY COMPANY
PO BOX 83777
LANCASTER, PA

CUSTOMER NUMBER
IDA000011242

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CATERPILLAR INSURANCE COMPANY
P.O. BOX 340001
NASHVILLE, TN

CUSTOMER NUMBER
IDA000011255

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BUILDERS ALLIANCE INSURANCE COMPANY
POST OFFICE BOX 150005
RALEIGH, NC 27624

CUSTOMER NUMBER
IDA000011258

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011347

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011371

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011452

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11452-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CENSTAT CASUALTY COMPANY
PO BOX 642180
OMAHA, NE

CUSTOMER NUMBER
IDA000011499

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPLOYERS COMPENSATION INSURANCE COMPANY
2340 CORPORATE CIRCLE SUITE 200
HENDERSON, NV 89074

CUSTOMER NUMBER
IDA000011512

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WRIGHT NATIONAL FLOOD INSURANCE COMPANY
93 PARK PLACE BOULEVARD, STE. 101
CLEARWATER, FL 33759

CUSTOMER NUMBER
IDA000011523

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11523-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BRAVO HEALTH PENNSYLVANIA, INC.
500 GREAT CIRCLE ROAD
BALTIMORE, MD 37228

CUSTOMER NUMBER
IDA000011524

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11524-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11551-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011555

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11555-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11558-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ACCIDENT INSURANCE COMPANY, INC.
2155 LOUISIANA BLVD NE, SUITE 2100
ALBUQUERQUE, NM 87110

CUSTOMER NUMBER
IDA000011573

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11573-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INTERNATIONAL FIDELITY INSURANCE COMPANY
ONE NEWARK CENTER
NEWARK, NJ

CUSTOMER NUMBER
IDA000011592

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11592-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011595

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OLD AMERICAN INDEMNITY COMPANY
P.O. BOX 793747
DALLAS, TX

CUSTOMER NUMBER
IDA000011665

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011673

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11673-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11681-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-11681-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011702

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
XLNT INSURANCE COMPANY
1177 HIGH RIDGE ROAD
STAMFORD, CT 6905

CUSTOMER NUMBER
IDA000011705

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INFINITY AUTO INSURANCE COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000011738

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11738-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIBERTY PERSONAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000011746

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11746-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011770

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011800

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11800-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ARIZONA AUTOMOBILE INSURANCE COMPANY
4037 RURAL PLAINS CIRCLE SUITE 100
FRANKLIN, TN

CUSTOMER NUMBER
IDA000011805

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11805-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-11805-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
	TOTAL ASSESSMENT AMOUNT		**3,300.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011811

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-11811-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
FRA25-11811-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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For questions concerning this assessment, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STONEWOOD INSURANCE COMPANY
P.O. BOX 27648
RICHMOND, VA 23261

CUSTOMER NUMBER
IDA000011828

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PARTNERRE AMERICA INSURANCE COMPANY
200 FIRST STAMFORD PLACE, SUITE 400
STAMFORD, CT 6902

CUSTOMER NUMBER
IDA000011835

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11835-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11835-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011851

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11851-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTON PROPERTY & CASUALTY INSURANCE COMPANY
2555 PONCE DE LEON BLVD, SUITE 300
CORAL GABLES, FL 33134

CUSTOMER NUMBER
IDA000011853

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11853-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN DIGITAL TITLE INSURANCE COMPANY
100 BANK STREET, SUITE 630
BURLINGTON, VT 5401

CUSTOMER NUMBER
IDA000011865

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WHITE PINE INSURANCE COMPANY
3001 W. BIG BEAVER RD., SUITE 200
TROY, MI 48084

CUSTOMER NUMBER
IDA000011932

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMFED CASUALTY INSURANCE COMPANY
PO BOX 1380
RIDGELAND, MS 39158

CUSTOMER NUMBER
IDA000011963

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENERAL STAR NATIONAL INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 6902

CUSTOMER NUMBER
IDA000011967

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-11974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTGUARD INSURANCE COMPANY
PO BOX AH
WILKES BARRE, PA

CUSTOMER NUMBER
IDA000011981

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11981-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11981-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL CASUALTY COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000011991

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11991-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000011997

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-11997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-11997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MBIA INSURANCE CORPORATION
1 MANHATTANVILE ROAD, SUITE 301
PURCHASE, NY

CUSTOMER NUMBER
IDA000012041

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12041-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COOPERATIVE OF AMERICAN PHYSICIANS INSURANCE COMP
333 SOUTH HOPE STREET, 8TH FLOOR
LOS ANGELES, CA 90071

CUSTOMER NUMBER
IDA000012042

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012151

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMPWEST INSURANCE COMPANY
P.O. BOX 40790
LANSING, MI

CUSTOMER NUMBER
IDA000012177

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012188

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012190

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CANYON INSURANCE SERVICES, INC.
14850 N. SCOTTSDALE RD., SUITE 400
SCOTTSDALE, AZ 85254

CUSTOMER NUMBER
IDA000012217

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-12217-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-12217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12254-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012256

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012260

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012262

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12262-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012287

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY
412 MT. KEMBLE AVE, SUITE 300C
MORRISTOWN, NJ 7960

CUSTOMER NUMBER
IDA000012294

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-12294-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
FRA25-12294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**8,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12297-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012304

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012305

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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For questions concerning this assessment, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12319-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN CONTINENTAL INSURANCE COMPANY
ATTN: STAT COMPLIANCE; P.O. BOX 818048
CLEVELAND, OH

CUSTOMER NUMBER
IDA000012321

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12321-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12356-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIBERTY MUTUAL PERSONAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000012484

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12484-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ROCHDALE INSURANCE COMPANY
800 SUPERIOR AVE. E., 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000012491

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12491-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12491-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DB INSURANCE CO., LTD. (US BRANCH)
1440 KAPIOLANI BLVD SUITE 950
HONOLULU, HI

CUSTOMER NUMBER
IDA000012502

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12502-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY CONNECT INSURANCE COMPANY
6000 AMERICAN PARKWAY
MADISON, WI

CUSTOMER NUMBER
IDA000012504

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFEWAY INSURANCE COMPANY
790 PASQUINELLI DRIVE
WESTMONT, IL

CUSTOMER NUMBER
IDA000012521

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WADENA INSURANCE COMPANY
P.O. BOX 1336
DES MOINES, IA

CUSTOMER NUMBER
IDA000012528

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012533

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12533-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12533-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12567-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12567-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF AMERICA
40 WANTAGE AVENUE
BRANCHVILLE, NJ 7890

CUSTOMER NUMBER
IDA000012572

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SILVERSCRIPT INSURANCE COMPANY
1021 REAMS FLEMING BLVD.
FRANKLIN, TN 37064

CUSTOMER NUMBER
IDA000012575

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INFINITY STANDARD INSURANCE COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000012599

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012645

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DEVELOPERS SURETY AND INDEMNITY COMPANY
800 SUPERIOR AVENUE E., 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000012718

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12718-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012741

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-12741-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ELIXIR INSURANCE COMPANY
7835 FREEDOM AVENUE NW
NORTH CANTON, OH 44720

CUSTOMER NUMBER
IDA000012747

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EVERGREEN NATIONAL INDEMNITY COMPANY
6150 OAK TREE BLVD., STE 440
INDEPENDENCE, OH 44131

CUSTOMER NUMBER
IDA000012750

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEDICUS INSURANCE COMPANY
PO BOX 2080
MECHANICSBURG, PA 17055

CUSTOMER NUMBER
IDA000012754

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PRESCIENT NATIONAL INSURANCE COMPANY
PO BOX 32788
CHARLOTTE, NC 28232

CUSTOMER NUMBER
IDA000012773

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CHUBB INDEMNITY INSURANCE COMPANY
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 8889

CUSTOMER NUMBER
IDA000012777

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12777-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12831-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12831-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DOCTORS DIRECT INSURANCE, INC.
13241 BARTRAM PARK BLVD. SUITE 113
JACKSONVILLE, FL 32258

CUSTOMER NUMBER
IDA000012843

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
T.H.E. INSURANCE COMPANY
677 WASHINGTON BLVD. 10TH FLOOR, SUITE 1000
STAMFORD, CT 6901

CUSTOMER NUMBER
IDA000012866

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SENTRUITY CASUALTY COMPANY
P.O. BOX 441828
HOUSTON, TX

CUSTOMER NUMBER
IDA000012870

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE
44 SOUTH BROADWAY
WHITE PLAINS, NY

CUSTOMER NUMBER
IDA000012873

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000012879

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EAGLE WEST INSURANCE COMPANY
1 LOWER RAGSDALE DRIVE, BUILDING 1, SUITE 200
MONTEREY, CA 93940

CUSTOMER NUMBER
IDA000012890

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
500 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
FRA25-12902-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-12902-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLCARE OF TEXAS, INC.
8725 HENDERSON ROAD
TAMPA, FL 33634

CUSTOMER NUMBER
IDA000012964

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12964-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-12966-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GREAT PLAINS CASUALTY, INC.
201Â 1STÂ STÂ SE,Â SUITEÂ 600
CEDAR RAPIDS, IA 52401

CUSTOMER NUMBER
IDA000012982

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-12982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EASTERN ADVANTAGE ASSURANCE COMPANY
PO BOX 83777
LANCASTER, PA

CUSTOMER NUMBER
IDA000013019

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000013021

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13021-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13021-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MAIN STREET AMERICA PROTECTION INSURANCE COMPANY
55 WEST STREET
KEENE, NH 3431

CUSTOMER NUMBER
IDA000013026

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000013043

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-13043-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-13043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000013070

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13100-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY
1100 WALNUT STREET
SUITE 3000
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000013126

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMMERCE WEST INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA

CUSTOMER NUMBER
IDA000013161

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SURENCY LIFE & HEALTH INSURANCE COMPANY
PO BOX 789773
WICHITA, KS

CUSTOMER NUMBER
IDA000013175

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13175-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13175-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EAGLE LIFE INSURANCE COMPANY
PO BOX 71216
DES MOINES, IA 50325

CUSTOMER NUMBER
IDA000013183

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COPPERPOINT WESTERN INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ

CUSTOMER NUMBER
IDA000013209

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-13209-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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).

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COPPERPOINT CASUALTY INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ

CUSTOMER NUMBER
IDA000013210

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-13210-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13234-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLEGHENY CASUALTY COMPANY
ONE NEWARK CENTER, 20TH FLOOR
NEWARK, NJ 7102

CUSTOMER NUMBER
IDA000013285

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FORGE INSURANCE COMPANY
PO BOX 15033
WORCESTER, MA

CUSTOMER NUMBER
IDA000013293

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13293-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AUSTIN MUTUAL INSURANCE COMPANY
55 WEST STREET
KEENE, NH 3431

CUSTOMER NUMBER
IDA000013412

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CALIFORNIA CAPITAL INSURANCE COMPANY
1 LOWER RAGSDALE DRIVE, BUILDING 1, SUITE 200
MONTEREY, CA 93940

CUSTOMER NUMBER
IDA000013544

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13544-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CARELON HEALTH OF ARIZONA, INC.
12900 PARK PLAZA DR., STE 150, M/S 7105
CERRITOS, CA 90703

CUSTOMER NUMBER
IDA000013562

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13562-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-13562-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
	TOTAL ASSESSMENT AMOUNT		**3,300.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ECOLE INSURANCE COMPANY
20860 N. TATUM BLVD., SUITE 260
PHOENIX, AZ 85050

CUSTOMER NUMBER
IDA000013601

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-13601-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTERN MUTUAL INSURANCE COMPANY
P.O. BOX 19626
IRVINE, CA

CUSTOMER NUMBER
IDA000013625

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13625-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DONEGAL MUTUAL INSURANCE COMPANY
1195 RIVER ROAD
MARIETTA, PA

CUSTOMER NUMBER
IDA000013692

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13692-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
POSEIDON STRUCTURED MORTGAGE INSURANCE COMPANY
100 BANK STREET, SUITE 630
BURLINGTON, VT 5401

CUSTOMER NUMBER
IDA000013694

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE
P. O. BOX 305054
NASHVILLE, TN

CUSTOMER NUMBER
IDA000013703

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PRIMEONE INSURANCE COMPANY
222 MAIN STREET, SUITE 500
SALT LAKE CITY, UT 84101

CUSTOMER NUMBER
IDA000013721

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13721-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF NEW YORK
40 WANTAGE AVENUE
BRANCHVILLE, NJ 7890

CUSTOMER NUMBER
IDA000013730

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COPPERPOINT AMERICAN INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ

CUSTOMER NUMBER
IDA000013751

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-13751-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-13751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPAN
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000013773

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ARI INSURANCE COMPANY
800 SUPERIOR AVENUE EAST
CLEVELAND, CUYAHOGA, OH 44114

CUSTOMER NUMBER
IDA000013900

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COPPERPOINT INDEMNITY INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ

CUSTOMER NUMBER
IDA000013928

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-13928-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-13928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COPPERPOINT NATIONAL INSURANCE COMPANY
3030 N. 3RD STREET
PHOENIX, AZ

CUSTOMER NUMBER
IDA000013929

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13929-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-13929-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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).

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-13930-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
FRA25-13930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-13935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FRANKENMUTH INSURANCE COMPANY
ONE MUTUAL AVENUE
FRANKENMUTH, MI

CUSTOMER NUMBER
IDA000013986

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-13986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-13990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-14012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-14051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GRANGE INSURANCE COMPANY
671 SOUTH HIGH STREET
COLUMBUS, OH

CUSTOMER NUMBER
IDA000014060

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14060-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLPOINT INSURANCE COMPANY
5800 NORTHAMPTON BLVD.
NORFOLK, VA 23502

CUSTOMER NUMBER
IDA000014078

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-14078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-14133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GEICO SECURE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC

CUSTOMER NUMBER
IDA000014137

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GEICO ADVANTAGE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC

CUSTOMER NUMBER
IDA000014138

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GEICO CHOICE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC

CUSTOMER NUMBER
IDA000014139

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEMIC CASUALTY COMPANY
261 COMMERCIAL STREET, PO BOX 11409
PORTLAND, ME 4101

CUSTOMER NUMBER
IDA000014164

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
US ALLIANCE LIFE AND SECURITY COMPANY
1303 SW FIRST AMERICAN PL, SUITE 200
TOPEKA, KS 66604

CUSTOMER NUMBER
IDA000014165

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14165-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-14165-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ACUITY, A MUTUAL INSURANCE COMPANY
2800 SOUTH TAYLOR DRIVE, P.O. BOX 58
SHEBOYGAN, WI

CUSTOMER NUMBER
IDA000014184

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-14184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-14190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-14216-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
FRA25-14216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**23,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST NATIONAL TITLE INSURANCE COMPANY
2400 DALLAS PARKWAY, SUITE 200
PLANO, TX 75093

CUSTOMER NUMBER
IDA000014240

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FOUNDERS INSURANCE COMPANY
1350 EAST TOUHY AVENUE, SUITE 200W
DES PLAINES, IL

CUSTOMER NUMBER
IDA000014249

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-14254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
IMT INSURANCE COMPANY
P.O. BOX 1336
DES MOINES, IA

CUSTOMER NUMBER
IDA000014257

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HDI GLOBAL SELECT INSURANCE COMPANY
161 N. CLARK STREET - 48TH FLOOR
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000014265

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
JEWELERS MUTUAL INSURANCE COMPANY, SI
P. O. BOX 468
NEENAH, WI

CUSTOMER NUMBER
IDA000014354

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14354-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-14380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HORIZON MIDWEST CASUALTY COMPANY
1100 WALNUT STREET, STE. 3010
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000014401

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14401-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BEARING MIDWEST CASUALTY COMPANY
1100 WALNUT STREET, STE. 3010
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000014402

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INDUSTRIAL ALLIANCE INS AND FIN SVS INC. (U.S. BRANCH)
P. O. BOX 2549
WACO, TX

CUSTOMER NUMBER
IDA000014406

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-14406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-14421-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
FRA25-14421-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-14421-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**8,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROASSURANCE INSURANCE COMPANY OF AMERICA
100 BROOKWOOD PLACE, SUITE 300
BIRMINGHAM, AL 35209

CUSTOMER NUMBER
IDA000014460

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MERCHANTS BONDING COMPANY (MUTUAL)
P.O BOX 14498
DES MOINES, IA

CUSTOMER NUMBER
IDA000014494

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MICHIGAN MILLERS MUTUAL INSURANCE COMPANY
P. O. BOX 30060
LANSING, MI

CUSTOMER NUMBER
IDA000014508

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GUIDEONE SPECIALTY INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000014559

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-14641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-14641-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-14689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EASTGUARD INSURANCE COMPANY
PO BOX AH
WILKES BARRE, PA

CUSTOMER NUMBER

IDA000014702

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-14702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-14761-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NGM INSURANCE COMPANY
55 WEST STREET
KEENE, NH 3431

CUSTOMER NUMBER
IDA000014788

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPAN
2005 MARKET STREET, SUITE 1200
PHILADELPHIA, PA

CUSTOMER NUMBER
IDA000014974

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE C
P. O. BOX 2361
HARRISBURG, PA

CUSTOMER NUMBER
IDA000014990

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-14990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-14990-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GUIDEONE INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000015032

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-15032-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PUBLIC SERVICE INSURANCE COMPANY
3 BATTERYMARCH PARK, SUITE 101
QUINCY, MA 2169

CUSTOMER NUMBER
IDA000015059

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFETY NATIONAL CASUALTY CORPORATION
1832 SCHUETZ ROAD
ST. LOUIS, MO

CUSTOMER NUMBER
IDA000015105

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ENCOMPASS INDEMNITY COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000015130

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMPREHENSIVE MOBILE INSURANCE COMPANY, INC.
21175 N 9TH PLACE SUITE 100
PHOENIX, AZ 85024

CUSTOMER NUMBER
IDA000015238

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-15238-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-15238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SOCIETY INSURANCE, A MUTUAL COMPANY
PO BOX 1029
FOND DU LAC, WI

CUSTOMER NUMBER
IDA000015261

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASPIRE GENERAL INSURANCE COMPANY
8885 HAVEN AVENUE SUITE 250
RANCHO CUCAMONGA, CA 91730

CUSTOMER NUMBER
IDA000015290

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15290-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SOUTHWEST LAND TITLE INSURANCE COMPANY
801 BARTON SPRINGS ROAD
AUSTIN, TX 78704

CUSTOMER NUMBER
IDA000015305

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INVESTORS PREFERRED LIFE INSURANCE COMPANY
101 S REID STREET SUITE 307
SIOUX FALLS, SD 57103

CUSTOMER NUMBER
IDA000015313

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15313-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WEST BEND 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
FRA25-15350-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTERN NATIONAL MUTUAL INSURANCE COMPANY
PO BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000015377

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15377-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BUREAU VERITAS INSPECTION AND INSURANCE COMPANY
16800 GREENSPOINT PARK DR. SUITE 300
HOUSTON, TX 77060

CUSTOMER NUMBER
IDA000015385

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15385-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL SUMMIT INSURANCE COMPANY
325 N. ST. PAUL STREET
SUITE 900
DALLAS, TX

CUSTOMER NUMBER
IDA000015474

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CLEAR SPRING PROPERTY AND CASUALTY COMPANY
10555 GROUP 1001 WAY
ZIONSVILLE, IN 46077

CUSTOMER NUMBER
IDA000015563

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15563-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-15563-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-15571-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMSHIELD INSURANCE COMPANY
1817 WEST BROADWAY
COLUMBIA, MO

CUSTOMER NUMBER
IDA000015590

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15590-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-15610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-15610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-15613-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-15613-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
HCA25-15613-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**2,000.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-15645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL FIRE AND INDEMNITY EXCHANGE
6030 BANCROFT AVE
ST. LOUIS, MO 63109

CUSTOMER NUMBER
IDA000015679

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GAINBRIDGE LIFE INSURANCE COMPANY
10555 GROUP 1001 WAY
ZIONSVILLE, IN 46077

CUSTOMER NUMBER
IDA000015691

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
7710 INSURANCE COMPANY
150 LAKE ST W
PO BOX 207
WAYZATA, MN 55391

CUSTOMER NUMBER
IDA000015742

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MOTIVHEALTH INSURANCE COMPANY
10421 S JORDAN GTWY STE 300
SOUTH JORDAN, UT 84095

CUSTOMER NUMBER
IDA000015743

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15743-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-15743-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-15756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NCMIC INSURANCE COMPANY
P.O. BOX 9118
DES MOINES, IA

CUSTOMER NUMBER
IDA000015865

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-15873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TYPTAP INSURANCE COMPANY
1000 CENTURY PARK DRIVE
TAMPA, FL 33607

CUSTOMER NUMBER
IDA000015885

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.
7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105

CUSTOMER NUMBER
IDA000015895

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-15895-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BERKLEY CASUALTY COMPANY
P. O. BOX 660847
BIRMINGHAM, AL

CUSTOMER NUMBER
IDA000015911

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AETNA BETTER HEALTH OF OKLAHOMA INC.
ATTN: STAT COMPLIANCE; P.O. BOX 818048
CLEVELAND, OH

CUSTOMER NUMBER
IDA000015919

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMFIRST SPECIALTY INSURANCE COMPANY
500 STEED ROAD
RIDGELAND, MS 39157

CUSTOMER NUMBER
IDA000015931

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-15931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-15952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-15952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMTRUST INSURANCE COMPANY
800 SUPERIOR AVENUE E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000015954

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15954-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BRIGHT HEALTH INSURANCE COMPANY
8000 NORMAN CENTER DR, SUITE 900
MINNEAPOLIS, MN 55437

CUSTOMER NUMBER
IDA000015963

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-15963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-15963-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LEMONADE INSURANCE COMPANY
5 CROSBY STREET
NEW YORK, NY

CUSTOMER NUMBER
IDA000016023

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16024-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16024-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EVEREST DENALI INSURANCE COMPANY
100 EVEREST WAY, WARREN CORPORATE CENTER
WARREN, NJ 7059

CUSTOMER NUMBER
IDA000016044

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EVEREST PREMIER INSURANCE COMPANY
100 EVEREST WAY, WARREN CORPORATE CENTER
WARREN, NJ 7059

CUSTOMER NUMBER
IDA000016045

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16058-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
HCA25-16058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**5,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16059-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITRIN AUTO AND HOME INSURANCE COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000016063

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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).

