

NOTICE OF ASSESSMENT**Arizona Department of Insurance and Financial Institutions**100 North 15th Avenue, Suite 261, Phoenix, AZ 85007-2630Phone: (602) 364-3100 | Web: <https://difi.az.gov>

This document contains FY 2023 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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CERITY INSURANCE COMPANY
1325 AVENUE OF THE AMERICAS SUITE 2751
NEW YORK, NY 10001

CUSTOMER NUMBER

IDA000010006



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010007



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010014



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GREYSTONE INSURANCE COMPANY
300 FIRST STAMFORD PLACE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000010019



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10019-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
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NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010051



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10051-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010052



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010054



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010069



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010071



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10071-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ENCOMPASS PROPERTY AND CASUALTY COMPANY
3075 SANDERS ROAD, SUITE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000010072



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010105



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
HCA23-10111-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10111-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EVEREST NATIONAL INSURANCE COMPANY
WARREN CORPORATE CENTER 100 EVEREST WAY
WARREN, NJ 07059

CUSTOMER NUMBER

IDA000010120



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010127



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10127-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010130



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010155



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10155-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FSF23-10155-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010166



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010177



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010178



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010200



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010212



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10219-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010226



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010227



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010235



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010239



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10239-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010243



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10243-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010287



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-10287-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-10287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10336-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010346



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010348



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010351



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10351-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10367-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10367-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010386



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010391



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10391-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010393



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010472



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COREPOINTE INSURANCE COMPANY
800 SUPERIOR AVE. 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
FRA23-10499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010510



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010638



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010640



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10640-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
HCA23-10641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
HCA23-10642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10646-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010669



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10669-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010671



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010672



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-10672-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
FRA23-10672-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010675



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-10675-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010676



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10676-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-10676-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010677



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10677-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10677-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010693



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010723



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010724



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010730



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010738



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-10738-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-10738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010749



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010758



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERIGROUP OHIO, INC.
1300 AMERIGROUP WAY
VIRGINIA BEACH, VA 23464

CUSTOMER NUMBER

IDA000010767



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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).

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010783



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10783-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010784



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010799



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010801



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010804



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010814



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-10814-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
FRA23-10814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			3,300.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010815



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010817



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010836



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
HCA23-10847-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010859



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010872



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010885



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10885-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10891-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10891-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010906



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10909-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010914



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10914-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010915



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SURETEC INSURANCE COMPANY
2103 CITYWEST BOULEVARD #1300
HOUSTON, TX 77042

CUSTOMER NUMBER

IDA000010916



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010925



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010936



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010945



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10945-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010946



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-10946-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-10946-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-10952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-10952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010957



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10957-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000010974



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PIE CASUALTY INSURANCE COMPANY
1615 L STREET NW, SUITE 620
WASHINGTON, DC 20036

CUSTOMER NUMBER

IDA000010997



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-10997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011000



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011027



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11027-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011030



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL GENERAL INSURANCE ONLINE, INC.
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000011044



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011050



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011054



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011089



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011110



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11110-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11110-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011118



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11118-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-11118-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011121



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11121-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11121-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011123



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11123-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011126



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011127



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11127-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011134



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11134-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11134-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011150



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11150-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011162



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-11162-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011163



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11163-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11163-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-11163-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011177



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011185



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11185-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011198



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-11198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011206



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMFED NATIONAL INSURANCE COMPANY
P.O. BOX 1380
RIDGELAND, MS 39157

CUSTOMER NUMBER

IDA000011208



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011215



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11215-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GENERALI (U.S. BRANCH)
7 WTC, 250 GREENWICH STREET
NEW YORK, NY 10007

CUSTOMER NUMBER

IDA000011231



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011232



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011240



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011242



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011255



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BUILDERS ALLIANCE INSURANCE COMPANY
P.O. BOX 150005
RALEIGH, NC 27624

CUSTOMER NUMBER

IDA000011258



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011347



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011371



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011452



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11452-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011499



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011512



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011523



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11523-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
HCA23-11551-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011555