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
JM SPECIALTY INSURANCE COMPANY
PO BOX 468
NEENAH, WI

CUSTOMER NUMBER
IDA000016116

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BRIGHT HEALTH COMPANY OF ARIZONA
8000 NORMAN CENTER DR, SUITE 900
MINNEAPOLIS, MN 55437

CUSTOMER NUMBER
IDA000016122

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16122-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
	TOTAL ASSESSMENT AMOUNT		**3,300.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROTUCKET INSURANCE COMPANY
3501 CONCORD ROAD, SUITE 120 PO BOX 22008
YORK, PA 17402

CUSTOMER NUMBER
IDA000016125

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VAULT RECIPROCAL EXCHANGE
300 FIRST AVENUE SOUTH, SUITE 401
ST. PETERSBURG, FL 33701

CUSTOMER NUMBER
IDA000016186

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
METROMILE INSURANCE COMPANY
3080 N. CIVIC CENTER PLAZA
SCOTTSDALE, AZ 85251

CUSTOMER NUMBER
IDA000016187

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MGT INSURANCE COMPANY
5445 DTC PKWY STE 720
PO BOX 357
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000016203

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMP
P.O. BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000016217

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OMAHA NATIONAL INSURANCE COMPANY
P.O. BOX 451139
OMAHA, NE 68145

CUSTOMER NUMBER
IDA000016219

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MIDWEST FAMILY ADVANTAGE INSURANCE COMPANY
4401 WESTOWN PARKWAY, SUITE 305
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000016262

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BRIDGEWAY HEALTH SOLUTIONS OF ARIZONA, INC.
7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105

CUSTOMER NUMBER
IDA000016310

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16310-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OSCAR HEALTH PLAN, INC.
75 VARICK STREET, 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
FSF25-16337-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
FRA25-16337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
IMPERIAL INSURANCE COMPANIES, INC.
1100 E. GREEN STREET
PASADENA, CA 91106

CUSTOMER NUMBER
IDA000016348

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16356-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
JET INSURANCE COMPANY
3102 OAK LAWN AVENUE, SUITE 550
DALLAS, TX 75219

CUSTOMER NUMBER
IDA000016379

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16379-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MOBILITAS INSURANCE COMPANY
P.O. BOX 23392
OAKLAND, CA

CUSTOMER NUMBER
IDA000016392

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16392-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16392-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
HCA25-16392-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**3,500.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTFIELD CHAMPION INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH

CUSTOMER NUMBER
IDA000016447

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTFIELD TOUCHSTONE INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH

CUSTOMER NUMBER
IDA000016448

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16448-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16448-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTFIELD SUPERIOR INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH

CUSTOMER NUMBER
IDA000016449

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16449-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16449-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTFIELD PREMIER INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH

CUSTOMER NUMBER
IDA000016450

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16450-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMFED ADVANTAGE INSURANCE COMPANY
PO BOX 1380
RIDGELAND, MS 39158

CUSTOMER NUMBER
IDA000016459

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NOBLR RECIPROCAL EXCHANGE
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000016461

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16461-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MTAW INSURANCE COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 7960

CUSTOMER NUMBER
IDA000016498

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFE AUTO CHOICE INSURANCE COMPANY
PO BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000016502

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16502-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFE AUTO VALUE INSURANCE COMPANY
PO BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000016503

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BEAZLEY AMERICA INSURANCE COMPANY, INC.
30 BATTERSON PARK ROAD
FARMINGTON, CT 6032

CUSTOMER NUMBER
IDA000016510

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CLEARCOVER INSURANCE COMPANY
33 WEST MONROE STREET, SUITE 1350
CHICAGO, IL 60603

CUSTOMER NUMBER
IDA000016524

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16524-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN INSURANCE COMPANY
1299 ZURICH WAY, 10TH FLOOR
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000016535

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16535-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MANY INSURANCE COMPANY
100 BANK STREET, SUITE 630
BURLINGTON, VT 5401

CUSTOMER NUMBER
IDA000016561

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16561-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STILLWATER PROPERTY AND CASUALTY INSURANCE COMPA
P. O. BOX 45126
JACKSONVILLE, FL

CUSTOMER NUMBER
IDA000016578

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MOBILITAS INSURANCE COMPANY OF ARIZONA
P. O. BOX 23180
MT. LAUREL, CA 8054

CUSTOMER NUMBER
IDA000016599

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16599-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NEW YORK MARINE AND GENERAL INSURANCE COMPANY
412 MT. KEMBLE AVE, SUITE 300C
MORRISTOWN, NJ 7960

CUSTOMER NUMBER
IDA000016608

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16610-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-16610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DEVOTED HEALTH PLAN OF ARIZONA, INC.
221 CRESCENT STREET SUITE 202
WALTHAM, MA 2453

CUSTOMER NUMBER
IDA000016614

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16614-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16614-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL BUILDERS INSURANCE COMPANY
P.O. BOX 723099
ATLANTA, GA

CUSTOMER NUMBER
IDA000016632

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
JUST INSURE, INC.
2875 W RAY ROAD SUITE 6-430-28769
CHANDLER, AZ 85224

CUSTOMER NUMBER
IDA000016648

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16648-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PEKIN SELECT INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL

CUSTOMER NUMBER
IDA000016651

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16651-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
POSEIDON COMMERCIAL INSURANCE COMPANY
100 BANK STREET, SUITE 630
BURLINGTON, VT 5401

CUSTOMER NUMBER
IDA000016659

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-16663-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-16663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16663-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-16664-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
FRA25-16664-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ENACT MORTGAGE INSURANCE CORPORATION OF NORTH CA
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
FRA25-16675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE OF THE SOUTHWEST, INC.
8725 HENDERSON ROAD
TAMPA, FL 33634

CUSTOMER NUMBER
IDA000016692

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16692-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16692-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-16692-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LONE PEAK INSURANCE COMPANY
11456 S TEMPLE DRIVE SUITE 300
SOUTH JORDAN, UT 84095

CUSTOMER NUMBER
IDA000016694

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GOLD KIDNEY OF ARIZONA INC.
8502 E. PRINCESS DR, SUITE 260
SCOTTSDALE, AZ 85255

CUSTOMER NUMBER
IDA000016738

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16738-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PALOMAR EXCESS AND SURPLUS INSURANCE COMPANY
3601 W. 76TH STREET, SUITE 450
EDINA, MN 55435

CUSTOMER NUMBER
IDA000016754

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-16754-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
FRA25-16754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-16755-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16755-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INFINITY SAFEGUARD INSURANCE COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000016802

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN MERCURY INSURANCE COMPANY
P.O. BOX 728866
OKLAHOMA CITY, OK

CUSTOMER NUMBER
IDA000016810

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROGRESSIVE LIFE INSURANCE COMPANY
800 WEST ST. CLAIR AVENUE, SUITE 200
CLEVELAND, OH 44113

CUSTOMER NUMBER
IDA000016816

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16816-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FORTEGRA SPECIALTY INSURANCE COMPANY
10751 DEERWOOD PARK BLVD, SUITE 200
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000016823

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16823-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16823-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BRANCH INSURANCE EXCHANGE
P.O. BOX 340380 #42184
COLUMBUS, OH

CUSTOMER NUMBER
IDA000016825

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16825-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DHI TITLE INSURANCE COMPANY
10700 PECAN PARK BLVD, STE 125
AUSTIN, TX 78750

CUSTOMER NUMBER
IDA000016832

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ACCREDITED SPECIALTY INSURANCE COMPANY
PO BOX 140855
ORLANDO, FL 32814

CUSTOMER NUMBER
IDA000016835

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16835-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16835-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DAYFORWARD LIFE INSURANCE COMPANY INC.
1133 BROADWAY, SUITE 525
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000016849

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16849-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16849-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EDUCATION INSURANCE CORPORATION OF ILLINOIS, THE
3400 WEST STONEGATE BLVD, 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
FRA25-16850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-16882-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
FRA25-16882-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALIGNMENT HEALTH INSURANCE COMPANY OF ARIZONA, INC.
1100 W. TOWN & COUNTRY ROAD, STE 600
ORANGE, CA 92868

CUSTOMER NUMBER
IDA000016915

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-16915-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-16915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-16915-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALIGNMENT HEALTH PLAN OF ARIZONA, INC.
1100 W. TOWN & COUNTRY ROAD, STE 1600
ORANGE, CA 92868

CUSTOMER NUMBER
IDA000016916

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-16916-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-16916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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).

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SCAN DESERT HEALTH PLAN, INC.
3800 KILROY AIRPORT WAY SUITE 100
LONG BEACH, CA 90806

CUSTOMER NUMBER
IDA000016917

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-16917-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-16917-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MMIC INSURANCE, INC.
7650 EDINBOROUGH WAY, SUITE 525
MINNEAPOLIS, MN

CUSTOMER NUMBER
IDA000016942

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STEADILY INSURANCE COMPANY
1846 E INNOVATION PARK DRIVE STE 100
PMB18626
ORO VALLEY, AZ 85756

CUSTOMER NUMBER
IDA000016963

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-16963-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-16963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED WEALTH TITLE INSURANCE, INC.
8787 EAST PINNACLE PEAK RD, STE 140
SCOTTSDALE, AZ 85255

CUSTOMER NUMBER
IDA000016964

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-16964-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-16964-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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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. Please visit https://www.optins.org to pay fast and easy.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTLAKE SPECIALTY INSURANCE COMPANY
1301 SOLANA BOULEVARD, SUITE 2100
WESTLAKE, TX 76262

CUSTOMER NUMBER
IDA000017006

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ZPIC INSURANCE COMPANY
6100 4TH AVENUE S, STE 200
SEATTLE, WA 98108

CUSTOMER NUMBER
IDA000017044

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DEVOTED HEALTH INSURANCE COMPANY OF ARIZONA, INC.
221 CRESCENT STREET SUITE 202
WALTHAM, MA 2453

CUSTOMER NUMBER
IDA000017083

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-17083-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-17083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-17083-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AM SPECIALTY INSURANCE COMPANY
1717 MAIN STREET SUITE 2650
DALLAS, TX 75201

CUSTOMER NUMBER

IDA000017091

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17091-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-17091-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTFIELD SELECT INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH

CUSTOMER NUMBER
IDA000017105

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-17105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STATE FARM CLASSIC INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000017133

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIDELITY SECURITY ASSURANCE COMPANY
3130 BROADWAY
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000017136

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PURE SPECIALTY EXCHANGE
44 SOUTH BROADWAY, SUITE 301
WHITE PLAINS, NY 10601

CUSTOMER NUMBER
IDA000017148

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-17148-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
FRA25-17148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**3,300.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INTREPID CASUALTY COMPANY
PO BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000017182

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MAINSAIL INSURANCE COMPANY
1 PLUCKEMIN WAY, SUITE 102
BEDMINSTER, NJ 7921

CUSTOMER NUMBER
IDA000017203

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HOMESITE INSURANCE COMPANY
290 CONGRESS ST., SUITE 400
BOSTON, MA 2210

CUSTOMER NUMBER
IDA000017221

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-17221-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000017230

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-17230-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WORTH INSURANCE COMPANY
P O BOX 88
FORT WORTH, TX

CUSTOMER NUMBER
IDA000017257

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
QPIC INSURANCE COMPANY
6100 4TH AVE S, STE 200
SEATTLE, WA 98108

CUSTOMER NUMBER
IDA000017285

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMPLIFY INSURANCE COMPANY
20 EAST THOMAS ROAD, SUITE 2200
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000017318

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-17318-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CURATIVE INSURANCE COMPANY
900 CONGRESS AVE, SUITE 500
AUSTIN, TX 78701

CUSTOMER NUMBER
IDA000017331

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-17331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DELLWOOD SPECIALTY INSURANCE COMPANY
7835 EAST EVANS RD; BUILDING 300
SCOTTSDALE, AZ 85260

CUSTOMER NUMBER
IDA000017332

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-17332-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-17332-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HANOVER FIRE AND CASUALTY INSURANCE COMPANY
P.O. BOX 4001
PLYMOUTH MEETING, PA 19462

CUSTOMER NUMBER
IDA000017337

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIO SPECIALTY INSURANCE COMPANY
300 CONSHOHOCKEN STATE ROAD, SUITE 235
WEST CONSHOHOCKEN, PA 19428

CUSTOMER NUMBER
IDA000017346

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-17346-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NAUTILUS INSURANCE COMPANY
7233 EAST BUTHERUS DRIVE
SCOTTSDALE, AZ

CUSTOMER NUMBER
IDA000017370

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-17370-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
FRA25-17370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**8,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GM INSURANCE INDEMNITY COMPANY
801 CHERRY STREET, SUITE 3500
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000017390

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GM PROPERTY AND CASUALTY INSURANCE COMPANY
801 CHERRY STREET, SUITE 3500
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000017391

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ATLANTIC CAPITAL LIFE ASSURANCE COMPANY
PO BOX 105185
ATLANTA, GA 30348

CUSTOMER NUMBER
IDA000017393

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-17393-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ANTIDOTE HEALTH PLAN OF ARIZONA INC.
1460 BROADWAY STREET
NEW YORK, NY 10036

CUSTOMER NUMBER
IDA000017404

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PHYSICIANS SELECT INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131

CUSTOMER NUMBER
IDA000017414

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17414-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-17414-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ETERNALHEALTH OF ARIZONA, INC.
31 ST. JAMES STREET, SUITE 950
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000017422

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17422-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HOURLY INSURANCE COMPANY
660 HOMER AVENUE
PALO ALTO, CA 94301

CUSTOMER NUMBER
IDA000017428

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17428-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PERRISK INSURANCE COMPANY
5300 WEST CYPRESS STREET, SUITE 100
TAMPA, FL 33607

CUSTOMER NUMBER
IDA000017429

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ORION180 SELECT INSURANCE COMPANY
930 S HARBOR CITY BLVD STE 302
MELBOURNE, FL 32901

CUSTOMER NUMBER
IDA000017438

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17438-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DELAWARE LIFE AND ANNUITY COMPANY
10555 GROUP 1001 WAY
ZIONSVILLE, IN 46077

CUSTOMER NUMBER
IDA000017466

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17466-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BLITZ INSURANCE ARIZONA, INC.
1985 CEDAR BRIDGE AVENUE
LAKEWOOD, NJ 8701

CUSTOMER NUMBER
IDA000017480

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WINGSAIL INSURANCE COMPANY
1 PLUCKEMIN WAY, SUITE 102
BEDMINSTER, NJ 7921

CUSTOMER NUMBER
IDA000017506

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
KEMPER RECIPROCAL
200 EAST RANDOLPH STREET, SUITE 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000017513

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMERALD BAY SPECIALTY INSURANCE COMPANY
2 SPEEDWELL AVENUE, 8TH FLOOR
MORRISTOWN, NJ 7960

CUSTOMER NUMBER
IDA000017527

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17527-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OLD GUARD INSURANCE COMPANY
P.O. BOX 5001
WESTFIELD CENTER, OH

CUSTOMER NUMBER
IDA000017558

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17558-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-17558-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN SENTINEL INSURANCE COMPANY
175 KING ST.
ARMONK, NY 10504

CUSTOMER NUMBER
IDA000017965

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-17965-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-17965-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-18023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-18023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TOPA INSURANCE COMPANY
ATTN:FINANCE DEPT 2400 E MAIN STREET SUITE 103-368
ST. CHARLES, IL

CUSTOMER NUMBER
IDA000018031

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PHILADELPHIA INDEMNITY INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNWYD, PA

CUSTOMER NUMBER
IDA000018058

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-18058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-18139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-18279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-18279-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-18287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PEERLESS INDEMNITY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000018333

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18333-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-18468-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-18600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PLATTE RIVER INSURANCE COMPANY
P.O. BOX 5900
MADISON, WI

CUSTOMER NUMBER
IDA000018619

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18619-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-18694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-18694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-18708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ARCH MORTGAGE GUARANTY COMPANY
POST OFFICE BOX 20597
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000018732

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-18740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MERIT HEALTH INSURANCE COMPANY
463 MOUNTAIN VIEW DRIVE SUITE 301
COLCHESTER, VT 5446

CUSTOMER NUMBER
IDA000018750

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-18750-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
HCA25-18750-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**2,000.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CHURCH MUTUAL INSURANCE COMPANY, S.I.
P. O. BOX 357
MERRILL, WI 54452

CUSTOMER NUMBER
IDA000018767

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-18767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED HERITAGE PROPERTY & CASUALTY COMPANY
PO BOX 5555
MERIDIAN, ID

CUSTOMER NUMBER
IDA000018939

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CSE SAFEGUARD INSURANCE COMPANY
330 NORTH BRAND BLVD., SUITE 700
GLENDALE, CA 91203

CUSTOMER NUMBER
IDA000018953

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18953-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CRESTBROOK INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000018961

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AUTO-OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI

CUSTOMER NUMBER
IDA000018988

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-18988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-18988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY AND SURETY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000019038

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19038-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19038-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000019046

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19046-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000019062

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19062-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STANDARD FIRE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000019070

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19070-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMCO INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000019100

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-19119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SOUTHERN GUARANTY INSURANCE COMPANY
6021 142ND AVE N
CLEARWATER, FL 33760

CUSTOMER NUMBER
IDA000019178

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19178-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SOUTHERN INSURANCE COMPANY
800 SUPERIOR AVE. E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER

IDA000019216

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ST. PAUL PROTECTIVE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000019224

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19224-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19224-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLSTATE INSURANCE COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000019232

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLSTATE INDEMNITY COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000019240

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19240-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA
40 WANTAGE AVENUE
BRANCHVILLE, NJ 7890

CUSTOMER NUMBER
IDA000019259

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
6000 AMERICAN PARKWAY
MADISON, WI

CUSTOMER NUMBER
IDA000019275

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN
6000 AMERICAN PARKWAY
MADISON, WI

CUSTOMER NUMBER
IDA000019283

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN HOME ASSURANCE COMPANY
1271 AVENUE OF THE AMERICAS, 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000019380

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AIU INSURANCE COMPANY
1271 AVENUE OF THE AMERICAS, 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000019399

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AIG PROPERTY CASUALTY COMPANY
1271 AVENUE OF THE AMERICAS , 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000019402

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19402-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMMERCE AND INDUSTRY INSURANCE COMPANY
1271 AVENUE OF THE AMERICAS , 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000019410

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, TH
1271 AVENUE OF THE AMERICAS, 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000019429

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURG
1271 AVENUE OF THE AMERICAS, 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000019445

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-19453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19453-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERISURE INSURANCE COMPANY
26777 HALSTED ROAD
FARMINGTON HILLS, MI

CUSTOMER NUMBER
IDA000019488

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED FIRE & INDEMNITY COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA

CUSTOMER NUMBER
IDA000019496

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CATLIN INSURANCE COMPANY, INC.
677 WASHINGTON BLVD., 10TH FLOOR, SUITE 1000
STAMFORD, CT 6901

CUSTOMER NUMBER
IDA000019518

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UFG SPECIALTY INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA

CUSTOMER NUMBER
IDA000019526

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19526-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HALLMARK NATIONAL INSURANCE COMPANY
5420 LYNDON B. JOHNSON FREEWAY SUITE 1100
DALLAS, TX

CUSTOMER NUMBER
IDA000019530

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-19530-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
HCA25-19530-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**5,750.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN RELIABLE INSURANCE COMPANY
10591 LINCOLN HIGHWAY
EVERETT, PA 15537

CUSTOMER NUMBER
IDA000019615

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-19615-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-19615-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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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.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN SUMMIT INSURANCE COMPANY
325 N. ST. PAUL STREET.
SUITE 900
DALLAS, TX

CUSTOMER NUMBER
IDA000019623

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19623-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN ROAD INSURANCE COMPANY, THE
ONE AMERICAN ROAD, MD 7600
DEARBORN, MI

CUSTOMER NUMBER
IDA000019631

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19631-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BRISTOL WEST INSURANCE COMPANY
1300 CONCORD TERRACE, SUITE 120
SUNRISE, FL 33323

CUSTOMER NUMBER
IDA000019658

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARTFORD FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000019682

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN ECONOMY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000019690

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN STATES INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000019704

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN STATES INSURANCE COMPANY OF TEXAS
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000019712

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19712-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN ALTERNATIVE INSURANCE CORPORATION
555 COLLEGE ROAD EAST - P.O. BOX 5241
PRINCETON, NJ 8543

CUSTOMER NUMBER
IDA000019720

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-19780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-19801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19801-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-19828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FINANCIAL INDEMNITY COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000019852

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19852-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19852-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-19860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SECURITY NATIONAL INSURANCE COMPANY
800 SUPERIOR AVENUE E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000019879

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRINITY UNIVERSAL INSURANCE COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000019887

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIBERTY INSURANCE UNDERWRITERS INC.
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000019917

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19917-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19917-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN COMMERCE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA

CUSTOMER NUMBER
IDA000019941

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19941-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMICA MUTUAL INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI

CUSTOMER NUMBER
IDA000019976

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-19984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN SELECT INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH

CUSTOMER NUMBER
IDA000019992

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-19992-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-19992-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1300
OMAHA, NE

CUSTOMER NUMBER
IDA000020044

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE

CUSTOMER NUMBER
IDA000020052

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL INDEMNITY COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE

CUSTOMER NUMBER
IDA000020087

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY INDEMNITY EXCHANGE
P. O. BOX M
SAN MATEO, CA

CUSTOMER NUMBER
IDA000020117

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY INSURANCE COMPANY
P. O. BOX M
SAN MATEO, CA

CUSTOMER NUMBER
IDA000020125

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL TRUST INSURANCE COMPANY
6300 UNIVERSITY PARKWAY
SARASOTA, FL

CUSTOMER NUMBER
IDA000020141

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALL AMERICA INSURANCE COMPANY
P.O. BOX 351
VAN WERT, OH

CUSTOMER NUMBER
IDA000020222

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CENTRAL MUTUAL INSURANCE COMPANY
P.O. BOX 351
VAN WERT, OH

CUSTOMER NUMBER
IDA000020230

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INFINITY SELECT INSURANCE COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000020260

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CEDAR INSURANCE COMPANY
P.O. BOX 40310
BROOKLYN, NY 11204

CUSTOMER NUMBER
IDA000020273

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FEDERAL INSURANCE COMPANY
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 8889

CUSTOMER NUMBER
IDA000020281

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20281-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GREAT NORTHERN INSURANCE COMPANY
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 8889

CUSTOMER NUMBER
IDA000020303

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20303-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20338-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PACIFIC INDEMNITY COMPANY
202B HALLS MILL ROAD
WHITEHOUSE STATION, NJ 8889

CUSTOMER NUMBER
IDA000020346

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602
WARREN, NJ

CUSTOMER NUMBER
IDA000020362

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20362-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20362-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VIGILANT INSURANCE COMPANY
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 8889

CUSTOMER NUMBER
IDA000020397

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20397-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20397-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20400-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-20400-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
HCA25-20400-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**2,000.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HOMESITE INDEMNITY COMPANY
290 CONGRESS ST., SUITE 400
BOSTON, MA 2210

CUSTOMER NUMBER
IDA000020419

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20419-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANI
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
FRA25-20427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20443-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20443-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20478-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20494-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20508-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EULER HERMES NORTH AMERICA INSURANCE COMPANY
100 INTERNATIONAL DRIVE, 22ND FLOOR
BALTIMORE, MD 21202

CUSTOMER NUMBER
IDA000020516

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20516-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CLARENDON NATIONAL INSURANCE COMPANY
411 5TH 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
FRA25-20532-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20532-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA
28 LIBERTY STREET, SUITE 5400
NEW YORK, NY

CUSTOMER NUMBER
IDA000020559

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-20559-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
FRA25-20559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**8,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
XL REINSURANCE AMERICA INC.
1 STAR POINT, NORTH TOWER, 4TH FLOOR
STAMFORD, CT 6902

CUSTOMER NUMBER
IDA000020583

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SPARTA INSURANCE COMPANY
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT 6032

CUSTOMER NUMBER
IDA000020613

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20613-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20613-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20699-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-20710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20710-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
21ST CENTURY PREMIER INSURANCE COMPANY
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000020796

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20796-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20796-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLFLEET NEW YORK INSURANCE COMPANY
5814 REED ROAD
FORT WAYNE, IN

CUSTOMER NUMBER
IDA000020931

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-20931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COUNTRY CASUALTY INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL

CUSTOMER NUMBER
IDA000020982

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COUNTRY MUTUAL INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL

CUSTOMER NUMBER
IDA000020990

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-20990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COUNTRY PREFERRED INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL

CUSTOMER NUMBER
IDA000021008

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21008-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GLOBAL REINSURANCE CORPORATION OF AMERICA
ONE LOGAN SQUARE, SUITE 320
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000021032

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MS TRANSVERSE INSURANCE COMPANY
15 INDEPENDENCE BLVD., SUITE 430
WARREN, NJ 7059

CUSTOMER NUMBER
IDA000021075

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21075-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NORTH RIVER INSURANCE COMPANY, THE
305 MADISON AVENUE
MORRISTOWN, NJ 7960

CUSTOMER NUMBER
IDA000021105

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED STATES FIRE INSURANCE COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 7960

CUSTOMER NUMBER
IDA000021113

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21113-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21113-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-21164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VANLINER INSURANCE COMPANY
3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

CUSTOMER NUMBER
IDA000021172

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-21180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-21253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ELECTRIC INSURANCE COMPANY
75 SAM FONZO DRIVE
BEVERLY, MA

CUSTOMER NUMBER
IDA000021261

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-21296-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21296-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPIRE FIRE AND MARINE INSURANCE COMPANY
1299 ZURICH WAY, 10TH FLOOR
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000021326

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21326-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21326-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMCASCO INSURANCE COMPANY
P. O. BOX 712
DES MOINES, IA

CUSTOMER NUMBER
IDA000021407

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21407-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPLOYERS MUTUAL CASUALTY COMPANY
P. O. BOX 712
DES MOINES, IA

CUSTOMER NUMBER
IDA000021415

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21415-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNION INSURANCE COMPANY OF PROVIDENCE
PO BOX 712
DES MOINES, IA

CUSTOMER NUMBER
IDA000021423

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPLOYERS INSURANCE COMPANY OF WAUSAU
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000021458

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21458-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FACTORY MUTUAL INSURANCE COMPANY
270 CENTRAL AVENUE, P.O. BOX 7500
JOHNSTON, RI

CUSTOMER NUMBER
IDA000021482

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21482-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMERS INSURANCE COMPANY OF ARIZONA
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000021598

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-21598-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
FRA25-21598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**2,000.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMERS INSURANCE EXCHANGE
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000021652

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRE INSURANCE EXCHANGE
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000021660

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MID-CENTURY INSURANCE COMPANY
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000021687

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21687-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21687-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRUCK INSURANCE EXCHANGE
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000021709

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21709-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21709-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ESURANCE INSURANCE COMPANY OF NEW JERSEY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000021741

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.
4820 LAKE BROOK DRIVE
GLEN ALLEN, VA

CUSTOMER NUMBER
IDA000021784

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INFINITY CASUALTY INSURANCE COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000021792

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21792-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN PROPERTY INSURANCE COMPANY
4 INDUSTRIAL WAY WEST, SUITE 102
EATONTOWN, NJ 7724

CUSTOMER NUMBER
IDA000021806

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21806-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NEW ENGLAND INSURANCE COMPANY
100 HIGH STREET, SUITE 610A
BOSTON, MA 2110

CUSTOMER NUMBER
IDA000021830

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN AUTOMOBILE INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL

CUSTOMER NUMBER
IDA000021849

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21849-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21849-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
THE PIE INSURANCE COMPANY
1615 L STREET NW, SUITE 620
WASHINGTON, DC 20036

CUSTOMER NUMBER
IDA000021857

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21857-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WCF SELECT INSURANCE COMPANY
P.O. BOX 571918
SALT LAKE, UT 84157

CUSTOMER NUMBER
IDA000021865

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21865-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIREMAN'S FUND INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL

CUSTOMER NUMBER
IDA000021873

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL SURETY CORPORATION
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL

CUSTOMER NUMBER
IDA000021881

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21881-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21881-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-21903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLIANZ REINSURANCE AMERICA, INC.
P.O. BOX 750039
PETALUMA, CA

CUSTOMER NUMBER
IDA000021911

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-21911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PENNSYLVANIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE

CUSTOMER NUMBER
IDA000021962

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-21962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENERAL REINSURANCE CORPORATION
120 LONG RIDGE ROAD
STAMFORD, CT

CUSTOMER NUMBER
IDA000022039

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GEICO INDEMNITY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC

CUSTOMER NUMBER
IDA000022055

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GOVERNMENT EMPLOYEES INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC

CUSTOMER NUMBER
IDA000022063

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22063-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GRAIN DEALERS MUTUAL INSURANCE COMPANY
55 WEST STREET
KEENE, NH 3431

CUSTOMER NUMBER
IDA000022098

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22098-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
REPUBLIC INDEMNITY COMPANY OF AMERICA
4500 PARK GRANADA BLVD., SUITE 300
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000022179

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GREATER NEW YORK MUTUAL INSURANCE COMPANY
200 MADISON AVENUE
NEW YORK, NY

CUSTOMER NUMBER
IDA000022187

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FREEDOM SPECIALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000022209

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRISURA INSURANCE COMPANY
210 PARK AVENUE, SUITE 1300
OKAHOMA CITY, OK

CUSTOMER NUMBER
IDA000022225

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22225-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SELECT INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000022233

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000022268

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE

CUSTOMER NUMBER
IDA000022276

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HANOVER INSURANCE COMPANY, THE
440 LINCOLN STREET
WORCESTER, MA

CUSTOMER NUMBER
IDA000022292

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MASSACHUSETTS BAY INSURANCE COMPANY
440 LINCOLN STREET
WORCESTER, MA

CUSTOMER NUMBER
IDA000022306

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RSUI INDEMNITY COMPANY
945 E. PACES FERRY RD, SUITE 1800
ATLANTA, GA

CUSTOMER NUMBER
IDA000022314

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GREENWICH INSURANCE COMPANY
677 WASHINGTON BLVD., 10TH FLOOR, SUITE 1000
STAMFORD, CT 6901

CUSTOMER NUMBER
IDA000022322

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARTFORD ACCIDENT AND INDEMNITY COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000022357

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MENDAKOTA INSURANCE COMPANY
2 MARYLAND FARMS, SUITE 320
BRENTWOOD, TN 37027

CUSTOMER NUMBER
IDA000022454

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22454-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SECURA INSURANCE COMPANY
P.O. BOX 819
APPLETON, WI

CUSTOMER NUMBER
IDA000022543

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22543-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MITSUI SUMITOMO INSURANCE USA INC.
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602
WARREN, NJ

CUSTOMER NUMBER
IDA000022551

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ATLANTIC STATES INSURANCE COMPANY
1195 RIVER ROAD
MARIETTA, PA

CUSTOMER NUMBER
IDA000022586

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22586-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22667-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22667-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22683-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22683-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22748-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-22748-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-22756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INTEGON INDEMNITY CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000022772

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CHICAGO INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL

CUSTOMER NUMBER
IDA000022810

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AGCS MARINE INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL

CUSTOMER NUMBER
IDA000022837

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22837-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO
P. O. BOX 305054
NASHVILLE, TN

CUSTOMER NUMBER
IDA000022906

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ECONOMY FIRE & CASUALTY COMPANY
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000022926

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ACSTAR INSURANCE COMPANY
30 SOUTH ROAD
FARMINGTON, CT 6032

CUSTOMER NUMBER
IDA000022950

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SEQUOIA INSURANCE COMPANY
800 SUPERIOR AVENUE E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000022985

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-22985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIBERTY MUTUAL FIRE INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000023035

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23035-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23035-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIBERTY MUTUAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000023043

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23043-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-23051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
R.V.I. AMERICA INSURANCE COMPANY
201 BROAD STREET, SIXTH FLOOR
STAMFORD, CT 6901

CUSTOMER NUMBER
IDA000023132

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-23248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23248-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-23264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CINCINNATI INDEMNITY COMPANY, THE
P.O. BOX 145496
CINCINNATI, OH

CUSTOMER NUMBER
IDA000023280

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN EUROPEAN INSURANCE COMPANY
2250 CHAPEL AVE WEST
CHERRY HILL, NJ 8002

CUSTOMER NUMBER
IDA000023337

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-23353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERISURE MUTUAL INSURANCE COMPANY
26777 HALSTED ROAD
FARMINGTON HILLS, MI

CUSTOMER NUMBER
IDA000023396

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-23418-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-23434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23434-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-23442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH

CUSTOMER NUMBER
IDA000023450

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN MODERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH

CUSTOMER NUMBER
IDA000023469

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23469-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23469-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MONTEREY INSURANCE COMPANY
1 LOWER RAGSDALE DRIVE, BUILDING 1, SUITE 200
MONTEREY, CA 93940

CUSTOMER NUMBER
IDA000023540

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MIDWEST FAMILY MUTUAL INSURANCE COMPANY
4401 WESTOWN PARKWAY, SUITE 305
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000023574

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23574-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARLEYSVILLE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000023582

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23582-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MIDWEST EMPLOYERS CASUALTY COMPANY
14755 NORTH OUTER FORTY DRIVE, SUITE 300
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA000023612

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23612-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23612-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
IRONSHORE INDEMNITY INC.
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000023647

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-23663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT 6032

CUSTOMER NUMBER
IDA000023671

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ODYSSEY REINSURANCE COMPANY
300 FIRST STAMFORD PLACE
STAMFORD, CT 6902

CUSTOMER NUMBER
IDA000023680

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL GENERAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000023728

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23728-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DIRECT NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000023736

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23736-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-23752-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONWIDE GENERAL INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000023760

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23760-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONWIDE MUTUAL INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000023787

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23787-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23787-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONSOLIDATED NATIONAL INSURANCE COMPANY
ONE WORLD TRADE CENTER, 41ST FLOOR
NEW YORK, NY 10007

CUSTOMER NUMBER

IDA000023795

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23795-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23795-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GRANITE STATE INSURANCE COMPANY
1271 AVENUE OF THE AMERICAS, 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000023809

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23809-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23809-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ILLINOIS NATIONAL INSURANCE CO.
1271 AVENUE OF THE AMERICAS, 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000023817

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION
1 MANHATTANVILLE ROAD, SUITE 301
PURCHASE, NY

CUSTOMER NUMBER
IDA000023825

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23825-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NEW HAMPSHIRE INSURANCE COMPANY
1271 AVENUE OF THE AMERICAS, 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000023841

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23841-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23841-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MAPFRE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA

CUSTOMER NUMBER
IDA000023876

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-23876-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-23876-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NORTHLAND INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000024015

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24015-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NORTHLAND CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000024031

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-24047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN FIRE AND CASUALTY COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000024066

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24066-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OHIO CASUALTY INSURANCE COMPANY, THE
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000024074

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24074-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24074-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OHIO SECURITY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000024082

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OHIO FARMERS INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH

CUSTOMER NUMBER
IDA000024104

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTFIELD INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH

CUSTOMER NUMBER
IDA000024112

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTFIELD NATIONAL INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH

CUSTOMER NUMBER
IDA000024120

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-24139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24139-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-24147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24147-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NETHERLANDS INSURANCE COMPANY, THE
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000024171

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24171-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PEERLESS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000024198

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE
2505 COURT STREET
PEKIN, IL

CUSTOMER NUMBER
IDA000024201

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24201-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PEKIN INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL

CUSTOMER NUMBER
IDA000024228

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROGRESSIVE CASUALTY INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH

CUSTOMER NUMBER
IDA000024260

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROGRESSIVE MAX INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH

CUSTOMER NUMBER
IDA000024279

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROVIDENCE WASHINGTON INSURANCE COMPANY
ONE WORLD TRADE CENTER, 41ST FLOOR
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA000024295

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24295-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SPINNAKER INSURANCE COMPANY
1 PLUCKEMIN WAY, SUITE 102
BEDMINSTER, NJ 7921

CUSTOMER NUMBER
IDA000024376

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24376-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-24414-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-24449-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24449-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTERN NATIONAL ASSURANCE COMPANY
PO BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000024465

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24465-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24465-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000024503

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24503-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
REPUBLIC UNDERWRITERS INSURANCE COMPANY
800 SUPERIOR AVE. E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000024538

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
XL INSURANCE AMERICA, INC.
677 WASHINGTON BLVD, 10TH FLOOR, SUITE 1000
STAMFORD, CT 6901

CUSTOMER NUMBER
IDA000024554

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24554-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST NATIONAL INSURANCE COMPANY OF AMERICA
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000024724

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENERAL INSURANCE COMPANY OF AMERICA
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000024732

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24732-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFECO INSURANCE COMPANY OF AMERICA
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000024740

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24740-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFECO NATIONAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000024759

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ST. PAUL FIRE AND MARINE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000024767

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ST. PAUL GUARDIAN INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000024775

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24775-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ST. PAUL MERCURY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000024791

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24791-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24791-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TESLA INSURANCE COMPANY
12832 S. FRONTRUNNER BLVD.
DRAPER, UT 84020

CUSTOMER NUMBER
IDA000024813

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24813-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24813-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TESLA PROPERTY & CASUALTY, INC.
12832 S. FRONTRUNNER BLVD.
DRAPER, UT 84020

CUSTOMER NUMBER
IDA000024821

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24821-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24821-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TESLA GENERAL INSURANCE, INC.
45500 FREMONT BLVD.
FREMONT, CA

CUSTOMER NUMBER
IDA000024848

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24848-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-24848-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALEA NORTH AMERICA INSURANCE COMPANY
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT 6032

CUSTOMER NUMBER
IDA000024899

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-24899-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-24961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-24961-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
HCA25-24961-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**3,500.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-24988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-24988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESCO INSURANCE COMPANY
800 SUPERIOR AVE. E., 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000025011

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25011-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25011-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COAST NATIONAL INSURANCE COMPANY
1300 CONCORD TERRACE, SUITE 120
SUNRISE, FL 33323

CUSTOMER NUMBER
IDA000025089

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25143-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25151-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25178-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STILLWATER INSURANCE COMPANY
P. O. BOX 45126
JACKSONVILLE, FL

CUSTOMER NUMBER
IDA000025180

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMC PROPERTY & CASUALTY COMPANY
P.O. BOX 712
DES MOINES, IA

CUSTOMER NUMBER
IDA000025186

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BANTRY INSURANCE COMPANY
151 N. FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000025232

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMERS DIRECT PROPERTY AND CASUALTY INSURANCE CO
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000025321

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SWISS REINSURANCE AMERICA CORPORATION
175 KING STREET
ARMONK, NY

CUSTOMER NUMBER
IDA000025364

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25364-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25364-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPLOYERS ASSURANCE COMPANY
PO BOX 539003
HENDERSON, NV 89053

CUSTOMER NUMBER
IDA000025402

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFE AUTO INSURANCE COMPANY
PO BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000025405

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25405-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25422-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
IRONSHORE SPECIALTY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000025445

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-25445-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
FRA25-25445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**8,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONWIDE INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000025453

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STARSTONE NATIONAL INSURANCE COMPANY
POST OFFICE BOX 5755
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000025496

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25496-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TIG INSURANCE COMPANY
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 3101

CUSTOMER NUMBER
IDA000025534

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WATFORD INSURANCE COMPANY
HARBORSIDE 3, 210 HUDSON STREET, SUITE 300
JERSEY CITY, NJ

CUSTOMER NUMBER
IDA000025585

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25585-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25585-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CHARTER OAK FIRE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000025615

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PHOENIX INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000025623

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000025658

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25658-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY OF AMERICA, THE
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000025666

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25666-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000025674

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000025682

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ESURANCE INSURANCE COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000025712

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
POINT SPECIALTY 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
FRA25-25747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SUTTON NATIONAL INSURANCE COMPANY
1855 GRIFFIN ROAD, SUITE 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
FRA25-25798-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNION INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000025844

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25844-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000025879

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED STATES FIDELITY AND GUARANTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000025887

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25887-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED STATES LIABILITY INSURANCE COMPANY
1190 DEVON PARK DRIVE, P.O. BOX 6700
WAYNE, PA

CUSTOMER NUMBER
IDA000025895

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25933-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-25968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UTICA MUTUAL INSURANCE COMPANY
POST OFFICE BOX 530
UTICA, NY

CUSTOMER NUMBER
IDA000025976

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-25976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-25976-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WAUSAU UNDERWRITERS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000026042

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-26042-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-26050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WAUSAU BUSINESS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000026069

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LANCER INSURANCE COMPANY
P.O. BOX 9004
LONG BEACH, NY

CUSTOMER NUMBER
IDA000026077

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-26085-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000026093

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-26093-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN MILLENNIUM INSURANCE COMPANY
55 LANE ROAD
FAIRFIELD, NJ 7004

CUSTOMER NUMBER
IDA000026140

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
YOSEMITE INSURANCE COMPANY
PO BOX 100239
COLUMBIA, SC

CUSTOMER NUMBER

IDA000026220

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-26220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
1299 ZURICH WAY, 10TH FLOOR
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000026247

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-26247-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMERS PROPERTY AND CASUALTY INSURANCE COMPANY
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000026298

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SELECTIVE WAY INSURANCE COMPANY
40 WANTAGE AVENUE
BRANCHVILLE, NJ 7890

CUSTOMER NUMBER
IDA000026301

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-26310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-26344-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-26379-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-26379-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OBSIDIAN PACIFIC INSURANCE COMPANY
1330 AVENUE OF THE AMERICAS, SUITE 23A
NEW YORK, NY 10019

CUSTOMER NUMBER
IDA000026395

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-26395-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARCO NATIONAL INSURANCE COMPANY
4200 SIX FORKS ROAD, SUITE 1400
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000026433

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COURTESY INSURANCE COMPANY
350 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL 33442

CUSTOMER NUMBER
IDA000026492

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OHIO INDEMNITY COMPANY
250 E. BROAD ST., 7TH FLOOR
COLUMBUS, OH

CUSTOMER NUMBER
IDA000026565

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INDEPENDENCE AMERICAN INSURANCE COMPANY
121 WEST 27TH STREET, SUITE 803
NEW YORK, NY 10001

CUSTOMER NUMBER
IDA000026581

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-26581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BLACKBOARD INSURANCE COMPANY
1271 AVENUE OF THE AMERICAS, 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000026611

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-26611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GREAT NORTHWEST INSURANCE COMPANY
1030 WEST COUNTY ROAD E, SUITE 210
SHOREVIEW, MN 55126

CUSTOMER NUMBER
IDA000026654

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26654-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MILFORD CASUALTY INSURANCE COMPANY
800 SUPERIOR AVENUE E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000026662

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-26697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF ILLINOIS
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000026700

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-26700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FORTITUDE CASUALTY INSURANCE COMPANY
10 EXCHANGE PLACE, 22ND FLOOR
JERSEY CITY, NJ 7302

CUSTOMER NUMBER
IDA000026794

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26794-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SUBLIMITY INSURANCE COMPANY
P.O. BOX 219
SUBLIMITY, OR 97385

CUSTOMER NUMBER
IDA000026824

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26824-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-26832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CENTURY-NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000026905

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26905-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EVEREST REINSURANCE COMPANY
100 EVEREST WAY, WARREN CORPORATE CENTER
WARREN, NJ 7059

CUSTOMER NUMBER
IDA000026921

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-26921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-26921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BOND SAFEGUARD INSURANCE COMPANY
10002 SHELBYVILLE ROAD, SUITE 100
LOUISVILLE, KY

CUSTOMER NUMBER
IDA000027081

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27081-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
YOUNG AMERICA INSURANCE COMPANY
1800 LEE TREVINO, SUITE 201
EL PASO, TX

CUSTOMER NUMBER
IDA000027090

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRUMBULL INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000027120

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-27120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MIDVALE INDEMNITY COMPANY
6000 AMERICAN PARKWAY
MADISON, WI

CUSTOMER NUMBER
IDA000027138

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-27138-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-27154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-27154-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY
P. O. BOX M
SAN MATEO, CA

CUSTOMER NUMBER
IDA000027464

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-27499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRSTCOMP INSURANCE COMPANY
10275 W. HIGGINS ROAD, SUITE 750
ROSEMONT, IL 60018

CUSTOMER NUMBER
IDA000027626

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-27740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DRIVE INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH

CUSTOMER NUMBER
IDA000027804

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COLUMBIA INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE

CUSTOMER NUMBER
IDA000027812

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27812-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-27812-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-27847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
1299 ZURICH WAY, 10TH FLOOR
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000027855

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-27855-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTERN AGRICULTURAL INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000027871

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27871-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-27871-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMEX ASSURANCE COMPANY
PO BOX 53701
PHOENIX, AZ

CUSTOMER NUMBER
IDA000027928

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-27928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL INSURANCE ASSOCIATION
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000027944

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000027998

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-27998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-28053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-28053-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
HCA25-28053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**3,500.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVCO INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000028188

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ANTHEM INSURANCE COMPANIES, INC.
220 VIRGINIA AVENUE
INDIANAPOLIS, IN

CUSTOMER NUMBER
IDA000028207

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-28207-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000028223

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONTINENTAL INDEMNITY COMPANY
P.O. BOX 3646
OMAHA, NE

CUSTOMER NUMBER
IDA000028258

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-28304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-28304-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GATEWAY INSURANCE COMPANY
15255 S. 94TH AVENUE, STE 500
ORLAND PARK, IL 60462

CUSTOMER NUMBER
IDA000028339

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
AMERICAN NATIONAL CENTER, 1949 EAST SUNSHINE
SPRINGFIELD, MO

CUSTOMER NUMBER
IDA000028401

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28401-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-28401-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-28460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-28460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-28497-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EASTERN ATLANTIC INSURANCE COMPANY
5300 DERRY STREET
HARRISBURG, PA

CUSTOMER NUMBER
IDA000028649

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CINCINNATI CASUALTY COMPANY, THE
P.O. BOX 145496
CINCINNATI, OH

CUSTOMER NUMBER
IDA000028665

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-28665-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EQUITY INSURANCE COMPANY
4315 LAKE SHORE DR STE J
WACO, TX

CUSTOMER NUMBER
IDA000028746

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CLEAR BLUE INSURANCE COMPANY
B-7 TABONUCO STREET, SUITE 912
GUAYNABO, PR 968

CUSTOMER NUMBER
IDA000028860

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
4200 SIX FORKS ROAD, SUITE 1400
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000028886

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-28886-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-28932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-29017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ATAIN INSURANCE COMPANY
30833 NORTHWESTERN HWY., SUITE 220
FARMINGTON HILLS, MI

CUSTOMER NUMBER
IDA000029033

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-29033-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY CONNECT PROPERTY AND CASUALTY INS
6000 AMERICAN PARKWAY
MADISON, WI

CUSTOMER NUMBER
IDA000029068

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-29068-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ARCH MORTGAGE ASSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000029114

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29114-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED WISCONSIN INSURANCE COMPANY
P.O. BOX 40790
LANSING, MI

CUSTOMER NUMBER
IDA000029157

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-29157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARTFORD CASUALTY INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000029424

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-29424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TWIN CITY FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000029459

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-29459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BAR PLAN MUTUAL INSURANCE COMPANY, THE
622 EMERSON ROAD, SUITE 100
ST. LOUIS, MO 63141

CUSTOMER NUMBER
IDA000029513

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COALITION INSURANCE COMPANY
100 BANK ST., SUITE 630
BURLINGTON, VT 5401

CUSTOMER NUMBER
IDA000029530

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BERKLEY REGIONAL INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000029580

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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).