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11555-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11558-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011573



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11573-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011592



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11592-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011595



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-11630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011665



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011673



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11673-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11681-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-11681-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011702



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011738



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-11738-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011746



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-11746-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011770



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011800



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11800-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011805



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-11805-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
FRA23-11805-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011811



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11811-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-11811-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011835



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11835-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-11835-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011851



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11851-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTON PROPERTY & CASUALTY INSURANCE COMPANY
P.O. BOX 142057
SUITE 300
CORAL GABLES, FL 33114

CUSTOMER NUMBER

IDA000011853



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11853-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011865



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MUTUALAID EXCHANGE
9225 INDIAN CREEK PARKWAY SUITE 840
OVERLAND PARK, KS 66210

CUSTOMER NUMBER

IDA000011878



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11878-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011932



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMFED CASUALTY INSURANCE COMPANY
P.O. BOX 1380
RIDGELAND, MS 39157

CUSTOMER NUMBER

IDA000011963



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011967



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-11967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-11974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011991



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11991-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000011997



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-11997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-11997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012041



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12041-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012151



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-12151-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012177



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012188



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012190



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012217



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-12217-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-12217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
HCA23-12254-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-12254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012256



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012260



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012262



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012287



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012294



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-12294-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-12294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
HCA23-12297-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-12297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012304



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012305



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-12319-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012321



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-12321-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12356-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-12416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012484



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12484-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DB INSURANCE CO., LTD. (US BRANCH)
1440 KAPIOLANI BOULEVARD, SUITE 950
HONOLULU, HI 96814

CUSTOMER NUMBER

IDA000012502



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12502-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012504



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-12504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EDUCATORS HEALTH PLANS LIFE, ACCIDENT & HEALTH, INC.
5101 SOUTH COMMERCE DRIVE
MURRAY, UT 84107

CUSTOMER NUMBER

IDA000012515



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-12515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012521



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WADENA INSURANCE COMPANY
P.O. BOX 1336
DES MOINES, IA 50306-1336

CUSTOMER NUMBER

IDA000012528



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012533



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-12533-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-12533-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12567-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-12567-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012572



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012575



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-12575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-12575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012599



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012645



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DEVELOPERS SURETY AND INDEMNITY COMPANY
800 SUPERIOR AVE. E.
CLEVELAND, OH 44114

CUSTOMER NUMBER

IDA000012718



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12718-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012741



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-12741-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-12741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012747



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-12747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-12747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012750



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012754



Please enter your **CUSTOMER
NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRESCIENT NATIONAL INSURANCE COMPANY
217 SOUTH TRYON STREET
CHARLOTTE, NC 28202

CUSTOMER NUMBER

IDA000012773



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012777



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12777-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12831-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-12831-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
T.H.E. INSURANCE COMPANY
C/O CT CORPORATION SYSTEM
3867 PLAZA TOWER DRIVE
BATON ROUGE, LA 70816-4378

CUSTOMER NUMBER

IDA000012866



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012870



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012873



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012879



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012890



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012902



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12902-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-12902-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012964



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA23-12964-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-12964-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-12966-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000012982



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-12982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000013019



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000013021



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13021-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000013026



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000013043



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-13043-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-13043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
HCA23-13056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
FRA23-13056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000013070



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-13100-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY
2900 SW WANAMAKER DR. SUITE 204
TOPEKA, KS 66614

CUSTOMER NUMBER

IDA000013126



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COMMERCE WEST INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570-0758

CUSTOMER NUMBER

IDA000013161



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SURENCY LIFE & HEALTH INSURANCE COMPANY
PO BOX 789773
WICHITA, KS 67278-9773

CUSTOMER NUMBER

IDA000013175



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13175-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-13175-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EAGLE LIFE INSURANCE COMPANY
6000 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

CUSTOMER NUMBER

IDA000013183



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-13183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTERN SURETY COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000013188



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000013209



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-13209-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-13209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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).

The 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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000013210



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-13210-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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).