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-29599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-29599-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000029688

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-29688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SWISS RE CORPORATE SOLUTIONS ELITE INSURANCE CORPO
1200 MAIN ST. SUITE 800
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000029700

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-29700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INTEGON NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000029742

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PACIFIC STAR INSURANCE COMPANY
PO BOX 509020
SAN DIEGO, CA

CUSTOMER NUMBER
IDA000029793

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29793-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-29858-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CO
1200 MAIN ST. SUITE 800
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000029874

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29874-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-29874-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE
ONE STATE STREET, P.O. BOX 299
HARTFORD, CT

CUSTOMER NUMBER
IDA000029890

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST COLONIAL INSURANCE COMPANY
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL

CUSTOMER NUMBER
IDA000029980

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29980-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HIGHVIEW NATIONAL INSURANCE COMPANY
PO BOX 767
MONSEY, NY 10952

CUSTOMER NUMBER
IDA000029998

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-29998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SCOR REINSURANCE COMPANY
28 LIBERTY STREET, SUITE 5400
NEW YORK, NY

CUSTOMER NUMBER
IDA000030058

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-30058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARTFORD UNDERWRITERS INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000030104

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-30104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-30104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-30120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASSURED GUARANTY INC.
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
FRA25-30180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ESURANCE PROPERTY AND CASUALTY INSURANCE COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000030210

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-30210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASCOT SURETY & CASUALTY COMPANY
55 W 46TH ST
NEW YORK, NY 10036

CUSTOMER NUMBER
IDA000030279

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-30279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-30325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
USA UNDERWRITERS
400 HAMILTON ROW, SUITE 300
BIRMINGHAM, MI 48009

CUSTOMER NUMBER
IDA000030457

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-30457-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ARCH INDEMNITY INSURANCE COMPANY
HARBORSIDE 3, 210 HUDSON STREET, SUITE 300
JERSEY CITY, NJ

CUSTOMER NUMBER
IDA000030830

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-30830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RADIAN MORTGAGE ASSURANCE INC.
550 EAST SWEDESFORD RD. SUITE 350
WAYNE, PA 19087

CUSTOMER NUMBER
IDA000030872

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-30872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-30945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRI-STATE INSURANCE COMPANY OF MINNESOTA
PO BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000031003

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-31003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
REPWEST INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ

CUSTOMER NUMBER
IDA000031089

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-31089-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
FRA25-31089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-31089-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**8,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEDICO INSURANCE COMPANY
PO BOX 10386
DES MOINES, IA

CUSTOMER NUMBER
IDA000031119

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-31119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-31135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000031194

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-31194-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OAKWOOD INSURANCE COMPANY
1 WORLD TRADE CENTER, 285 FULTON STREET, 47TH FL.,
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA000031208

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-31208-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-31232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ACADIA INSURANCE COMPANY
P.O. BOX 9010
WESTBROOK, ME

CUSTOMER NUMBER
IDA000031325

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CRUM & FORSTER INDEMNITY COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 7960

CUSTOMER NUMBER
IDA000031348

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-31380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FINANCIAL PACIFIC INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA

CUSTOMER NUMBER
IDA000031453

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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For questions concerning this assessment, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NORGUARD INSURANCE COMPANY
PO BOX AH
WILKES BARRE, PA

CUSTOMER NUMBER
IDA000031470

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31470-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-31470-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CITIZENS INSURANCE COMPANY OF AMERICA
440 LINCOLN STREET
WORCESTER, MA

CUSTOMER NUMBER
IDA000031534

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HAULERS INSURANCE COMPANY, INC.
P.O. BOX 270
COLUMBIA, TN

CUSTOMER NUMBER
IDA000031550

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COFACE NORTH AMERICA INSURANCE COMPANY
650 COLLEGE ROAD EAST; SUITE 2005
PRINCETON, NJ

CUSTOMER NUMBER
IDA000031887

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN INTERSTATE INSURANCE COMPANY
2301 HIGHWAY 190 WEST
DERIDDER, LA

CUSTOMER NUMBER
IDA000031895

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FALLS LAKE NATIONAL INSURANCE COMPANY
P.O. BOX 27648
RICHMOND, VA 23261

CUSTOMER NUMBER
IDA000031925

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-31925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-31925-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-31968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VANTAGE RISK ASSURANCE COMPANY
123 N. WACKER DR, SUITE 1300,
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000032077

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-32077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-32174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONSTITUTION INSURANCE COMPANY
PO BOX 8424
OMAHA, NE

CUSTOMER NUMBER
IDA000032190

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-32190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
21ST CENTURY NORTH AMERICA INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE

CUSTOMER NUMBER
IDA000032220

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-32220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLFLEET INSURANCE COMPANY
5814 REED ROAD
FORT WAYNE, IN

CUSTOMER NUMBER
IDA000032280

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-32280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TNUS INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNWYD, PA

CUSTOMER NUMBER
IDA000032301

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-32301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LM PROPERTY AND CASUALTY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000032352

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32352-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-32352-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STAR CASUALTY INSURANCE COMPANY
P.O.BOX 451037
MIAMI, FL

CUSTOMER NUMBER
IDA000032387

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32387-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEDICAL INSURANCE EXCHANGE OF CALIFORNIA
6250 CLAREMONT AVENUE
OAKLAND, CA

CUSTOMER NUMBER
IDA000032433

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALPS PROPERTY & CASUALTY INSURANCE COMPANY
PO BOX 9169
MISSOULA, MT 59807

CUSTOMER NUMBER
IDA000032450

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MONROE GUARANTY INSURANCE COMPANY
6300 UNIVERSITY PARKWAY
SARASOTA, FL

CUSTOMER NUMBER
IDA000032506

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-32522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BERKLEY INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CT 6830

CUSTOMER NUMBER
IDA000032603

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32603-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-32603-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-32620-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI

CUSTOMER NUMBER
IDA000032700

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CO
1200 MAIN ST. SUITE 800
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000032778

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-32778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROGRESSIVE SPECIALTY INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH

CUSTOMER NUMBER
IDA000032786

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32786-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MUTUAL INSURANCE COMPANY OF ARIZONA
2602 EAST THOMAS ROAD
PHOENIX, AZ

CUSTOMER NUMBER
IDA000032832

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-32832-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
FRA25-32832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**23,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PENN-AMERICA INSURANCE COMPANY
3 BALA PLZ, STE 300E
BALA CYNWYD, PA

CUSTOMER NUMBER
IDA000032859

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY
2850 DIXIE HWY, SUITE 100
WATERFORD, MI 48328

CUSTOMER NUMBER
IDA000032867

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32867-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ISMIE MUTUAL INSURANCE COMPANY
20 N. MICHIGAN AVE., SUITE 700
CHICAGO, IL

CUSTOMER NUMBER
IDA000032921

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-32921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRANSPORT INSURANCE COMPANY
ONE LOGAN SQUARE, SUITE 320
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000033014

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-33014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-33162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NORCAL INSURANCE COMPANY
PO BOX 2080
MECHANICSBURG, PA 17055

CUSTOMER NUMBER
IDA000033200

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VERDE INSURANCE COMPANY
1720 WEST RIO SALADO PARKWAY
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA000033383

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROASSURANCE INDEMNITY COMPANY, INC.
PO BOX 590009
BIRMINGHAM, AL

CUSTOMER NUMBER
IDA000033391

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CLERMONT INSURANCE COMPANY
301 ROUTE 17 NORTH, SUITE 900
RUTHERFORD, NJ 7070

CUSTOMER NUMBER
IDA000033480

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DORINCO REINSURANCE COMPANY
2211 H.H DOW WAY SYLVIA STOESSER CENTER
MIDLAND, MI 48674

CUSTOMER NUMBER
IDA000033499

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST LIBERTY INSURANCE CORPORATION, THE
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000033588

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33588-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-33588-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LM INSURANCE CORPORATION
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000033600

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-33600-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MENDOTA INSURANCE COMPANY
2 MARYLAND FARMS, SUITE 320
BRENTWOOD, TN 37027

CUSTOMER NUMBER
IDA000033650

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-33723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-33723-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RADIAN GUARANTY INC.
550 EAST SWEDESFORD RD, STE 350
WAYNE, PA 19087

CUSTOMER NUMBER
IDA000033790

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AEGIS SECURITY INSURANCE COMPANY
PO BOX 62250
HARRISBURG, PA 17106

CUSTOMER NUMBER
IDA000033898

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-33898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-33898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
KIN INTERINSURANCE NEXUS EXCHANGE
222 MERCHANDISE MART PLAZA, SUITE 228
CHICAGO, IL 60654

CUSTOMER NUMBER
IDA000033987

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-33987-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-33987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-33987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRANS CITY CASUALTY INSURANCE COMPANY
7500 E. MCDONALD DR., SUITE 700
SCOTTSDALE, AZ

CUSTOMER NUMBER
IDA000034002

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34002-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-34002-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HALLMARK INSURANCE COMPANY
5420 LYNDON B. JOHNSON FREEWAY SUITE 1100
DALLAS, TX

CUSTOMER NUMBER
IDA000034037

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-34037-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
FRA25-34037-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-34037-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**8,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-34274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-34274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PRODUCERS AGRICULTURE INSURANCE COMPANY
5601 INTERSTATE 40 WEST, SUITE 204
AMARILLO, TX 79106

CUSTOMER NUMBER
IDA000034312

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMERS GROUP PROPERTY AND CASUALTY INSURANCE CO
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000034339

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
1299 ZURICH WAY, 10TH FLOOR
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000034347

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-34460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-34495-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-34495-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST AMERICAN SPECIALTY INSURANCE COMPANY
1 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
FRA25-34525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OAK RIVER INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1300
OMAHA, NE

CUSTOMER NUMBER
IDA000034630

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CENTRE INSURANCE COMPANY
4 WORLD TRADE CENTER, 53RD FLOOR, 150 GREENWICH ST
NEW YORK, NY

CUSTOMER NUMBER
IDA000034649

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-34649-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTF
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000034690

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-34690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DIGITAL ADVANTAGE INSURANCE COMPANY
555 COLLEGE ROAD EAST
PRINCETON, NJ 8543

CUSTOMER NUMBER
IDA000034711

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-34711-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-34738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-34762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
21ST CENTURY CENTENNIAL INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE

CUSTOMER NUMBER
IDA000034789

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-34789-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRENWICK AMERICA REINSURANCE CORPORATION
40 RICHARDS AVENUE
NORWALK, CT 6854

CUSTOMER NUMBER
IDA000034894

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34894-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DAKOTA TRUCK UNDERWRITERS
PO BOX 89310
SIOUX FALLS, SD

CUSTOMER NUMBER
IDA000034924

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-34924-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-35009-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-35157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-35157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EXECUTIVE RISK INDEMNITY INC.
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 8889

CUSTOMER NUMBER
IDA000035181

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-35181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ILLINOIS INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE

CUSTOMER NUMBER
IDA000035246

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-35246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-35289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-35289-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLIANZ GLOBAL RISKS US INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL

CUSTOMER NUMBER
IDA000035300

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-35300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-35319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIDELITY AND GUARANTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000035386

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-35386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-35408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-35408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
U.S. UNDERWRITERS INSURANCE COMPANY
1190 DEVON PARK DRIVE, P.O. BOX 6700
WAYNE, PA

CUSTOMER NUMBER
IDA000035416

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-35416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-35424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-35424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-35483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-35483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-35505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-35602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-35602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-35769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-35769-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GEICO GENERAL INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC

CUSTOMER NUMBER
IDA000035882

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-35882-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-35882-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONTINENTAL DIVIDE INSURANCE COMPANY
7900 UNION AVENUE, SUITE 750
DENVER, CO 80237

CUSTOMER NUMBER
IDA000035939

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-35939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF
P. O. BOX M
SAN MATEO, CA

CUSTOMER NUMBER
IDA000035955

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-35955-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HANOVER AMERICAN INSURANCE COMPANY, THE
440 LINCOLN STREET
WORCESTER, MA

CUSTOMER NUMBER
IDA000036064

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36064-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS COMMERCIAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000036137

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS PERSONAL SECURITY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000036145

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INVERIN INSURANCE COMPANY
151 N. FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000036153

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000036161

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY COMPANY OF CONNECTICUT
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000036170

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED CASUALTY AND SURETY INSURANCE COMPANY
233 NEEDHAM STREET, SUITE 440
NEWTON, MA 2464

CUSTOMER NUMBER
IDA000036226

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PREFERRED PROFESSIONAL INSURANCE COMPANY
ONE FINANCIAL CENTER, 13TH FLOOR
BOSTON, MA

CUSTOMER NUMBER
IDA000036234

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TITAN INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000036269

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GRAY INSURANCE COMPANY, THE
P.O. BOX 6202
METAIRIE, LA

CUSTOMER NUMBER
IDA000036307

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CAMICO MUTUAL INSURANCE COMPANY
1800 GATEWAY DRIVE, SUITE 200
SAN MATEO, CA 94404

CUSTOMER NUMBER
IDA000036340

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LM GENERAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000036447

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-36447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLSTATE NORTHBROOK INDEMNITY COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000036455

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-36455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVCO PERSONAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000036463

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-36463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COLISEUM REINSURANCE COMPANY
225 LIBERTY STREET, 40TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000036552

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFEPORT INSURANCE COMPANY
6320 VENTURE DR, SUITE 200
LAKEWOOD RANCH, FL 34202

CUSTOMER NUMBER
IDA000036560

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36560-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PLYMOUTH ROCK ASSURANCE PREFERRED CORPORATION
695 ATLANTIC AVENUE
BOSTON, MA

CUSTOMER NUMBER
IDA000036587

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-36587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-36650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RIVERPORT INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000036684

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36684-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-36684-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-36781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-36781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MANUFACTURERS ALLIANCE INSURANCE COMPANY
P. O. BOX 3031
BLUE BELL, PA

CUSTOMER NUMBER
IDA000036897

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-36897-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COLONY SPECIALTY INSURANCE COMPANY
P.O. BOX 469012
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000036927

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-36927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-36951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-37060-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-37060-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ENACT 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
FRA25-37095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LANDCAR CASUALTY COMPANY
351 W. OPPORTUNITY WAY, STE 440
DRAPER, UT 84020

CUSTOMER NUMBER
IDA000037109

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-37206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN STATES PREFERRED INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000037214

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-37257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-37257-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-37273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-37273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE MIDWEST
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000037478

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BEAZLEY INSURANCE COMPANY, INC.
30 BATTERSON PARK ROAD
FARMINGTON, CT 6032

CUSTOMER NUMBER
IDA000037540

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-37540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-37621-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PERMANENT GENERAL ASSURANCE CORPORATION
P. O. BOX 305054
NASHVILLE, TN

CUSTOMER NUMBER
IDA000037648

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMP
1 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
FRA25-37710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-37770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
KOOKMIN BEST INSURANCE CO., LTD.(U.S.BRANCH)
55 CHALLENGER ROAD, SUITE #302
RIDGEFIELD PARK, NJ 7660

CUSTOMER NUMBER
IDA000037800

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROGRESSIVE PREFERRED INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH

CUSTOMER NUMBER
IDA000037834

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37834-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-37850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPA
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000037877

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37877-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-37877-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
XL SPECIALTY INSURANCE COMPANY
677 WASHINGTON BLVD., 10TH FLOOR, SUITE 1000
STAMFORD, CT 6901

CUSTOMER NUMBER
IDA000037885

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY
3100 SANDERS ROAD, SUITE 201
NORTHBROOK, IL

CUSTOMER NUMBER
IDA000037907

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37907-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-37907-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-37915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GEICO MARINE INSURANCE COMPANY
5323 PORT ROYAL ROAD
SPRINGFIELD, VA

CUSTOMER NUMBER
IDA000037923

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37923-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
YCI, INC.
P.O. BOX 240000
OKLAHOMA CITY, OK

CUSTOMER NUMBER
IDA000037931

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-37931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-37931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-37940-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-37990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ECONOMY PREFERRED INSURANCE COMPANY
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000038067

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38067-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS PERSONAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000038130

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GRANADA INDEMNITY COMPANY
P.O. BOX 9007
LONG BEACH, NY

CUSTOMER NUMBER
IDA000038148

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALPHA PROPERTY & CASUALTY INSURANCE COMPANY
200 EAST RANDOLPH STREET, STE. 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000038156

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-38245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38245-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE SOUTHEAST
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000038261

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF ILLINOIS
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000038288

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANCH
105 CHALLENGER ROAD, 5TH FLOOR
RIDGEFIELD PARK, NJ 7660

CUSTOMER NUMBER
IDA000038300

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-38318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38318-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ENACT 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
FRA25-38458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-38490-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-38490-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RAMPART INSURANCE COMPANY
2200 NORTH COMMERCE PARKWAY SUITE 200
WESTON, FL 33326

CUSTOMER NUMBER
IDA000038512

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-38601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROGRESSIVE NORTHERN INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH

CUSTOMER NUMBER
IDA000038628

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PARTNER REINSURANCE COMPANY OF THE U.S.
200 FIRST STAMFORD PLACE, SUITE 400
STAMFORD, CT 6902

CUSTOMER NUMBER
IDA000038636

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN MODERN SELECT INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH

CUSTOMER NUMBER
IDA000038652

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MIC GENERAL INSURANCE CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000038660

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38660-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALASKA NATIONAL INSURANCE COMPANY
7001 JEWEL LAKE ROAD
ANCHORAGE, AK

CUSTOMER NUMBER
IDA000038733

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38733-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SIRIUSPOINT AMERICA INSURANCE COMPANY
1 WORLD TRADE CENTER285 FULTON STREET, 47TH FL.,
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA000038776

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38776-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38776-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRM SPECIALTY INSURANCE COMPANY
15 INDEPENDENCE BLVD., SUITE 430
WARREN, NJ 7059

CUSTOMER NUMBER
IDA000038873

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BERKLEY NATIONAL INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000038911

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENESIS INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT

CUSTOMER NUMBER
IDA000038962

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38962-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-38970-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38970-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SOMPO AMERICA FIRE & MARINE INSURANCE COMPANY
13146 BALLANTYNE CORPORATE PLACE, SUITE 300
CHARLOTTE, NC 28277

CUSTOMER NUMBER
IDA000038997

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-38997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-38997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFECO INSURANCE COMPANY OF ILLINOIS
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000039012

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RURAL COMMUNITY INSURANCE COMPANY
1299 ZURICH WAY
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000039039

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-39152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-39217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-39217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
1299 ZURICH WAY, 10TH FLOOR
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000039306

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENERAL SECURITY NATIONAL INSURANCE COMPANY
28 LIBERTY STREET, SUITE 5400
NEW YORK, NY

CUSTOMER NUMBER
IDA000039322

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-39322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HERITAGE INDEMNITY COMPANY
800 SUPERIOR AVE. E., 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000039527

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39527-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-39551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NUTMEG INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000039608

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-39608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-39616-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-39616-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTPORT INSURANCE CORPORATION
1200 MAIN ST. SUITE 800
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000039845

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-39845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GOLDEN BEAR INSURANCE COMPANY
P. O. BOX 271
STOCKTON, CA 95201

CUSTOMER NUMBER
IDA000039861

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39861-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST
40 WANTAGE AVENUE
BRANCHVILLE, NJ 7890

CUSTOMER NUMBER
IDA000039926

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL GENERAL INSURANCE COMPANY
AMERICAN NATIONAL CENTER, 1949 EAST SUNSHINE
SPRINGFIELD, MO

CUSTOMER NUMBER
IDA000039942

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
METROPOLITAN GENERAL INSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI

CUSTOMER NUMBER
IDA000039950

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-39950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ANCHOR GENERAL INSURANCE COMPANY
PO BOX 509020
SAN DIEGO, CA

CUSTOMER NUMBER
IDA000040010

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-40029-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-40029-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STARNET INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000040045

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-40045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRUSTGARD INSURANCE COMPANY
671 SOUTH HIGH STREET
COLUMBUS, OH

CUSTOMER NUMBER
IDA000040118

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40118-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN ZURICH INSURANCE COMPANY
1299 ZURICH WAY, 10TH FLOOR
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000040142

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-40142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MGA INSURANCE COMPANY, INC.
POST OFFICE BOX 199023
DALLAS, TX

CUSTOMER NUMBER
IDA000040150

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMERS CASUALTY INSURANCE COMPANY
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000040169

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
XL INSURANCE COMPANY OF NEW YORK, INC.
677 WASHINGTON BLVD, 10TH FLOOR, SUITE 1000
STAMFORD, CT 6901

CUSTOMER NUMBER
IDA000040193

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AIG ASSURANCE COMPANY
1271 AVENUE OF THE AMERICAS, 37TH FLOOR
NEW YORK, NY

CUSTOMER NUMBER
IDA000040258

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-40266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS COMMERCIAL CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000040282

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-40282-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PIONEER SPECIALTY INSURANCE COMPANY
PO BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000040312

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-40371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FLORIDA CASUALTY INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE

CUSTOMER NUMBER
IDA000040398

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40398-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-40398-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STRATFORD INSURANCE COMPANY
300 KIMBALL DRIVE, SUITE 500
PARSIPPANY, NJ 7054

CUSTOMER NUMBER
IDA000040436

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40436-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OLD REPUBLIC SURETY COMPANY
PO BOX 1635
MILWAUKEE, WI

CUSTOMER NUMBER
IDA000040444

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000040460

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-40460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
REPUBLIC-VANGUARD INSURANCE COMPANY
800 SUPERIOR AVE. E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000040479

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40479-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-40479-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
	TOTAL ASSESSMENT AMOUNT		**3,300.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WCF NATIONAL INSURANCE COMPANY
P. O. BOX 571918
SALT LAKE CITY, UT

CUSTOMER NUMBER
IDA000040517

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40517-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
POSEIDON MORTGAGE GUARANTY COMPANY
100 BANK STREET, SUITE 630
BURLINGTON, VT 5401

CUSTOMER NUMBER
IDA000040525

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIO INSURANCE COMPANY
300 CONSHOHOCKEN STATE ROAD SUITE 235
WEST CONSHOHOCKEN, PA 19428

CUSTOMER NUMBER
IDA000040550

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-40550-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
FRA25-40550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-40550-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**3,500.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ECONOMY PREMIER ASSURANCE COMPANY
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000040649

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000040703

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PHYSICIANS INSURANCE A MUTUAL COMPANY
601 UNION STREET, SUITE 500
SEATTLE, WA 98101

CUSTOMER NUMBER
IDA000040738

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-40738-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-40789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VIRGINIA SURETY COMPANY, INC.
175 W. JACKSON, SUITE 810
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000040827

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40827-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-40827-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPANY
1299 ZURICH WAY, 10TH FLOOR
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000040843

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DENTISTS INSURANCE COMPANY, THE
1201 K STREET, 14TH FLOOR
SACRAMENTO, CA 95814

CUSTOMER NUMBER
IDA000040975

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-40975-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-41050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-41106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS INSURANCE COMPANY
1299 ZURICH WAY, 10TH FLOOR
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000041181

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-41181-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRITON INSURANCE COMPANY
P.O. BOX 2548
FORT WORTH, TX 76113

CUSTOMER NUMBER
IDA000041211

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-41211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRANS PACIFIC INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNWYD, PA

CUSTOMER NUMBER
IDA000041238

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SCOTTSDALE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000041297

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-41335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-41343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-41343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-41394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-41394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY
P. O. BOX 3031
BLUE BELL, PA

CUSTOMER NUMBER
IDA000041424

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-41424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-41459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMINGTON CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000041483

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-41483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GEICO CASUALTY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC

CUSTOMER NUMBER
IDA000041491

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41491-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FOREMOST SIGNATURE INSURANCE COMPANY
P.O. BOX 2450
GRAND RAPIDS, MI

CUSTOMER NUMBER
IDA000041513

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-41513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RED SHIELD INSURANCE COMPANY
P.O. BOX 3736
SEATTLE, WA

CUSTOMER NUMBER
IDA000041580

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NEW ENGLAND REINSURANCE CORPORATION
100 HIGH STREET, SUITE 610A
BOSTON, MA 2110

CUSTOMER NUMBER
IDA000041629

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-41653-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-41653-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS CONSTITUTION STATE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000041750

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000041769

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COLORADO CASUALTY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000041785

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
440 LINCOLN STREET
WORCESTER, MA

CUSTOMER NUMBER
IDA000041840

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41840-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-41840-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN SOUTHERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH

CUSTOMER NUMBER
IDA000041998

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-41998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DIAMOND STATE INSURANCE COMPANY
3 BALA PLZ, STE 300E
BALA CYNWYD, PA

CUSTOMER NUMBER
IDA000042048

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42048-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-42048-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA
P O BOX 64477
SOUDERTON, PA

CUSTOMER NUMBER
IDA000042129

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-42129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PRINCETON INSURANCE COMPANY
21 ROSZEL ROAD, SUITE 100
PRINCETON, NJ 8540

CUSTOMER NUMBER
IDA000042226

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-42226-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-42234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-42242-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-42242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NAVIGATORS INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000042307

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-42307-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GUIDEONE AMERICA INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000042331

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TECHNOLOGY INSURANCE COMPANY, INC.
800 SUPERIOR AVE. E., 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000042376

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMGUARD INSURANCE COMPANY
PO BOX AH
WILKES BARRE, PA

CUSTOMER NUMBER
IDA000042390

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-42390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIBERTY INSURANCE CORPORATION
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000042404

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TOA REINSURANCE COMPANY OF AMERICA, THE
177 MADISON AVENUE, PO BOX 1930
MORRISTOWN, NJ

CUSTOMER NUMBER
IDA000042439

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL GENERAL ASSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000042447

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CRUM AND FORSTER INSURANCE COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 7960

CUSTOMER NUMBER
IDA000042471

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42471-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NOVA CASUALTY COMPANY
440 LINCOLN STREET
WORCESTER, MA

CUSTOMER NUMBER
IDA000042552

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-42552-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000042579

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42579-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DEPOSITORS INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000042587

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MAG MUTUAL INSURANCE COMPANY
P.O. BOX 52979
ATLANTA, GA

CUSTOMER NUMBER
IDA000042617

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42617-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-42706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN MODERN PROPERTY AND CASUALTY INSURANCE
P.O. BOX 5323
CINCINNATI, OH

CUSTOMER NUMBER
IDA000042722

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-42722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-42749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-42757-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-42765-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-42765-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GUIDEONE ELITE INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000042803

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42803-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VICTORIA FIRE & CASUALTY COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000042889

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42889-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GM NATIONAL INSURANCE COMPANY
801 CHERRY STREET, SUITE 3500
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000042897

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROGRESSIVE NORTHWESTERN INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH

CUSTOMER NUMBER
IDA000042919

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN SECURITY INSURANCE COMPANY
260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA

CUSTOMER NUMBER
IDA000042978

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-42978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STANDARD GUARANTY INSURANCE COMPANY
260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA

CUSTOMER NUMBER
IDA000042986

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-42986-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROGRESSIVE CLASSIC INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH

CUSTOMER NUMBER
IDA000042994

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-42994-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-43044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN EQUITY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 6183

CUSTOMER NUMBER
IDA000043117

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-43117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-43117-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
	TOTAL ASSESSMENT AMOUNT		**3,300.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-43273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-43389-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASPEN AMERICAN INSURANCE COMPANY
400 CAPITAL BOULEVARD, SUITE 200
ROCKY HILL, CT 6067

CUSTOMER NUMBER
IDA000043460

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-43460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-43460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS
5420 LYNDON B. JOHNSON FREEWAY SUITE 1100
DALLAS, TX

CUSTOMER NUMBER
IDA000043494

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-43494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-43575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-43575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMERS SPECIALTY INSURANCE COMPANY
P.O. BOX 2450
GRAND RAPIDS, MI

CUSTOMER NUMBER
IDA000043699

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-43699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
4500 PARK GRANADA BLVD., SUITE 300
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000043753

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-43753-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RAINIER INSURANCE COMPANY
7245 WEST MARGINAL WAY S.W.
SEATTLE, WA

CUSTOMER NUMBER
IDA000043915

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-43915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-43915-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
	TOTAL ASSESSMENT AMOUNT		**1,800.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
21ST CENTURY INDEMNITY INSURANCE COMPANY
ONE WORLD TRADE CENTER, 41ST FLOOR
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA000043974

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-43974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-43974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TOGGLE INSURANCE COMPANY
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA

CUSTOMER NUMBER
IDA000044245

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-44245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ADMIRAL INDEMNITY COMPANY
301 ROUTE 17 NORTH, SUITE 900
RUTHERFORD, NJ 7070

CUSTOMER NUMBER
IDA000044318

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-44318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000044369

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-44369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WEST AMERICAN INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 2116

CUSTOMER NUMBER
IDA000044393

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-44393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROGRESSIVE PALOVERDE INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH

CUSTOMER NUMBER
IDA000044695

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-44695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-44768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-44768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-45934-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SIGHTCARE, INC.
995 W SOUTHERN AVE #101
MESA, AZ 85210

CUSTOMER NUMBER
IDA000047012

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-47012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-47012-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-47012-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-47013-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-47013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-47013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED DENTAL CARE OF ARIZONA, INC.
96 WORCESTER STREET
WELLESLEY HILLS, MA 2481

CUSTOMER NUMBER
IDA000047708

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-47708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-47708-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-47708-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-50016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-50020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-50026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
US NATIONAL TITLE INSURANCE COMPANY
2117 VETERANS MEMORIAL BOULEVARD #168
METAIRIE, LA 70002

CUSTOMER NUMBER
IDA000050030

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-50030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-50050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-50083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-50121-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DOMA TITLE INSURANCE, INC.
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
FRA25-50130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-50229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INVESTORS TITLE INSURANCE COMPANY
P.O. DRAWER 2687
CHAPEL HILL, NC

CUSTOMER NUMBER
IDA000050369

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-50369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-50440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
11055 WAYZATA BOULEVARD, SUITE 250
MINNETONKA, MN 55305

CUSTOMER NUMBER
IDA000050520

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-50520-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-50814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-51020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WFG NATIONAL TITLE INSURANCE COMPANY
7401 CARMEL EXECUTIVE PARK DR, SUITE 105
CHARLOTTE, NC

CUSTOMER NUMBER
IDA000051152

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-51152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONNECTICUT ATTORNEYS TITLE INSURANCE COMPANY
101 CORPORATE PLACE
ROCKY HILL, CT 6067

CUSTOMER NUMBER
IDA000051268

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-51268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN GUARANTY TITLE INSURANCE COMPANY
11055 WAYZATA BOULEVARD, SUITE 250
MINNETONKA, MN 55305

CUSTOMER NUMBER
IDA000051411

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-51411-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-51560-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMTRUST TITLE INSURANCE COMPANY
800 SUPERIOR AVENUE E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA000051578

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-51578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-51586-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-51624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-51632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-52120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-52120-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-52120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-53090-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-53090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-53090-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.
POST OFFICE BOX 13466
PHOENIX, AZ 85002

CUSTOMER NUMBER
IDA000053589

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-53589-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
FRA25-53589-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-53589-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**23,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ARIZONA DENTAL INSURANCE SERVICE, INC.
14850 N. SCOTTSDALE RD., SUITE 400
SCOTTSDALE, AZ 85254

CUSTOMER NUMBER
IDA000053597

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-53597-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
FRA25-53597-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-53597-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**3,500.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-56006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
THRIVENT FINANCIAL FOR LUTHERANS
600 PORTAND AVENUE S
MINNEAPOLIS, MN

CUSTOMER NUMBER
IDA000056014

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRUSTED FRATERNAL LIFE
1100 WEST WELLS STREET
MILWAUKEE, WI

CUSTOMER NUMBER
IDA000056030

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GLEANER LIFE INSURANCE SOCIETY
P. O. BOX 1894
ADRIAN, MI

CUSTOMER NUMBER
IDA000056154

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WOMAN'S LIFE INSURANCE SOCIETY
PO BOX 5020
PORT HURON, MI

CUSTOMER NUMBER
IDA000056170

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
KSKJ LIFE
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
FRA25-56227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE
24950 CHAGRIN BOULEVARD
BEACHWOOD, OH

CUSTOMER NUMBER
IDA000056332

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56332-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-56340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASSURED LIFE ASSOCIATION
6025 S. QUEBEC STREET, SUITE 320
CENTENNIAL, CO 80111

CUSTOMER NUMBER
IDA000056499

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-56634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GBU FINANCIAL LIFE
4254 SAW MILL RUN BOULEVARD
PITTSBURGH, PA

CUSTOMER NUMBER
IDA000056685

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56685-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GCU
5400 TUSCARAWAS RD.
BEAVER, PA

CUSTOMER NUMBER
IDA000056693

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-56707-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LOYAL CHRISTIAN BENEFIT ASSOCIATION
P.O. BOX 13005
ERIE, PA

CUSTOMER NUMBER
IDA000056758

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL SLOVAK SOCIETY OF THE USA, THE
1301 ASHWOOD DR
CANONSBURG, PA

CUSTOMER NUMBER
IDA000056782

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56782-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
POLISH FALCONS OF AMERICA
1016 GREENTREE ROAD
PITTSBURGH, PA 15220

CUSTOMER NUMBER
IDA000056820

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56820-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SERB NATIONAL FEDERATION
920 POPLAR STREET
PITTSBURGH, PA 15220

CUSTOMER NUMBER
IDA000056936

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-56936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-57142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-57320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-57347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CATHOLIC ORDER OF FORESTERS
355 SHUMAN BLVD
NAPERVILLE, IL 60563

CUSTOMER NUMBER
IDA000057487

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-57487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MODERN WOODMEN OF AMERICA
1701 FIRST AVENUE
ROCK ISLAND, IL

CUSTOMER NUMBER
IDA000057541

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-57541-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A.
6100 N. CICERO AVE.
CHICAGO, IL

CUSTOMER NUMBER
IDA000057622

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-57622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
POLISH ROMAN CATHOLIC UNION OF AMERICA
984 MILWAUKEE AVENUE
CHICAGO, IL

CUSTOMER NUMBER
IDA000057630

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-57630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-57657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-57673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-57991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BETTERLIFE
6522 GRAND TETON PLAZA
MADISON, WI 53719

CUSTOMER NUMBER
IDA000058017

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-58017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
KNIGHTS OF COLUMBUS
P.O. BOX 1670
NEW HAVEN, CT

CUSTOMER NUMBER
IDA000058033

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-58033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)
789 DON MILLS ROAD
TORONTO, ON 319

CUSTOMER NUMBER
IDA000058068

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-58068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SUPREME COUNCIL OF THE ROYAL ARCANUM
61 BATTERYMARCH STREET
BOSTON, MA 2110

CUSTOMER NUMBER
IDA000058181

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-58181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN FARMERS & RANCHERS LIFE INSURANCE COMPAN
P.O. BOX 24000
OKLAHOMA CITY, OK 73124

CUSTOMER NUMBER
IDA000060004

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60004-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HUMANA BENEFIT PLAN OF ILLINOIS, INC.
P.O. BOX 740036
LOUISVILLE, KY

CUSTOMER NUMBER
IDA000060052

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AETNA LIFE INSURANCE COMPANY
ATTN: STAT COMPLIANCE; P.O. BOX 818048
CLEVELAND, OH

CUSTOMER NUMBER
IDA000060054

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-60078-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-60078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60113-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60113-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TUFTS INSURANCE COMPANY
1 WELLNESS WAY
CANTON, MA

CUSTOMER NUMBER
IDA000060117

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60117-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SBLI USA LIFE INSURANCE COMPANY, INC.
P.O. BOX 12847
ROANOKE, VA 24029

CUSTOMER NUMBER
IDA000060176

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60176-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60176-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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For questions concerning this assessment, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
S.USA LIFE INSURANCE COMPANY, INC.
P.O. BOX 1050
NEWARK, NJ

CUSTOMER NUMBER
IDA000060183

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-60183-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
FRA25-60183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**23,750.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EVERLAKE LIFE INSURANCE COMPANY
3100 SANDERS ROAD, SUITE 303
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000060186

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60186-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-60188-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
FRA25-60188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60188-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**3,500.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMERS LIFE INSURANCE COMPANY
243 NORTH PETERS ROAD
KNOXVILLE, TN 37923

CUSTOMER NUMBER
IDA000060230

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AXCELUS FINANCIAL LIFE INSURANCE COMPANY
1650 MARKET STREET, 8TH FLOOR
PHILADELPHIA, PA

CUSTOMER NUMBER
IDA000060232

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PREMIER ACCESS INSURANCE COMPANY
1275 WEST WASHINGTON STREET, STE 102
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA000060237

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60237-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORID
11222 QUAIL ROOST DRIVE
MIAMI, FL

CUSTOMER NUMBER
IDA000060275

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBU
1932 WYNNTON ROAD
COLUMBUS, GA 31999

CUSTOMER NUMBER
IDA000060380

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY LIFE INSURANCE COMPANY
6000 AMERICAN PARKWAY
MADISON, WI

CUSTOMER NUMBER
IDA000060399

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN FIDELITY ASSURANCE COMPANY
POST OFFICE BOX 25523
OKLAHOMA CITY, OK

CUSTOMER NUMBER
IDA000060410

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60410-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAGICOR LIFE INSURANCE COMPANY
P.O. BOX 52121
PHOENIX, AZ

CUSTOMER NUMBER
IDA000060445

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN GENERAL LIFE INSURANCE COMPANY
P.O. BOX 1591, 3-D1
HOUSTON, TX

CUSTOMER NUMBER
IDA000060488

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60488-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN HEALTH AND LIFE INSURANCE COMPANY
P.O. BOX 2548
FORT WORTH, TX

CUSTOMER NUMBER
IDA000060518

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN HERITAGE LIFE INSURANCE COMPANY
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL

CUSTOMER NUMBER
IDA000060534

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60542-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60542-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60577-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60577-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WILTON REASSURANCE LIFE COMPANY OF NEW YORK
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 6850

CUSTOMER NUMBER
IDA000060704

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-60739-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60739-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN PUBLIC LIFE INSURANCE COMPANY
PO BOX 269105
OKLAHOMA CITY, OK

CUSTOMER NUMBER
IDA000060801

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60801-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN REPUBLIC INSURANCE COMPANY
PO BOX 1
DES MOINES, IA

CUSTOMER NUMBER
IDA000060836

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN UNITED LIFE INSURANCE COMPANY
P.O. BOX 368
INDIANAPOLIS, IN

CUSTOMER NUMBER
IDA000060895

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60895-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMPBENEFITS INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY

CUSTOMER NUMBER
IDA000060984

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-60984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-60984-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ANTHEM LIFE INSURANCE COMPANY
220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000061069

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61069-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ATLANTIC COAST LIFE INSURANCE COMPANY
257 EAST 200 SOUTH, SUITE 725
SALT LAKE CITY, UT 84111

CUSTOMER NUMBER
IDA000061115

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61115-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AURORA NATIONAL LIFE ASSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO

CUSTOMER NUMBER
IDA000061182

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61182-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AUTO-OWNERS LIFE INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI

CUSTOMER NUMBER
IDA000061190

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-61212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-61239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61239-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BANKERS LIFE AND CASUALTY COMPANY
303 EAST WACKER DRIVE, 5TH FLOOR
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000061263

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61263-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PRINCIPAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA

CUSTOMER NUMBER
IDA000061271

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61271-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERITAS LIFE INSURANCE CORP.
P.O. BOX 81889
LINCOLN, NE

CUSTOMER NUMBER
IDA000061301

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK
5780 POWERS FERRY ROAD, NW
ATLANTA, GA

CUSTOMER NUMBER
IDA000061360

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61360-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61360-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BENEFICIAL LIFE INSURANCE COMPANY
PO BOX 45654
SALT LAKE CITY, UT

CUSTOMER NUMBER
IDA000061395

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61395-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL BENEFIT LIFE INSURANCE COMPANY
30-30 47TH AVENUE, SUITE 625
LONG ISLAND CITY, NY

CUSTOMER NUMBER
IDA000061409

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61409-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61409-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRUSTMARK INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL

CUSTOMER NUMBER
IDA000061425

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61425-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61425-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BOSTON MUTUAL LIFE INSURANCE COMPANY
120 ROYALL STREET
CANTON, MA

CUSTOMER NUMBER
IDA000061476

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61476-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61476-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY & LIFE ASSURANCE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000061492

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61492-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RESOURCE LIFE INSURANCE COMPANY
303 EAST WACKER DRIVE, 5TH FLOOR
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000061506

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-61581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY AND LIFE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000061689

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61689-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-61700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CIGNA NATIONAL HEALTH INSURANCE COMPANY
11501 ALTERRA PARKWAY, SUITE 500
AUSTIN, TX 78758

CUSTOMER NUMBER
IDA000061727

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61727-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61727-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CENTRAL SECURITY LIFE INSURANCE COMPANY
PO BOX 833879
RICHARDSON, TX

CUSTOMER NUMBER
IDA000061735

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61735-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61735-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-61751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61751-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CHESAPEAKE LIFE INSURANCE COMPANY, THE
9800 HEALTH CARE LANE; MN006-W500
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000061832

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61832-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-61859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61859-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CHURCH LIFE INSURANCE CORPORATION
19 EAST 34TH STREET
NEW YORK, NY

CUSTOMER NUMBER
IDA000061875

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61875-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61875-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MANHATTANLIFE INSURANCE AND ANNUITY COMPANY
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
FRA25-61883-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61883-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-61921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPAN
P.O. BOX 410288
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000061999

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-61999-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-61999-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-62049-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62049-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-62057-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62057-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-62065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY

CUSTOMER NUMBER
IDA000062103

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62103-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMBINED INSURANCE COMPANY OF AMERICA
8750 WEST BRYN MAWR AVENUE
CHICAGO, IL 60631

CUSTOMER NUMBER
IDA000062146

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62146-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-62200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNUM LIFE INSURANCE COMPANY OF AMERICA
2211 CONGRESS STREET
PORTLAND, ME 4122

CUSTOMER NUMBER
IDA000062235

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62235-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-62286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONNECTICUT GENERAL LIFE INSURANCE COMPANY
TWO LIBERTY PLACE, 1601 CHESTNUT STREET, TL14A
PHILADELPHIA, PA

CUSTOMER NUMBER
IDA000062308

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62308-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FREEDOM LIFE INSURANCE COMPANY OF AMERICA
300 BURNETT STREET, SUITE 200
FORT WORTH, TX

CUSTOMER NUMBER
IDA000062324

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62324-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62324-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBR
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE

CUSTOMER NUMBER
IDA000062345

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEDMUTUAL LIFE INSURANCE COMPANY
100 AMERICAN ROAD
CLEVELAND, OH 44144

CUSTOMER NUMBER
IDA000062375

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62375-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62375-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BESTOW LIFE INSURANCE COMPANY
2700 COMMERCE STREET, SUITE 1000
DALLAS, TX 75226

CUSTOMER NUMBER
IDA000062383

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62383-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WILCAC LIFE INSURANCE COMPANY
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 6850

CUSTOMER NUMBER
IDA000062413

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-62510-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
FRA25-62510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**23,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COUNTRY LIFE INSURANCE COMPANY
P. O. BOX 2000
BLOOMINGTON, IL

CUSTOMER NUMBER
IDA000062553

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62553-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62553-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNION FIDELITY LIFE INSURANCE COMPANY
6100 SPRINT PARKWAY SUITE 3400
OVERLAND PARK, KS 66211

CUSTOMER NUMBER
IDA000062596

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-62626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-62634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62634-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-62790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62790-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRUSTMARK LIFE INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL

CUSTOMER NUMBER
IDA000062863

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62863-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62863-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EQUITABLE FINANCIAL LIFE AND ANNUITY COMPANY
8501 IBM DRIVE, SUITE 150
CHARLOTTE, NC 28262

CUSTOMER NUMBER
IDA000062880

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMC NATIONAL LIFE COMPANY
PO BOX 9202
DES MOINES, IA

CUSTOMER NUMBER
IDA000062928

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

CUSTOMER NUMBER
IDA000062944

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62944-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SILAC INSURANCE COMPANY
10201 N ILLINOIS ST, SUITE 280
CARMEL, IN 46290

CUSTOMER NUMBER
IDA000062952

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-62952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-62952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-63053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARM BUREAU LIFE INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000063088

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-63088-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63088-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FARMERS NEW WORLD LIFE INSURANCE COMPANY
3120 139TH AVENUE SOUTHEAST, SUITE 300
BELLEVUE, WA

CUSTOMER NUMBER
IDA000063177

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-63177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63177-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-63223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63223-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-63258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIDELITY & GUARANTY LIFE INSURANCE COMPANY
801 GRAND AVE. 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
FRA25-63274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC
1350 E TOUHY AVENUE SUITE 205W
DES PLAINES, IL 60018

CUSTOMER NUMBER
IDA000063290

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-63290-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63290-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MASSMUTUAL ASCEND 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
FRA25-63312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63312-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ACCENDO INSURANCE COMPANY
1021 REAMS FLEMING BLVD.
FRANKLIN, TN 37064

CUSTOMER NUMBER
IDA000063444

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-63444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA
P.O. BOX 410288
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000063487

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-63487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63487-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-63657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-63762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63762-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITY FINANCIAL LIFE INSURANCE COMPANY
P.O. BOX 625700
CINCINNATI, OH

CUSTOMER NUMBER
IDA000063819

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-63819-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPA
GPM LIFE BLDG - P.O. BOX 659567
SAN ANTONIO, TX

CUSTOMER NUMBER
IDA000063967

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-63967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63967-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED HERITAGE LIFE INSURANCE COMPANY
PO BOX 7777
MERIDIAN, ID

CUSTOMER NUMBER
IDA000063983

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-63983-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-63983-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
JEFFERSON NATIONAL LIFE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000064017

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-64017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EPIC LIFE INSURANCE COMPANY, THE
PO BOX 14196
MADISON, WI

CUSTOMER NUMBER
IDA000064149

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-64149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64149-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

CUSTOMER NUMBER
IDA000064211

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-64211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-64238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-64246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64246-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HI

CUSTOMER NUMBER
IDA000064343

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-64343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-64394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-64394-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
HCA25-64394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**23,750.00**

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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. Please visit https://www.optins.org to pay fast and easy.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, IN
8725 HENDERSON ROAD
TAMPA, FL 33634

CUSTOMER NUMBER
IDA000064467

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-64467-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64467-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-64505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64505-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-64513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-64580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INDEPENDENCE LIFE AND ANNUITY COMPANY
96 WORCESTER STREET
WELLESLEY HILLS, MA 2481

CUSTOMER NUMBER
IDA000064602

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-64602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-64688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-64696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BERKLEY LIFE AND HEALTH INSURANCE COMPANY
P.O. BOX 9190
DES MOINES, IA

CUSTOMER NUMBER
IDA000064890

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-64890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64890-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INVESTORS HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 717
FRANKFORT, KY

CUSTOMER NUMBER
IDA000064904

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-64904-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-64904-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-65005-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65005-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-65056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
JOHN ALDEN LIFE INSURANCE COMPANY
P.O. BOX 4243
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000065080

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-65080-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
FRA25-65080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**8,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
KANSAS CITY LIFE INSURANCE COMPANY
P O BOX 219139
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000065129

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-65242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65242-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CIGNA INSURANCE COMPANY
11501 ALTERRA PARKWAY, SUITE 500
AUSTIN, TX 78758

CUSTOMER NUMBER
IDA000065269

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65269-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-65331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-65498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIFE INSURANCE COMPANY OF THE SOUTHWEST
1 NATIONAL LIFE DRIVE
MONTPELIER, VT 5604

CUSTOMER NUMBER
IDA000065528

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-65536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LINCOLN BENEFIT LIFE COMPANY
5600 N. RIVER ROAD, COLUMBIA CENTRE 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
FRA25-65595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEDICO LIFE AND HEALTH INSURANCE COMPANY
PO BOX 14571
DES MOINES, IA

CUSTOMER NUMBER
IDA000065641

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE
100 NORTH GREENE STREET
GREENSBORO, NC 27401

CUSTOMER NUMBER
IDA000065676

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65676-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65676-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LOYAL AMERICAN LIFE INSURANCE COMPANY
11501 ALTERRA PARKWAY, SUITE 500
AUSTIN, TX 78758

CUSTOMER NUMBER
IDA000065722

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
P.O. BOX 5008
MADISON, WI

CUSTOMER NUMBER
IDA000065781

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
200 BERKELEY STREET
BOSTON, MA

CUSTOMER NUMBER
IDA000065838

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65838-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65838-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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For questions concerning this assessment, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-65870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-65919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-65927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65927-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA 1111

CUSTOMER NUMBER
IDA000065935

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MERIT LIFE INSURANCE CO.
1900 SOUTH BLVD, SUITE 300
CHARLOTTE, NC

CUSTOMER NUMBER
IDA000065951

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65951-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WINDSOR LIFE INSURANCE COMPANY
1345 RIVER BEND DRIVE, SUITE 100
DALLAS, TX

CUSTOMER NUMBER
IDA000065960

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-65960-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65960-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-65978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-65978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-66001-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66001-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-66044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.
9800 HEALTH CARE LANE; MN006-W500
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000066087

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MIDWESTERN UNITED LIFE INSURANCE COMPANY
1475 DUNWOODY DRIVE
WEST CHESTER, PA

CUSTOMER NUMBER
IDA000066109

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WILTON REASSURANCE COMPANY
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 6850

CUSTOMER NUMBER
IDA000066133

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66133-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-66141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66141-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MINNESOTA LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN

CUSTOMER NUMBER
IDA000066168

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66168-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HEARTLAND NATIONAL LIFE INSURANCE COMPANY
4200 LITTLE BLUE PARKWAY, SUITE 400
INDEPENDENCE, MO 64057

CUSTOMER NUMBER
IDA000066214

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66214-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-66230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MUNICH AMERICAN REASSURANCE COMPANY
3500 LENOX RD. NE, STE 900
ATLANTA, GA 30326

CUSTOMER NUMBER
IDA000066346

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-66370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SECURICO LIFE INSURANCE COMPANY
6911 NORTH RR 620, STE A-300
AUSTIN, TX 78732

CUSTOMER NUMBER
IDA000066516

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66516-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL FARMERS UNION LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000066540

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL GUARDIAN LIFE INSURANCE COMPANY
123 TOWN SQUARE PLACE PMB 749
JERSEY CITY, NJ 7310

CUSTOMER NUMBER
IDA000066583

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL LIFE INSURANCE COMPANY
1 NATIONAL LIFE DRIVE
MONTPELIER, VT 5604

CUSTOMER NUMBER
IDA000066680

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIBERTY UNION LIFE ASSURANCE COMPANY
560 KIRTS BLVD STE 125
TROY, MI

CUSTOMER NUMBER
IDA000066753

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66753-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66753-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL SECURITY INSURANCE COMPANY
661 EAST DAVIS STREET
ELBA, AL 36323

CUSTOMER NUMBER
IDA000066788

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL WESTERN LIFE INSURANCE COMPANY
PO BOX 209080
AUSTIN, TX

CUSTOMER NUMBER
IDA000066850

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONWIDE LIFE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000066869

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-66869-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66869-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-66915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66915-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-66974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-66974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GPM HEALTH AND LIFE INSURANCE COMPANY
P.O. BOX 659567
SAN ANTONIO, TX

CUSTOMER NUMBER
IDA000067059

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67059-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-67083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67083-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI

CUSTOMER NUMBER
IDA000067091

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67091-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67091-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RELIASTAR LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA

CUSTOMER NUMBER
IDA000067105

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLIN
P. O. BOX 2549
WACO, TX

CUSTOMER NUMBER
IDA000067148

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AUGUSTAR LIFE INSURANCE COMPANY
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
FRA25-67172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67172-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OHIO STATE LIFE INSURANCE COMPANY, THE
300 CRESCENT COURT, SUITE 700
DALLAS, TX 75201

CUSTOMER NUMBER
IDA000067180

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OLD AMERICAN INSURANCE COMPANY
P.O. BOX 218573
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000067199

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67199-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67199-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-67253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67253-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-67261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-67369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67369-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OZARK NATIONAL LIFE INSURANCE COMPANY
PO BOX 219541
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000067393

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67393-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASPIDA LIFE INSURANCE COMPANY
2327 ENGLERT DRIVE
DURHAM, NC 27713

CUSTOMER NUMBER
IDA000067423

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67423-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-67466-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67466-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PAN-AMERICAN LIFE INSURANCE COMPANY
POST OFFICE BOX 60219
NEW ORLEANS, LA

CUSTOMER NUMBER
IDA000067539

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67539-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67539-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PAUL REVERE LIFE INSURANCE COMPANY, THE
1 FOUNTAIN SQUARE
CHATTANOOGA, TN

CUSTOMER NUMBER
IDA000067598

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNUM INSURANCE COMPANY
1 FOUNTAIN SQUARE
CHATTANOOGA, TN

CUSTOMER NUMBER
IDA000067601

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67601-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PEKIN LIFE INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL

CUSTOMER NUMBER
IDA000067628

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67628-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DENTAQUEST NATIONAL INSURANCE COMPANY, INC.
96 WORCESTER STREET
WELLESLEY HILLS, MA 2481

CUSTOMER NUMBER
IDA000067636

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-67644-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67644-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-67652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN REPUBLIC CORP INSURANCE COMPANY
PO BOX 14510
DES MOINES, IA

CUSTOMER NUMBER
IDA000067679

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67679-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-67784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NASSAU LIFE INSURANCE COMPANY
P. O. BOX 5056
HARTFORD, CT

CUSTOMER NUMBER
IDA000067814

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67814-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PIONEER AMERICAN INSURANCE COMPANY
P. O. BOX 2549
WACO, TX

CUSTOMER NUMBER
IDA000067873

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY
11501 ALTERRA PARKWAY, SUITE 500
AUSTIN, TX 78758

CUSTOMER NUMBER
IDA000067903

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67903-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC
P.O. BOX 368
INDIANAPOLIS, IN

CUSTOMER NUMBER
IDA000067911

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN MEMORIAL LIFE INSURANCE COMPANY
5910 MINERAL POINT ROAD
MADISON, WI 53705

CUSTOMER NUMBER
IDA000067989

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-67989-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-67989-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YOR
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000068039

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROFESSIONAL INSURANCE COMPANY
96 WORCESTER STREET
WELLESLEY HILLS, MA 2481

CUSTOMER NUMBER
IDA000068047

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68047-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-68063-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-68063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68063-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-68071-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-68071-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
HCA25-68071-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**3,500.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROTECTIVE LIFE INSURANCE COMPANY
P. O. BOX 2606
BIRMINGHAM, AL 35202

CUSTOMER NUMBER
IDA000068136

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROVIDENT AMERICAN INSURANCE COMPANY
10501 N CENTRAL EXPWY #240
DALLAS, TX

CUSTOMER NUMBER
IDA000068179

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
1 FOUNTAIN SQUARE
CHATTANOOGA, TN

CUSTOMER NUMBER
IDA000068195

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68195-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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For questions concerning this assessment, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE
751 BROAD STREET, 6TH FLOOR
NEWARK, NJ

CUSTOMER NUMBER
IDA000068241

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPLOYERS REASSURANCE CORPORATION
6100 SPRINT PARKWAY SUITE 3400
OVERLAND PARK, KS 66211

CUSTOMER NUMBER
IDA000068276

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NASSAU LIFE INSURANCE COMPANY OF KANSAS
P.O. BOX 5056
HARTFORD, CT

CUSTOMER NUMBER
IDA000068284

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68284-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68284-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA
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
FRA25-68322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RELIABLE LIFE INSURANCE COMPANY, THE
200 EAST RANDOLPH STREET, SUITE 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000068357

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY
1475 DUNWOODY DRIVE, SUITE 200
WEST CHESTER, PA 19380

CUSTOMER NUMBER
IDA000068365

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68365-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-68381-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68381-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WMI MUTUAL INSURANCE COMPANY
PO BOX 572450
SALT LAKE CITY, UT

CUSTOMER NUMBER
IDA000068420

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OCEANVIEW LIFE AND ANNUITY COMPANY
1819 WAZEE STREET,SECOND FLOOR
DENVER, CO

CUSTOMER NUMBER
IDA000068446

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68446-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68446-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RESERVE NATIONAL INSURANCE COMPANY
100 AMERICAN ROAD
CLEVELAND, OH 44144

CUSTOMER NUMBER
IDA000068462

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68462-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68462-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, T
ATTN: STAT COMPLIANCE; P.O. BOX 818048
CLEVELAND, OH

CUSTOMER NUMBER
IDA000068500

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68500-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68500-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-68543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68543-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P. O. BOX 2549
WACO, TX

CUSTOMER NUMBER
IDA000068594

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68594-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SYMETRA LIFE INSURANCE COMPANY
P.O.BOX 34690
SEATTLE, WA

CUSTOMER NUMBER
IDA000068608

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VANTIS LIFE INSURANCE COMPANY
200 DAY HILL ROAD
WINDSOR, CT 6095

CUSTOMER NUMBER
IDA000068632

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68632-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SECURITY BENEFIT LIFE INSURANCE COMPANY
ONE SECURITY BENEFIT PLACE
TOPEKA, KS

CUSTOMER NUMBER
IDA000068675

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68675-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SECURITY LIFE OF DENVER INSURANCE COMPANY
1475 DUNWOODY DRIVE
WEST CHESTER, PA

CUSTOMER NUMBER
IDA000068713

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
PO BOX 1625
BINGHAMTON, NY

CUSTOMER NUMBER
IDA000068772

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SENTINEL SECURITY LIFE INSURANCE COMPANY
257 EAST 200 SOUTH, 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
FRA25-68802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-68810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68810-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-68845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STARMOUNT LIFE INSURANCE COMPANY
P.O. BOX 98100
BATON ROUGE, LA 70898

CUSTOMER NUMBER
IDA000068985

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-68985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-68985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69000-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STANDARD INSURANCE COMPANY
PO BOX 711
PORTLAND, OR

CUSTOMER NUMBER
IDA000069019

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69019-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STANDARD SECURITY LIFE INSURANCE COMPANY OF NY
488 MADISON AVENUE, SUITE 803
NEW YORK, NY

CUSTOMER NUMBER
IDA000069078

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STATE LIFE INSURANCE COMPANY, THE
P.O. BOX 368
INDIANAPOLIS, IN

CUSTOMER NUMBER
IDA000069116

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69116-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STATE MUTUAL INSURANCE COMPANY
PO BOX 153
ROME, GA

CUSTOMER NUMBER
IDA000069132

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY
20 GUEST STREET
BRIGHTON, MA 2135

CUSTOMER NUMBER
IDA000069140

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69140-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
IBEXIS LIFE & ANNUITY INSURANCE COMPANY
700 S ROSEMARY AVE, STE 204
WEST PALM BEACH, FL 33401

CUSTOMER NUMBER
IDA000069272

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69272-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69310-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69329-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69329-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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For questions concerning this assessment, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69337-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69345-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SECURITY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 57220
SALT LAKE CITY, UT

CUSTOMER NUMBER
IDA000069485

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69485-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69485-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEDAMERICA INSURANCE COMPANY
P.O. BOX 41930
ROCHESTER, NY

CUSTOMER NUMBER
IDA000069515

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69566-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69566-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MUNICH RE US LIFE CORPORATION
3500 LENOX RD. NE, STE 900
ATLANTA, GA 30326

CUSTOMER NUMBER
IDA000069604

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69604-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69604-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OPTUM INSURANCE OF OHIO, INC.
11020 OPTUM CIRCLE; MS: MN102-0600
EDEN PRAIRIE, MN 55344

CUSTOMER NUMBER
IDA000069647

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69663-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69698-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69698-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69744-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69744-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69868-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69868-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED FARM FAMILY LIFE INSURANCE COMPANY
P.O. BOX 1250
INDIANAPOLIS, IN

CUSTOMER NUMBER
IDA000069892

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69892-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69892-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-69922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69922-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED INSURANCE COMPANY OF AMERICA
200 EAST RANDOLPH STREET, SUITE 3300
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000069930

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69930-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED LIFE INSURANCE COMPANY
PO BOX 729
CEDAR RAPIDS, IA

CUSTOMER NUMBER
IDA000069973

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-69973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-69973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-70025-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70025-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE
P.O. BOX 1591, 3-D1
HOUSTON, TX

CUSTOMER NUMBER
IDA000070106

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70106-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-70122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70122-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNIVERSAL GUARANTY LIFE INSURANCE COMPANY
P.O. BOX 410
STANFORD, KY

CUSTOMER NUMBER
IDA000070130

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE
P.O. BOX 1591, 3-D1
HOUSTON, TX

CUSTOMER NUMBER
IDA000070238

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-70319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70319-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-70335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70335-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNION SECURITY INSURANCE COMPANY
5910 MINERAL POINT ROAD
MADISON, WI 53705

CUSTOMER NUMBER
IDA000070408

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MML BAY STATE LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA 1111

CUSTOMER NUMBER
IDA000070416

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASS
ONE LINSCOTT ROAD
WOBURN, MA 1801

CUSTOMER NUMBER
IDA000070435

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70435-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70435-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-70483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HUMANADENTAL INSURANCE COMPANY
PO BOX 740036
LOUISVILLE, KY

CUSTOMER NUMBER
IDA000070580

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE C
300 EAST RANDOLPH STREET
CHICAGO, IL

CUSTOMER NUMBER
IDA000070670

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70670-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70670-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-70688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FAMILY BENEFIT LIFE INSURANCE COMPANY
7633 E 63RD PL, STE 230
TULSA, OK

CUSTOMER NUMBER
IDA000070742

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-70785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT

CUSTOMER NUMBER
IDA000070815

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EVERLAKE ASSURANCE COMPANY
3100 SANDERS ROAD, SUITE 303
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000070866

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-70866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-70939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-70939-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TALCOTT RESOLUTION LIFE AND ANNUITY INSURANCE COMP
1 AMERICAN ROW
HARTFORD, CT 6103

CUSTOMER NUMBER
IDA000071153

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PRINCIPAL NATIONAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA

CUSTOMER NUMBER
IDA000071161

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71161-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ENTRADA LIFE INSURANCE COMPANY
6000 WESTOWN PARKWAY
WEST DES MOINES, IA

CUSTOMER NUMBER
IDA000071323

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-71323-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-71323-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71323-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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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. Please visit https://www.optins.org to pay fast and easy.

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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.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-71390-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
HCA25-71390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**8,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71404-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71412-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
P.O. BOX 36451
LAS VEGAS, NV

CUSTOMER NUMBER
IDA000071420

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASSURITY LIFE INSURANCE COMPANY
PO BOX 82533
LINCOLN, NE

CUSTOMER NUMBER
IDA000071439

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71439-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ARCH LIFE INSURANCE COMPANY OF AMERICA
445 SOUTH ST. STE. 220
MORRISTOWN, NJ

CUSTOMER NUMBER
IDA000071455

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ABILITY INSURANCE COMPANY
5601 SOUTH 59TH STREET
LINCOLN, NE 68516

CUSTOMER NUMBER
IDA000071471

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71471-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71471-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GREAT WESTERN INSURANCE COMPANY
PO BOX 14410
DES MOINES, IA 50306

CUSTOMER NUMBER
IDA000071480

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STANDARD LIFE AND CASUALTY INSURANCE COMPANY
P.O. BOX 510690
SALT LAKE CITY, UT

CUSTOMER NUMBER
IDA000071706

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71706-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
700 SOUTH STREET
PITTSFIELD, MA 1201

CUSTOMER NUMBER
IDA000071714

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71714-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HM HEALTH INSURANCE COMPANY
120 FIFTH AVENUE, DELIVERY CODE: FINACCT
PITTSBURGH, PA 15222

CUSTOMER NUMBER
IDA000071768

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71773-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71854-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71854-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIDELITY SECURITY LIFE INSURANCE COMPANY
3130 BROADWAY
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000071870

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-71870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-71919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-71919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AETNA HEALTH INSURANCE COMPANY
ATTN: STAT COMPLIANCE; P.O. BOX 818048
CLEVELAND, OH

CUSTOMER NUMBER
IDA000072052

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-72052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-72052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE

CUSTOMER NUMBER
IDA000072125

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-72125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-72125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMICA LIFE INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI

CUSTOMER NUMBER
IDA000072222

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-72222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-72850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-72850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-72958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-72958-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-72958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HUMANA INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY

CUSTOMER NUMBER
IDA000073288

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-73288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-73288-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-73474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-73474-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-73504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-73504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PILLAR LIFE INSURANCE COMPANY
711 D AVENUE
LAWTON, OK 73501

CUSTOMER NUMBER
IDA000073539

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-73539-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-73539-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-74004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COVENTRY HEALTH CARE OF ILLINOIS, INC.
ATTN: STAT COMPLIANCE; P.O. BOX 818048
CLEVELAND, OH

CUSTOMER NUMBER
IDA000074160

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-74160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-74160-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-74209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-74209-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-74780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-74780-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA
200 FIRST STAMFORD PLACE, SUITE 400
STAMFORD, CT 6902

CUSTOMER NUMBER
IDA000074900

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-74900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-74900-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FSF25-76007-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
FRA25-76007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-76007-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**5,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COLUMBIAN LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY

CUSTOMER NUMBER
IDA000076023

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-76023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-76023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-76112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-76112-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
HCA25-76112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**23,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CINCINNATI LIFE INSURANCE COMPANY, THE
6200 SOUTH GILMORE ROAD
FAIRFIELD, OH

CUSTOMER NUMBER
IDA000076236

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-76236-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-76236-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LASSO HEALTHCARE INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 450
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000076503

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-76503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-76503-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CANADA LIFE REINSURANCE COMPANY
P.O. BOX 1120
BLUE BELL, PA

CUSTOMER NUMBER
IDA000076694

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-76694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-76694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-77119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-77119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STERLING LIFE INSURANCE COMPANY
11501 ALTERRA PARKWAY, SUITE 500
AUSTIN, TX 78758

CUSTOMER NUMBER
IDA000077399

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-77399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-77399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TOWN & COUNTRY LIFE INSURANCE COMPANY
101 S 200 E SUITE 300
SALT LAKE CITY, UT 84111

CUSTOMER NUMBER
IDA000077674

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-77674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-77674-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRANS-CITY LIFE INSURANCE CO.
7500 E. MCDONALD DR., SUITE 700
SCOTTSDALE, AZ

CUSTOMER NUMBER
IDA000077690

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-77690-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-77690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-77690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIFESECURE INSURANCE COMPANY
53200 GRAND RIVER AVENUE, MC-L808
NEW HUDSON, MI 48165

CUSTOMER NUMBER
IDA000077720

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-77720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-77720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMPANION LIFE INSURANCE COMPANY
P O BOX 100102
COLUMBIA, SC 29202

CUSTOMER NUMBER
IDA000077828

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-77828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-77828-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-77879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-77879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 470608
CLEVELAND, OH

CUSTOMER NUMBER
IDA000077968

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-77968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-77968-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY OF AMERI
8501 IBM DRIVE
CHARLOTTE, NC 28262

CUSTOMER NUMBER
IDA000078077

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-78077-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
FRA25-78077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-78077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**23,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-78093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-78301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-78301-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
HCA25-78301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**8,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HCSC INSURANCE SERVICES COMPANY
300 EAST RANDOLPH STREET
CHICAGO, IL

CUSTOMER NUMBER
IDA000078611

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-78611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-78611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SENIOR LIFE INSURANCE COMPANY
P.O. BOX 2447
THOMASVILLE, GA

CUSTOMER NUMBER
IDA000078662

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-78662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-78662-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AETNA HEALTH AND LIFE INSURANCE COMPANY
ATTN: STAT COMPLIANCE; P.O. BOX 818048
CLEVELAND, OH

CUSTOMER NUMBER
IDA000078700

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-78700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-78700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-78743-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-78743-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE
10 HUDSON YARDS
NEW YORK, NY 10001

CUSTOMER NUMBER
IDA000078778

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-78778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-78778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-79014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-79014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DELAWARE LIFE INSURANCE COMPANY
10555 GROUP 1001 WAY
ZIONSVILLE, IN 46077

CUSTOMER NUMBER
IDA000079065

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-79065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-79065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PRUCO LIFE INSURANCE COMPANY
751 BROAD STREET, 6TH FLOOR
NEWARK, NJ

CUSTOMER NUMBER
IDA000079227

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-79227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-79227-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
HCA25-79227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**23,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE INSURANCE COMPANY
185 ASYLUM STREET
HARTFORD, CT

CUSTOMER NUMBER
IDA000079413

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-79413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-79413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEDICO CORP LIFE INSURANCE COMPANY
P.O. BOX 10482
DES MOINES, IA

CUSTOMER NUMBER
IDA000079987

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-79987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-79987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MOUNTAIN LIFE INSURANCE COMPANY
2416 SIR BARTON WAY, SUITE 110
LEXINGTON, KY 40509

CUSTOMER NUMBER
IDA000080020

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-80020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80020-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WYSH LIFE AND HEALTH INSURANCE COMPANY
720 E WISCONSIN AVE
MILWAUKEE, WI 53202

CUSTOMER NUMBER
IDA000080055

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-80055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80055-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLPOINT LIFE AND 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
FRA25-80314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80314-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE

CUSTOMER NUMBER
IDA000080578

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-80578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CANADA LIFE ASSURANCE COMPANY, THE
8515 EAST 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
FRA25-80659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80659-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-80799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80799-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SUN LIFE ASSURANCE COMPANY OF CANADA
96 WORCESTER STREET
WELLESLEY HILLS, MA 2481

CUSTOMER NUMBER
IDA000080802

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-80802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CENTRE LIFE INSURANCE COMPANY
4 WORLD TRADE CENTER, 53RD FLOOR, 150 GREENWICH ST
NEW YORK, NY

CUSTOMER NUMBER
IDA000080896

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-80896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80896-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)
96 WORCESTER STREET
WELLESLEY HILLS, MA 2481

CUSTOMER NUMBER
IDA000080926

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-80926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80926-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-80942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80942-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-80985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-80985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED SECURITY INSURANCE COMPANY
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
FRA25-81108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-81108-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-81132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-81132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN MATURITY LIFE INSURANCE COMPANY
1 AMERICAN ROW
HARTFORD, CT 6103

CUSTOMER NUMBER
IDA000081213

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-81213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-81213-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NIPPON LIFE INSURANCE COMPANY OF AMERICA
666 THIRD AVENUE, SUITE 2201
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000081264

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-81264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-81264-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NYLIFE INSURANCE COMPANY OF ARIZONA
51 MADISON AVENUE
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000081353

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-81353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-81353-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
HCA25-81353-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**5,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-81396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-81396-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY
1133 BROADWAY, SUITE 525
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000081426

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-81426-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-81426-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MONITOR LIFE INSURANCE COMPANY OF NEW YORK
305 MADISON AVENUE
MORRISTOWN, NJ 7960

CUSTOMER NUMBER
IDA000081442

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-81442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-81442-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-81779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-81779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COVENTRY HEALTH AND LIFE INSURANCE COMPANY
ATTN: STAT COMPLIANCE; P.O. BOX 818048
CLEVELAND, OH

CUSTOMER NUMBER
IDA000081973

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-81973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-81973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRUSPIRE RETIREMENT INSURANCE COMPANY
222 W. LAS COLINAS BLVD., SUITE 550 E
IRVING, TX 75039

CUSTOMER NUMBER
IDA000082252

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-82252-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-82406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-82406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL HEALTH INSURANCE COMPANY
4455 LBJ FREEWAY, SUITE 500
DALLAS, TX 75244

CUSTOMER NUMBER
IDA000082538

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-82538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-82538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-82627-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-82627-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-82880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-82880-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-83160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-83160-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EVERGREEN LIFE INSURANCE COMPANY
201 MAIN STREET
FORT WORTH, TX

CUSTOMER NUMBER
IDA000083232

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-83232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
8725 HENDERSON ROAD
TAMPA, FL 33634

CUSTOMER NUMBER
IDA000083445

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-83445-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
FRA25-83445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-83445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**8,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CLEAR SPRING LIFE AND ANNUITY COMPANY
10555 GROUP 1001 WAY
ZIONSVILLE, IN 46077

CUSTOMER NUMBER
IDA000083607

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-83607-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-83607-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ELCO MUTUAL LIFE AND ANNUITY
916 SHERWOOD DR
LAKE BLUFF, IL 60044

CUSTOMER NUMBER
IDA000084174

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-84174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-84174-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-84506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-84506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-84522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-84522-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-84530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-84530-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
HCA25-84530-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**8,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE INSURANCE COMPANY OF AMERICA
1600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60173

CUSTOMER NUMBER
IDA000084549

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-84549-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-84549-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-84697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-84697-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY
20 GUEST STREET
BRIGHTON, MA 2135

CUSTOMER NUMBER
IDA000084824

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-84824-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-84824-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-85189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-85189-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FRESENIUS HEALTH PLANS INSURANCE COMPANY
177 HUNTINGTON AVE, STE 1703 PMB 39516
BOSTON, MA 2115

CUSTOMER NUMBER
IDA000085286

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-85286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-85286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-85472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ELIPS LIFE INSURANCE COMPANY
175 KING ST.
ARMONK, NY 10504

CUSTOMER NUMBER
IDA000085561

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-85561-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-85561-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED CONCORDIA INSURANCE COMPANY
1800 CENTER STREET, SUITE 2B 220
CAMP HILL, PA 17011

CUSTOMER NUMBER
IDA000085766

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-85766-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-85766-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
HCA25-85766-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**8,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-86126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-86126-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000086231

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-86231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-86231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENERAL RE LIFE CORPORATION
120 LONG RIDGE RD
STAMFORD, CT 6902

CUSTOMER NUMBER
IDA000086258

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-86258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-86258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
PO BOX 5755
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000086355

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-86355-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-86355-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CLOVER INSURANCE COMPANY
30 MONTGOMERY STREET
JERSEY CITY, NJ 7302

CUSTOMER NUMBER
IDA000086371

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-86371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-86371-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA

CUSTOMER NUMBER
IDA000086509

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-86509-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-86509-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FORTITUDE LIFE INSURANCE & ANNUITY COMPANY
10 EXCHANGE PLACE, 22ND FLOOR
JERSEY CITY, NJ 7302

CUSTOMER NUMBER
IDA000086630

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-86630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-86630-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
HCA25-86630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**23,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-87017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-87017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY
13421 MANCHESTER ROAD, SUITE 204
SAINT LOUIS, MO

CUSTOMER NUMBER

IDA000087394

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-87394-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
FRA25-87394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-87394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000087645

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-87645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-87645-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-87726-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-87726-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPAN
4949 KELLER SPRINGS RD.
ADDISON, TX

CUSTOMER NUMBER
IDA000087963

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-87963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-87963-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TALCOTT RESOLUTION LIFE INSURANCE COMPANY
1 AMERICAN ROW
HARTFORD, CT 6103

CUSTOMER NUMBER
IDA000088072

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-88072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-88072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-88080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-88080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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For questions concerning this assessment, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OPTIMUM RE INSURANCE COMPANY
P O BOX 660010
DALLAS, TX

CUSTOMER NUMBER
IDA000088099

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-88099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-88099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CL LIFE AND ANNUITY INSURANCE COMPANY
201 MAIN STREET, SUITE 1900
FORT WORTH, TX

CUSTOMER NUMBER
IDA000088153

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-88153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-88153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN RETIREMENT LIFE INSURANCE COMPANY
11501 ALTERRA PARKWAY, SUITE 500
AUSTIN, TX 78758

CUSTOMER NUMBER
IDA000088366

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-88366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-88366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-88536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-88536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPHESYS INSURANCE COMPANY
P. O. BOX 740036
LOUISVILLE, KY

CUSTOMER NUMBER
IDA000088595

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-88595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-88595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-88668-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-88668-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RGA LIFE AND ANNUITY INSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO

CUSTOMER NUMBER
IDA000089004

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-89004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-89004-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ENTERPRISE LIFE INSURANCE COMPANY
300 BURNETT STREET, SUITE 200
801 CHERRY ST
FORT WORTH, TX

CUSTOMER NUMBER
IDA000089087

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-89087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-89087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-89184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-89184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AUGUSTAR 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
FRA25-89206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-89206-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STELLAR NATIONAL LIFE INSURANCE COMPANY
353 NORTH CLARK STREET SUITE 730
CHICAGO, IL 60654

CUSTOMER NUMBER
IDA000089427

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-89427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-89427-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-89427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-89958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-89958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GREAT SOUTHERN LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO

CUSTOMER NUMBER
IDA000090212

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-90212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-90212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FORTITUDE U.S. REINSURANCE COMPANY
10 EXCHANGE PLACE, 22ND FLOOR
JERSEY CITY, NJ 7302

CUSTOMER NUMBER
IDA000090247

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-90247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-90247-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-90247-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
ATTN: STAT COMPLIANCE; P.O. BOX 818048
CLEVELAND, OH

CUSTOMER NUMBER
IDA000090328

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-90328-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-90328-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN LIFE INSURANCE COMPANY
1299 ZURICH WAY
SCHAUMBURG, IL

CUSTOMER NUMBER
IDA000090557

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-90557-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-90557-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SYMETRA NATIONAL LIFE INSURANCE COMPANY
P.O.BOX 34690
SEATTLE, WA

CUSTOMER NUMBER
IDA000090581

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-90581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-90581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN

CUSTOMER NUMBER
IDA000090611

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-90611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-90611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BEST LIFE AND HEALTH INSURANCE COMPANY
P.O BOX 19721
IRVINE, CA

CUSTOMER NUMBER
IDA000090638

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-90638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-90638-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
3700 S. STONEBRIDGE DRIVE
MCKINNEY, TX 75070

CUSTOMER NUMBER
IDA000091472

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-91472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-91472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-91529-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-91529-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-91596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-91596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NEW ENGLAND LIFE INSURANCE COMPANY
11225 NORTH COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277

CUSTOMER NUMBER
IDA000091626

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-91626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-91626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FORETHOUGHT LIFE INSURANCE COMPANY
10 WEST MARKET STREET, SUITE 2300
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000091642

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-91642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-91642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
IA AMERICAN LIFE INSURANCE COMPANY
P. O. BOX 2549
WACO, TX

CUSTOMER NUMBER
IDA000091693

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-91693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-91693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INDEPENDENT LIFE INSURANCE COMPANY
135 W. BAY ST. SUITE 500
JACKSONVILLE, FL 32202

CUSTOMER NUMBER
IDA000091785

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-91785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-91785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-91898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-91898-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
HCA25-91898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**5,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-91910-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-91910-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	2,250.00
HCA25-91910-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**3,500.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-92444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-92444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-92525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-92525-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-92622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-92622-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH

CUSTOMER NUMBER
IDA000092657

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-92657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-92657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-92703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-92703-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HCC LIFE INSURANCE COMPANY
225 TOWNPARK DRIVE, SUITE 350
KENNESAW, GA

CUSTOMER NUMBER
IDA000092711

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-92711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-92711-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
PO BOX 71216
DES MOINES, IA 50325

CUSTOMER NUMBER
IDA000092738

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-92738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TIER ONE INSURANCE COMPANY
1932 WYNNTON ROAD
COLUMBUS, GA

CUSTOMER NUMBER
IDA000092908

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-92908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-92908-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-92916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-92916-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-93262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93262-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
C.M. LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA 1111

CUSTOMER NUMBER
IDA000093432

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93432-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93432-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HM LIFE INSURANCE COMPANY
P.O. BOX 535061
PITTSBURGH, PA

CUSTOMER NUMBER
IDA000093440

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93440-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PAN-AMERICAN ASSURANCE COMPANY
POST OFFICE BOX 53372
NEW ORLEANS, LA

CUSTOMER NUMBER
IDA000093459

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GRANULAR INSURANCE COMPANY
151 MEETING STREET, SUITE 301
CHARLESTON, SC 94080

CUSTOMER NUMBER
IDA000093521

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93521-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RGA REINSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO

CUSTOMER NUMBER
IDA000093572

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93572-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY
200 BERKELEY STREET
BOSTON, MA

CUSTOMER NUMBER
IDA000093610

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EMPOWER ANNUITY INSURANCE COMPANY
8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000093629

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93629-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-93661-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93661-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
QCC INSURANCE COMPANY
1901 MARKET STREET
PHILADELPHIA, PA

CUSTOMER NUMBER
IDA000093688

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY
900 SALEM STREET, OT1W2
SMITHFIELD, RI 2917

CUSTOMER NUMBER
IDA000093696

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NASSAU LIFE AND ANNUITY COMPANY
P. O. BOX 5056
HARTFORD, CT

CUSTOMER NUMBER
IDA000093734

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93734-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93734-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SECURIAN LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN

CUSTOMER NUMBER
IDA000093742

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-93742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-93742-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-93815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-93815-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
HCA25-93815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**8,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENWORTH INSURANCE COMPANY
6620 WEST BROAD STREET
RICHMOND, VA 23230

CUSTOMER NUMBER
IDA000094072

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-94072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-94072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COUNTRY INVESTORS LIFE ASSURANCE COMPANY
P. O. BOX 2000
BLOOMINGTON, IL

CUSTOMER NUMBER
IDA000094218

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-94218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-94218-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-94250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-94250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
USABLE LIFE
P.O. BOX 1650
LITTLE ROCK, AR

CUSTOMER NUMBER
IDA000094358

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-94358-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-94358-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-94498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-94498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEMBERS HEALTH INSURANCE COMPANY
P.O. BOX 1801
COLUMBIA, TN

CUSTOMER NUMBER
IDA000094587

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-94587-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	750.00
FRA25-94587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-94587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**2,000.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HUMANA HEALTH PLAN OF TEXAS, INC.
P.O. BOX 740036
LOUISVILLE, KY

CUSTOMER NUMBER
IDA000095024

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95024-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AETNA HEALTH INC.
ATTN: STAT COMPLIANCE; P.O. BOX 818048
CLEVELAND, OH

CUSTOMER NUMBER
IDA000095109

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CIGNA HEALTHCARE OF ARIZONA, INC.
25500 N. NORTERRA DR.
PHOENIX, AZ

CUSTOMER NUMBER
IDA000095125

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF25-95125-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
FRA25-95125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CHA HMO, INC.
P.O. BOX 740036
LOUISVILLE, KY

CUSTOMER NUMBER
IDA000095158

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95158-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-95174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HEALTH NET OF ARIZONA, INC.
7700 FORSYTH BLVD
ST. LOUIS, MO 63105

CUSTOMER NUMBER
IDA000095206

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-95206-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-95224-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-95224-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-95224-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEDICA COMMUNITY HEALTH PLAN
RT. NO. CP 330, PO BOX 9310
MINNEAPOLIS, MN

CUSTOMER NUMBER
IDA000095232

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WELLPOINT TEXAS, INC.
5800 NORTHAMPTON BLVD
NORFOLK, VA 23502

CUSTOMER NUMBER
IDA000095314

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PRESBYTERIAN HEALTH PLAN, INC.
PO BOX 27489
ALBUQUERQUE, NM

CUSTOMER NUMBER
IDA000095330

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95330-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-95366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-95366-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
HCA25-95366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,625.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PACIFICARE OF ARIZONA, INC.
9800 HEALTH CARE LANE MN006-W500
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000095617

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95617-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-95617-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	375.00
	TOTAL ASSESSMENT AMOUNT		**1,425.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE OF WISCONSIN, INC.
9800 HEALTH CARE LANE MN006-W500
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000095710

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CARITEN HEALTH PLAN INC.
P.O. BOX 740036
LOUISVILLE, KY

CUSTOMER NUMBER
IDA000095754

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MEDICAL HEALTH INSURING CORPORATION OF OHIO
100 AMERICAN ROAD
CLEVELAND, OH 44144

CUSTOMER NUMBER
IDA000095828

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-95828-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HUMANA HEALTH PLAN, INC.
P.O. BOX 740036
LOUISVILLE, KY

CUSTOMER NUMBER
IDA000095885

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-95885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-95982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-95982-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	7,500.00
	TOTAL ASSESSMENT AMOUNT		**8,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-96016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-96016-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	4,500.00
	TOTAL ASSESSMENT AMOUNT		**5,550.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DENTAL CARE PLUS, INC.
96 WORCESTER STREET
WELLESLEY HILLS, MA 2481

CUSTOMER NUMBER
IDA000096265

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-96265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-96265-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-97136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-97136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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

CUSTOMER NUMBER
IDA000097152

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-97152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-97152-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-97179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-97179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EVERLY LIFE INSURANCE COMPANY
ONE SECURITY BENEFIT PLACE
TOPEKA, KS

CUSTOMER NUMBER
IDA000097241

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-97241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-97241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-97268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
FSF25-97268-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/11/2024	22,500.00
HCA25-97268-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**23,750.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-97292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-97292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIFE OF THE SOUTH INSURANCE COMPANY
10751 DEERWOOD PARK BLVD., SUITE 200
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000097691

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-97691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-97691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DIRECT GENERAL LIFE INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC

CUSTOMER NUMBER
IDA000097705

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-97705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-97705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
IDEALIFE INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 6902

CUSTOMER NUMBER
IDA000097764

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-97764-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-97764-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
US HEALTH AND LIFE INSURANCE COMPANY
800 TOWER DRIVE SUITE 300
TROY, MI 48098

CUSTOMER NUMBER
IDA000097772

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-97772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-97772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIFEMAP ASSURANCE COMPANY
P.O. BOX 1271 MS E8L
PORTLAND, OR 97201

CUSTOMER NUMBER
IDA000097985

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-97985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-97985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL FOUNDATION LIFE INSURANCE COMPANY
300 BURNETT STREET, SUITE 200
FORT WORTH, TX

CUSTOMER NUMBER
IDA000098205

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-98205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-98205-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN CENTURY LIFE INSURANCE COMPANY
1333 W. MCDERMOTT DRIVE, SUITE 200
ALLEN, TX 75013

CUSTOMER NUMBER
IDA000099600

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-99600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIFESHIELD NATIONAL INSURANCE CO.
P.O. BOX 18223
OKLAHOMA CITY, OK

CUSTOMER NUMBER
IDA000099724

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-99724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-99724-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-99775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COLUMBUS LIFE INSURANCE COMPANY
400 EAST 4TH STREET
CINCINNATI, OH

CUSTOMER NUMBER
IDA000099937

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-99937-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
HCA25-99937-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/11/2024	200.00
	TOTAL ASSESSMENT AMOUNT		**1,250.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INTERSTATE NATIONAL DEALER SERVICES, INC.
14755 N OUTER FORTY ROAD, SUITE 400
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA049207143

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207144-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TWG HOME WARRANTY SERVICES, INC.
PO BOX 979199
MIAMI, FL

CUSTOMER NUMBER
IDA049207145

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SERVICEPLAN, INC.
PO BOX 979199
MIAMI, FL

CUSTOMER NUMBER
IDA049207146

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SERVICE SAVER, INCORPORATED
PO BOX 979199
MIAMI, FL

CUSTOMER NUMBER
IDA049207147

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DEALER PERFORMANCE, INC.
PO BOX 979199
MIAMI, FL

CUSTOMER NUMBER
IDA049207149

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONSUMER PROGRAM ADMINISTRATORS, INC.
PO BOX 979199
MIAMI, FL

CUSTOMER NUMBER
IDA049207150

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AUTOMOTIVE WARRANTY SERVICES OF FLORIDA, INC.
PO BOX 979199
MIAMI, FL

CUSTOMER NUMBER
IDA049207151

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207158-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NISSAN EXTENDED SERVICES NORTH AMERICA, GP
PO BOX 685004 (A-4-F)
FRANKLIN, TN

CUSTOMER NUMBER
IDA049207159

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207159-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED STATES WARRANTY CORP. OF FLORIDA (FN)
14755 N OUTER FORTY ROAD, SUITE 400
CHESTERFIELD, MO

CUSTOMER NUMBER
IDA049207163

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207163-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PREMIER DEALER SERVICES, INC.
555 METRO PLACE NORTH, SUITE 650
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA049207164

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST AUTOMOTIVE SERVICE CORPORATION
15920 ADDISON ROAD
ADDISON, TX 75001

CUSTOMER NUMBER
IDA049207166

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
A.U.L. CORP.
14755 N OUTER FORTY ROAD, SUITE 400
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA049207169

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207171-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207173-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207175-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207176-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WYNN'S EXTENDED CARE, INC.
6303 WATERFORD DISTRICT DRIVE, SUITE 225
MIAMI, FL 33126

CUSTOMER NUMBER
IDA049207179

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
STARR PROTECTION SOLUTIONS, LLC
399 PARK AVENUE, 3RD FLOOR
LEGAL DEPARTMENT
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA049207181

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PHOENIX AMERICAN WARRANTY COMPANY, INC.
6303 WATERFORD DISTRICT DRIVE, SUITE 225
MIAMI, FL 33126

CUSTOMER NUMBER
IDA049207182

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PALMER ADMINISTRATIVE SERVICES, INC.
3430 SUNSET AVENUE
OCEAN, NJ 7712

CUSTOMER NUMBER
IDA049207183

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AUTO KNIGHT MOTOR CLUB, INC.
10751 DEERWOOD PARK BLVD., SUITE 200
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA049207186

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TAG WARRANTY CORP.
14800 TRINITY BLVD, SUITE 120
FORT WORTH, TX 76155

CUSTOMER NUMBER
IDA049207187

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNIVERSAL WARRANTY CORPORATION
500 WOODWARD AVENUE, 14TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER
IDA049207188

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALLY SERVICE AGREEMENT CORPORATION
500 WOODWARD AVENUE, 14TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER
IDA049207190

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FEDERAL WARRANTY SERVICE CORP.
PO BOX 979199
MIAMI, FL

CUSTOMER NUMBER
IDA049207191

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207191-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ENDURANCE DEALER SERVICES, LLC
PO BOX 1186
NORTHBROOK, ID 60065

CUSTOMER NUMBER
IDA049207192

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207192-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASURION WARRANTY SERVICES, INC.
140 11TH AVE N
NASHVILLE, TN 37203

CUSTOMER NUMBER
IDA049207193

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASURION WARRANTY PROTECTION SERVICES, LLC
140 11TH AVE N
NASHVILLE, TN 37203

CUSTOMER NUMBER
IDA049207194

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASURION TECHNOLOGY SERVICES, INC.
140 11TH AVENUE N
NASHVILLE, TN 37203

CUSTOMER NUMBER
IDA049207195

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASURION SERVICE PLANS, INC.
140 11TH AVENUE N
NASHVILLE, TN 37203

CUSTOMER NUMBER
IDA049207196

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207196-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASURION CONSUMER SOLUTIONS, INC.
140 11TH AVENUE N
NASHVILLE, TN 37203

CUSTOMER NUMBER
IDA049207197

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207197-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CONTINENTAL SERVICE PROVIDER, INC.
PO BOX 2840
SCOTTSDALE, AZ

CUSTOMER NUMBER
IDA049207202

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207202-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIDELITY NATIONAL HOME WARRANTY CO.
1200 CONCORD AVE, SUITE 400
CONCORD, CA 94520

CUSTOMER NUMBER
IDA049207204

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PLATINUM HOME PROTECTION, LLC
120 2ND STREET, 4TH FLOOR
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER
IDA049207207

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TMI SOLUTIONS, LLC
14800 TRINITY BOULEVARD, SUITE 120
FORT WORTH, TX 76155

CUSTOMER NUMBER
IDA049207208

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASURION SERVICES, LLC
140 11TH AVE N
NASHVILLE, TN 37203

CUSTOMER NUMBER
IDA049207210

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CENTURION SERVICE CORP.
17400 S 40TH STREET, BLDG E
CHANDLER, AZ 85226

CUSTOMER NUMBER
IDA049207211

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SENTINEL SERVICE CORP.
17500 S 40TH STREET, BUILDING E
CHANDLER, AZ 85226

CUSTOMER NUMBER
IDA049207212

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COMPLETE PRODUCT CARE CORP.
2000 SIERRA POINT PKWY, SUITE 300
BRISBANE, CA 94005

CUSTOMER NUMBER
IDA049207213

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NRG PROTECTS INC.
910 LOUISIANA STREET, SUITE B200
HOUSTON, TX 77002

CUSTOMER NUMBER
IDA049207219

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATIONAL WARRANTY CORPORATION
14755 N OUTER FORTY ROAD, SUITE 400
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA049207223

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
OWNERGUARD CORPORATION
14800 TRINITY BOULEVARD, SUITE 120
FORT WORTH, TX 76155

CUSTOMER NUMBER
IDA049207225

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
QBE ADMINISTRATION SERVICES, INC.
PO BOX 779
SHELBY, OH

CUSTOMER NUMBER
IDA049207226

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAFEWARE, THE INSURANCE AGENCY, INC.
C/O ONE80 INTERMEDIARIES
160 FEDERAL STREET, 4TH FLOOR
BOSTON, MA 2110

CUSTOMER NUMBER
IDA049207227

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WEST COAST ASSURANCE COMPANY
14755 N OUTER FORTY ROAD, SUITE 400
ST. LOUIS, MO

CUSTOMER NUMBER
IDA049207228

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN AUTO SHIELD, LLC
14033 DENVER WEST PARKWAY, SUITE 200
LAKEWOOD, CO 80401

CUSTOMER NUMBER
IDA049207229

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTERN GENERAL DEALER SERVICES, INC.
14755 N OUTER FORTY ROAD, SUITE 400
SAINT LOUIS, MO

CUSTOMER NUMBER
IDA049207231

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WARRANTY SUPPORT SERVICES, LLC
6010 ATLANTIC BLVD
NORCROSS, GA

CUSTOMER NUMBER
IDA049207232

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED CAR CARE, INC.
PO BOX 3988
GREENWOOD VILLAGE, CO

CUSTOMER NUMBER
IDA049207233

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PROTECTIVE ADMINISTRATIVE SERVICES, INC.
14755 N OUTER FORTY ROAD, SUITE 400
SAINT LOUIS, MO

CUSTOMER NUMBER
IDA049207235

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NATION MOTOR CLUB, LLC
5600 BROKEN SOUND BLVD NW
BOCA RATON, FL 33487

CUSTOMER NUMBER
IDA049207237

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN HOME SHIELD OF ARIZONA, INC.
3400 PLAYERS CLUB PARKWAY, SUITE 300
MEMPHIS, TN

CUSTOMER NUMBER
IDA049207240

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HOME WARRANTY ADMINISTRATOR OF ARIZONA, INC.
2147 ROUTE 27 SOUTH, 4TH FLOOR
EDISON, NJ 8817

CUSTOMER NUMBER
IDA049207241

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UNITED SERVICE PROTECTION CORPORATION
PO BOX 979199
MIAMI, FL

CUSTOMER NUMBER
IDA049207242

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SELECT HOME WARRANTY, LLC
1 INTERNATIONAL BOULEVARD, SUITE 400
MAHWAH, NJ 7495

CUSTOMER NUMBER
IDA049207243

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ROYAL ADMINISTRATION SERVICES, INC.
51 MILL STREET, BUILDING F
HANOVER, MA 2339

CUSTOMER NUMBER
IDA049207244

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207244-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HOME BUYERS RESALE WARRANTY CORPORATION
ATTN: REGULATORY
13900 E HARVARD AVE
AURORA, CO 80014

CUSTOMER NUMBER
IDA049207246

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
3M COMPANY
3M CENTER, BUILDING 223-6S-07
SAINT PAUL, MN 55144

CUSTOMER NUMBER
IDA049207248

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207251-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CENTURY AUTOMOTIVE SERVICE CORPORATION
6565 AMERICAS PARKWAY NE, SUITE 1000
ALBUQUERQUE, NM 87110

CUSTOMER NUMBER
IDA049207258

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WARRANTY SOLUTIONS ADMINISTRATIVE SERVICES, INC.
14800 TRINITY BOULEVARD, SUITE 120
FORT WORTH, TX 76155

CUSTOMER NUMBER
IDA049207264

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LANDMARK HOME WARRANTY, LLC
3400 PLAYERS CLUB PARKWAY, SUITE 300
MEMPHIS, TN

CUSTOMER NUMBER
IDA049207265

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207267-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LANDCAR AGENCY, INC.
351 W OPPORTUNITY WAY SUITE 440
DRAPER, UT 84020

CUSTOMER NUMBER
IDA049207268

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MINNEHOMA AUTOMOBILE ASSOCIATION, INC.
8282 S MEMORIAL DRIVE #202
TULSA, OK 74133

CUSTOMER NUMBER
IDA049207269

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SUBARU OF AMERICA SERVICES, INC.
C/O JOE WALTERS
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
FRA25-49207270-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
UTILITY SERVICE PARTNERS PRIVATE LABEL, INC.
C/O HOMESERVE USA
601 MERRITT 7, 6TH FLOOR
NORWALK, CT 6851

CUSTOMER NUMBER
IDA049207272

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HOMESURE OF AMERICA, INC.
4700 EXCHANGE COURT, SUITE 300
BOCA RATON, FL 33433

CUSTOMER NUMBER
IDA049207273

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HELZBERG'S DIAMOND SHOPS, INC.
1825 SWIFT
NORTH KANSAS CITY, MO 64116

CUSTOMER NUMBER
IDA049207274

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WESTERN SERVICE CONTRACT CORP.
PO BOX 40
ANAHEIM, CA 92851

CUSTOMER NUMBER
IDA049207276

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WARRANTECH CONSUMER PRODUCT SERVICES, INC.
14800 TRINITY BOULEVARD, SUITE 120
FORT WORTH, TX 76155

CUSTOMER NUMBER
IDA049207277

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207277-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WARRANTECH AUTOMOTIVE, INC.
14800 TRINITY BOULEVARD, SUITE 120
FORT WORTH, TX 76155

CUSTOMER NUMBER
IDA049207279

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ONEGUARD ARIZONA, LLC
3400 PLAYERS CLUB PARKWAY, SUITE 300
MEMPHIS, TN

CUSTOMER NUMBER
IDA049207280

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MERCURY SELECT MANAGEMENT COMPANY, INC.
PO BOX 728866
OKLAHOMA CITY, OK

CUSTOMER NUMBER
IDA049207281

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HOME SECURITY OF AMERICA, INC.
3400 PLAYERS CLUB PARKWAY, SUITE 300
MEMPHIS, TN

CUSTOMER NUMBER
IDA049207282

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GWC WARRANTY CORPORATION
6010 ATLANTIC BOULEVARD
NORCROSS, GA 30071

CUSTOMER NUMBER
IDA049207283

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST AMERICAN HOME WARRANTY CORPORATION
PO BOX 8030
WEST HILLS, CA 91309

CUSTOMER NUMBER
IDA049207284

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207284-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIKEWIZE DEVICE PROTECTION, LLC
1900 W KIRKWOOD BLVD, SUITE 1600C
SOUTHLAKE, TX 76092

CUSTOMER NUMBER
IDA049207285

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN HONDA PROTECTION PRODUCTS CORPORATION
PO BOX 2225
TORRANCE, CA

CUSTOMER NUMBER
IDA049207294

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207296-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207299-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CARGUARD ADMINISTRATION, INC.
6991 E CAMELBACK ROAD, SUITE C309
SCOTTSDALE, AZ 85251

CUSTOMER NUMBER
IDA049207300

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207302-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALPHA WARRANTY SERVICES, INC.
PO BOX 95790
SOUTH JORDAN, UT 84095

CUSTOMER NUMBER
IDA049207303

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NORTH AMERICAN WARRANTY, INC.
PO BOX 979199
MIAMI, FL

CUSTOMER NUMBER
IDA049207304

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AEGIS EXTENDED SERVICE, LLC
2350 MISSION COLLEGE BOULEVARD, SUITE 290
SANTA CLARA, CA 95054

CUSTOMER NUMBER
IDA049207306

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SPHWAZ, INC.
1808 AVE P, SUITE 101
BROOKLYN, NY 11229

CUSTOMER NUMBER
IDA049207312

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207315-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TIRE SHIELD, INC.
PO BOX 98298
LAS VEGAS, NV 89193

CUSTOMER NUMBER
IDA049207316

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207316-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST MILE SERVICES OF ARIZONA, INC.
ATTN: GENERAL COUNSEL
PO BOX 3945
WEST PALM BEACH, FL 33402

CUSTOMER NUMBER
IDA049207317

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207317-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FURNITURE CARE PROTECTION, INC.
5800 NW 135TH STREET
OKLAHOMA CITY, OK 73142

CUSTOMER NUMBER
IDA049207319

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-49207319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-49207320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AXIOM PRODUCT ADMINISTRATION, INC.
1 PROGRESS POINT PARKWAY, SUITE 101
O'FALLON, MO 63368

CUSTOMER NUMBER
IDA501130441

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-501130441-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NOBILIS ADMINISTRATIVE SERVICES, INC.
5100 N O'CONNOR BLVD, SUITE 240
IRVING, TX 75039

CUSTOMER NUMBER
IDA501400945

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-501400945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HOME SERVICE CLUB WARRANTY CORP.
2147 ROUTE 27 SOUTH, 4TH FLOOR
EDISON, NJ 8817

CUSTOMER NUMBER
IDA501515973

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-501515973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-501614658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-501845788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HSB SECURE SERVICES, INC.
PO BOX 5024
HARTFORD, CT

CUSTOMER NUMBER
IDA502476270

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-502476270-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-502604183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-502715965-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GUARDSMAN US LLC
14800 TRINITY BLVD, SUITE120
FORT WORTH, TX 76155

CUSTOMER NUMBER
IDA502864936

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-502864936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-504120382-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-504388264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DENT WIZARD WARRANTY COMPANY, LLC
5630 WARD ROAD
ARVADA, CO 80002

CUSTOMER NUMBER
IDA504761289

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-504761289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CAPITAL PROCESSING SYSTEMS, INC.
5605 77 CENTER DRIVE, SUITE 270
CHARLOTTE, NC 28217

CUSTOMER NUMBER
IDA505231346

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-505231346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INTEGRITY WARRANTY, LLC
8822 PRODUCTION LANE, SUITE 106
OOLTEWAH, TN 37363

CUSTOMER NUMBER
IDA505285742

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-505285742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PREFERRED PROTECTION SERVICES, LLC
PO BOX 2840
SCOTTSDALE, AZ

CUSTOMER NUMBER
IDA505456259

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-505456259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
C.A.R.S. PROTECTION PLUS, INC.
4350 NORTHERN PIKE, SUITE 143
MONROEVILLE, PA 15146

CUSTOMER NUMBER
IDA505517347

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-505517347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-505580289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MARATHON ADMINISTRATIVE CO., INC.
3355 W ALABAMA STREET, SUITE 1200
HOUSTON, TX 77098

CUSTOMER NUMBER
IDA505891357

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-505891357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-505952154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-505969000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LIBERTY HOME GUARD, LLC
1202 AVENUE U, #1061
BROOKLYN, NY 11229

CUSTOMER NUMBER
IDA506019668

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506019668-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-506213534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SUNNOVA ENERGY CORPORATION
20 GREENWAY PLAZA, SUITE 475
HOUSTON, TX 77046

CUSTOMER NUMBER
IDA506479919

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506479919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-506496828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAN TAN TIRE AND AUTO LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA506955543

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506955543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TJ AUTOMOTIVE LLC
5943 E BROWN RD
MESA, AZ 85205

CUSTOMER NUMBER
IDA506955544

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506955544-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ALMA SCHOOL TIRE & AUTO, LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA506959683

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506959683-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GERMANN TIRE & AUTO, LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA506963701

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506963701-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
JOHNSON RANCH TIRE AND AUTO LLC
5943 E BROWN ROAD
MESA, AZ 85025

CUSTOMER NUMBER
IDA506963702

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506963702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
JT AUTOMOTIVE LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA506963703

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506963703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MARICOPA TIRE AND AUTO LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA506963704

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506963704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MCKELLIPS TIRE AND AUTO LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA506963705

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506963705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VAL VISTA TIRE AND AUTO LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA506963706

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-506963706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-507125272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-507162342-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-507491584-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-507508657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-508093922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-508298649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DISCOUNT TIRE CERTIFICATE, LLC
C/O MEENAN P.A.
PO BOX 11247
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA508298650

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-508298650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
APPLIED WARRANTY AND INSURANCE SERVICES, LLC
601 BRICKELL KEY DRIVE, SUITE 605
MIAMI, FL 33131

CUSTOMER NUMBER
IDA508389160

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-508389160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-508393355-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-508657104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DOWC PROVIDER SERVICES, LLC
199 POMEROY ROAD
PARSIPPANY, NJ 7054

CUSTOMER NUMBER
IDA509064469

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-509064469-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-509633819-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-509690246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-509833725-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAM LEVITZ FURNITURE COMPANY, INC.
3430 E 36TH STREET
TUCSON, AZ

CUSTOMER NUMBER
IDA510040992

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-510040992-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GUARANTEED PROVIDER SERVICES, INC.
199 POMEROY ROAD
PARSIPPANY, NJ 7054

CUSTOMER NUMBER
IDA510227280

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-510227280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LEXINGTON NATIONAL WARRANTY SERVICES, LLC
11426 YORK ROAD, 2ND FLOOR
COCKEYSVILLE, MD 21030

CUSTOMER NUMBER
IDA510507721

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-510507721-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CGA SC PROVIDER SERVICES, INC.
6991 E CAMELBACK ROAD, SUITE C309
SCOTTSDALE, AZ 85251

CUSTOMER NUMBER
IDA510923780

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-510923780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MAGCK, LLC
10517 S FRONTAGE ROAD
YUMA, AZ 85365

CUSTOMER NUMBER
IDA511593685

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-511593685-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
COCHISE TIRES & AUTOMOTIVE, LLC
1988 S HIGHWAY 92
SIERRA VISTA, AZ 85635

CUSTOMER NUMBER
IDA511593686

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-511593686-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-511597798-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-511615254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-511615271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-511711197-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RIGGS TIRE AND AUTO LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA511837924

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-511837924-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CASA GRANDE TIRE AND AUTO LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA511837925

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-511837925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BELL ROAD TIRE AND AUTO LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA511842051

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-511842051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-512023940-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ADVANCE CORE CAPITAL, INC.
2248 CENTRAL DRIVE, SUITE 107-290
BEDFORD, TX

CUSTOMER NUMBER
IDA512325871

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-512325871-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-512418281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-512418282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-512510294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ADVANCED PROTECTION PRODUCTS INTERNATIONAL, INC.
555 METRO PLACE NORTH, SUITE 650
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA512576535

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-512576535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MULBERRY SHIELD, INC.
22 N 6TH STREET, APT PH1E
BROOKLYN, NY 11249

CUSTOMER NUMBER
IDA512941906

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-512941906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-512941931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HIPPO WARRANTY SOLUTIONS INC.
701 E 5TH STREET
AUSTIN, TX 78701

CUSTOMER NUMBER
IDA513030432

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-513030432-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-513163353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-513198713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-513318448-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
EXTEND WARRANTY SERVICES CORPORATION
1710 KELLER PARKWAY #8111
KELLER, TX 76248

CUSTOMER NUMBER
IDA513456983

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-513456983-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TORQUE GROUP LLC
2113 MAXWELL AVENUE
EVANSVILLE, IN 47711

CUSTOMER NUMBER
IDA513585012

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-513585012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
IRONWOOD WARRANTY, LLC
400 MISSOUI 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
FRA25-513651565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-513718047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DOMESTIC & GENERAL USA SERVICES LLC
122 S MICHIGAN AVE, SUITE 1390
CHICAGO, IL 60603

CUSTOMER NUMBER
IDA513811565

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-513811565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LKL PROTECTION COMPANY LLC
C/O HOME SERVICE
5407 TRILLIUM BLVD, SUITE B120
HOFFMAN ESTATES, IL 60192

CUSTOMER NUMBER
IDA513900479

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-513900479-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DRIVESMART AUTO CARE INC.
310 MAIN STREET, BOX 11
TOMS RIVER, NJ 8753

CUSTOMER NUMBER
IDA513904667

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-513904667-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

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
FRA25-514555943-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FIRST SECURED ADMINISTRATORS, LLC
341 S MAIN STREET, SUITE 100
SALT LAKE CITY, UT 84111

CUSTOMER NUMBER
IDA514567535

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-514567535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TRILOGY CONCEPTS CORPORATION
PO BOX 1207
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA514632229

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-514632229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
INTEGRITY ADMIN GROUP, INC.
2972 HARBOR BLVD, SUITE 240
COSTA MESA, CA 92626

CUSTOMER NUMBER
IDA514873357

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-514873357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VEHICLE ADMINISTRATIVE SERVICES, LTD.
5001 SPRING VALLEY ROAD, SUITE 350W
DALLAS, TX 75244

CUSTOMER NUMBER
IDA514873398

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-514873398-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ENPHASE SERVICE COMPANY, LLC
47281 BAYSIDE PARKWAY
FREMONT, CA 94538

CUSTOMER NUMBER
IDA515151381

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-515151381-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ARK FINANCIAL, LLC
7447 E SOUTHERN AVE, SUITE 103
MESA, AZ 85209

CUSTOMER NUMBER
IDA515178257

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-515178257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CAR CARE NORTH AMERICA, INC.
800 SUPERIOR AVENUE E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA515196182

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-515196182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TOCO US, LLC
7324 SOUTHWEST FREEWAY, SUITE 1900
HOUSTON, TX 77074

CUSTOMER NUMBER
IDA515446600

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-515446600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASSURANCE EXPRESS, LLC
PO BOX 460
O'FALLON, MO 63366

CUSTOMER NUMBER
IDA515576731

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-515576731-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AXXIS AUTO SHIELD, LLC
14033 DENVER WEST PARKWAY, SUITE 200
LAKEWOOD, CO 80401

CUSTOMER NUMBER
IDA515581687

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-515581687-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WILLIAMS FIELD TIRE AND AUTO, LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER
IDA516613748

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-516613748-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
LAVEEN TIRE AND AUTO, LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA516617973

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-516617973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RESIDENTIAL WARRANTY HOME PROTECTION, LLC
PO BOX 318
CARMEL, IN 46032

CUSTOMER NUMBER
IDA516824956

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-516824956-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SHERWOOD MANAGEMENT CO., INC.
5700 HANNUM AVE, SUITE 200
CULVER CITY, CA 90230

CUSTOMER NUMBER
IDA516879056

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-516879056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HEADSTART WARRANTY GROUP LLC
14114 N DALLAS PARKWAY, SUITE 600
DALLAS, TX 75254

CUSTOMER NUMBER
IDA516879057

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-516879057-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ECP INCORPORATED
PO BOX 6070
WOODRIDGE, IL 60517

CUSTOMER NUMBER
IDA516906155

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-516906155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
NEW GLOBAL ADMINISTRATORS, LLC
20 CABOT BLVD, SUITE 400
MANSFIELD, MA 2048

CUSTOMER NUMBER
IDA517398623

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-517398623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CAPITAL ELEVEN AUTO, LLC
2512 W NAVIGATOR DRIVE, #300
MERIDIAN, ID 83642

CUSTOMER NUMBER
IDA517534707

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-517534707-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CRYSTAL FUSION TECHNOLOGIES
PO BOX1298
WEST BABYLON, NY 11704

CUSTOMER NUMBER
IDA517534708

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-517534708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SILVERROCK AUTOMOTIVE OF WASHINGTON, LLC
1720 W RIO SALADO PARKWAY
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA517570953

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-517570953-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AUTOMOBILE PROTECTION CORPORATION (APCO)
6010 ATLANTIC BOULEVARD
NORCROSS, GA 30071

CUSTOMER NUMBER
IDA517634397

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-517634397-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GENERAC SERVICES, INC.
S45W29290 HWY 59
WAUKESHA, WI 53189

CUSTOMER NUMBER
IDA517634409

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-517634409-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
GLOBAL ASSOCIATION LLC
433 PLAZA REAL, SUITE 275
BOCA RATON, FL 33432

CUSTOMER NUMBER
IDA517815704

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-517815704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
BUCKEYE DEALERSHIP CONSULTING, LLC
1170 E WESTERN RESERVE ROAD, BLDG 2, FLOOR 2
POLAND, OH 44514

CUSTOMER NUMBER
IDA517951885

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-517951885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AMERICAN ASSURANCE CORPORATION
PO BOX 36231
DENVER, CO 80227

CUSTOMER NUMBER
IDA518065896

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-518065896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ELITE HOME WARRANTY LLC
533 KINGS HIGHWAY, 2ND FLOOR
BROOKLYN, NY 11223

CUSTOMER NUMBER
IDA518366754

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-518366754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASCENT ADMINISTRATION SERVICES LLC
2812 N NORWALK, SUITE 103
MESA, AZ 85215

CUSTOMER NUMBER
IDA518758737

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-518758737-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PAYSON TIRE AND AUTO LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA518890941

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-518890941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FLORENCE TIRE AND AUTO SERVICE LLC
5943 E BROWN ROAD
MESA, AZ 85205

CUSTOMER NUMBER
IDA518895590

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-518895590-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
FRONTIER WARRANTY SOLUTIONS CORPORATION
825 NORTHGATE BLVD, SUITE 202
NEW ALBANY, IN 47150

CUSTOMER NUMBER
IDA519072101

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-519072101-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
IGS NORTH AMERICA LLC
1451 BRICKELL AVENUE, UNIT 2602
MIAMI, FL 33131

CUSTOMER NUMBER
IDA519151397

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-519151397-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ELEVATE HOMESCRIPTIONS AZ LLC
PO BOX 801
OREM, UT 84059

CUSTOMER NUMBER
IDA519165381

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-519165381-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HEALTHCAR DIRECT, INC.
3355 W ALABAMA STREET, SUITE 1200
HOUSTON, TX 77098

CUSTOMER NUMBER
IDA519440021

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-519440021-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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Make sure we receive payment on or before August 12, 2024.

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
AVANTAGUARD USA, INC.
2501 CHATHAM ROAD, SUITE 4054
SPRINGFIELD, IL 62704

CUSTOMER NUMBER
IDA519453506

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-519453506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PESSADA HOLDINGS, LLC
167 LAMP & LANTERN VILLAGE, #167
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA519627865

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-519627865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DEALER LOYALTY PROTECTION, INC.
PO BOX 457
MAHWAH, NJ 7430

CUSTOMER NUMBER
IDA519793336

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-519793336-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
WALMART INC.
702 SW 8TH STREET
MAIL STOP #0500
BENTONVILLE, AR

CUSTOMER NUMBER
IDA519880626

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-519880626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ASSERVO WARRANTY PROTECTION OF FLORIDA CORP.
11 W 42ND STREET, 30TH FLOOR
NEW YORK, NY 10036

CUSTOMER NUMBER
IDA520051195

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-520051195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
TITAN WARRANTY ADMINISTRATION, INC.
18 AUGUSTA PINES DRIVE, SUITE 220W
SPRING, TX 77389

CUSTOMER NUMBER
IDA520554498

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-520554498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
MERIT ADMINISTRATION, LLC
100 MALL PARKWAY, SUITE 121
WENTZVILLE, MO 63385

CUSTOMER NUMBER
IDA520798963

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-520798963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DKP ADMINISTRATION, INC.
4925 BOONSBORO ROAD, SUITE 238
LYNCHBURG, VA 24503

CUSTOMER NUMBER
IDA521632082

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-521632082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
CRAST INC.
1343 CANTON ROAD, BUILDING B
MARIETTA, GA 30066

CUSTOMER NUMBER
IDA521632254

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-521632254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
ECHELON INNOVATIONS, LLC
PO BOX 1295
O'FALLON, IL 62269

CUSTOMER NUMBER
IDA521632340

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-521632340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
VSC OPERATIONS, LLC
5900 S LAKE FOREST DRIVE, SUITE 300
MCKINNEY, TX 75070

CUSTOMER NUMBER
IDA521632940

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-521632940-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
PWC WARRANTY SERVICES, INC.
1500A E COLLEGE WAY PMB 541
BURLINGTON, WA 98273

CUSTOMER NUMBER
IDA521848077

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-521848077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SECURE PROVIDER SERVICES INC.
199 POMEROY ROAD
PARSIPPANY, NJ 7054

CUSTOMER NUMBER
IDA521913140

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-521913140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DEALERADMIN.IO, LLC
8940 FOURWINIDS DRIVE, SUITE 610
WINDCREST, TX 78239

CUSTOMER NUMBER
IDA521928162

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-521928162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
DIAMOND HOME PROTECTION, LLC
109 E 1ST STREET
O'FALLON, IL 62269

CUSTOMER NUMBER
IDA521998047

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-521998047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
HORIZON OBLIGOR SERVICES CORP.
800 SUPERIOR AVENUE E, 21ST FLOOR
CLEVELAND, OH 44114

CUSTOMER NUMBER
IDA521998247

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-521998247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
RISK ASSURANCE PARTNERS, LLC
1625 S CONGRESS AVE, SUITE 315
DELRAY BEACH, FL 33445

CUSTOMER NUMBER
IDA522068341

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-522068341-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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).

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. Please visit https://www.optins.org to pay fast and easy.

Make sure we receive payment on or before August 12, 2024.

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, please email accounting@difi.az.gov

The Arizona Department of Insurance and Financial Institutions is an Equal Employment Opportunity Agency that complies with the Americans With Disablities Act of 1990 and the Arizonans With Disabilities Act of 1992.

ARIZONA

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 11, 2024

RE: ANNUAL ASSESSMENT
SAMSUNG FIRE & MARINE MANAGEMENT CORPORATION
105 CHALLENGER ROAD, 5TH FLOOR
RIDGEFIELD PARK, NJ 7660

CUSTOMER NUMBER
IDA522093391

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA25-522093391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/11/2024	1,050.00
	TOTAL ASSESSMENT AMOUNT		**1,050.00**

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