The 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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-13234-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLEGHENY CASUALTY COMPANY
4200 SIX FORKS RD. SUITE 1400
RALEIGH, NC 27609

CUSTOMER NUMBER

IDA000013285



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMALGAMATED CASUALTY INSURANCE COMPANY
8401 CONNECTICUT AVE, SUITE 105
CHEVY CHASE, MD 20815-5825

CUSTOMER NUMBER

IDA000013293



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13293-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-13331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AUSTIN MUTUAL INSURANCE COMPANY
PO BOX 1420
MAPLE GROVE, MN 55311

CUSTOMER NUMBER

IDA000013412



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BADGER MUTUAL INSURANCE COMPANY
1635 WEST NATIONAL AVENUE
MILWAUKEE, WI 53204

CUSTOMER NUMBER

IDA000013420



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-13420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-13528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CALIFORNIA CAPITAL INSURANCE COMPANY
2300 GARDEN ROAD
MONTEREY, CA 93940

CUSTOMER NUMBER

IDA000013544



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13544-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CAREMORE HEALTH PLAN OF ARIZONA, INC.
220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER

IDA000013562



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13562-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-13562-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
HCA23-13562-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ECOLE INSURANCE COMPANY
8601 N. SCOTTSDALE ROAD, #300
SCOTTSDALE, AZ 85253

CUSTOMER NUMBER

IDA000013601



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-13601-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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).

The 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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTERN MUTUAL INSURANCE COMPANY
P.O. BOX 19626
IRVINE, CA 92623-9626

CUSTOMER NUMBER

IDA000013625



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13625-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DONEGAL MUTUAL INSURANCE COMPANY
1195 RIVER ROAD
MARIETTA, PA 17547-0302

CUSTOMER NUMBER

IDA000013692



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13692-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
POSEIDON STRUCTURED MORTGAGE INSURANCE COMPANY
76 ST. PAUL STREET
SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER

IDA000013694



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE
P. O. BOX 305054
NASHVILLE, TN 37230-5054

CUSTOMER NUMBER

IDA000013703



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRIMEONE INSURANCE COMPANY
136 EAST SOUTH TEMPLE, SUITE 1400
SALT LAKE CITY, UT 84111

CUSTOMER NUMBER

IDA000013721



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13721-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-13722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF NEW YORK
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER

IDA000013730



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000013751



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-13751-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-13751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPAN
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER

IDA000013773



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ARI INSURANCE COMPANY
125 PHEASANT RUN
NEWTOWN, PA 18940

CUSTOMER NUMBER

IDA000013900



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000013928



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-13928-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-13928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000013929



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-13929-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-13929-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-13930-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-13935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FRANKENMUTH MUTUAL INSURANCE COMPANY
ONE MUTUAL AVENUE
FRANKENMUTH, MI 48787-0001

CUSTOMER NUMBER

IDA000013986



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-13986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-13990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CRUSADER INSURANCE COMPANY
5230 LAS VIRGENES ROAD, SUITE 100
CALABASAS, CA 91302-3447

CUSTOMER NUMBER

IDA000014010



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-14010-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-14012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-14051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERIGROUP INSURANCE COMPANY
1300 AMERIGROUP WAY
VIRGINIA BEACH, VA 23464

CUSTOMER NUMBER

IDA000014078



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-14078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-14133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GEICO SECURE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER

IDA000014137



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GEICO ADVANTAGE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER

IDA000014138



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GEICO CHOICE INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER

IDA000014139



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000014164



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ACUITY, A MUTUAL INSURANCE COMPANY
2800 SOUTH TAYLOR DRIVE, P.O. BOX 58
SHEBOYGAN, WI 53082-0058

CUSTOMER NUMBER

IDA000014184



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-14184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-14190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-14216-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
FRA23-14216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			23,550.00

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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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST NATIONAL TITLE INSURANCE COMPANY
2400 DALLAS PARKWAY, SUITE 580
PLANO, TX 75093

CUSTOMER NUMBER

IDA000014240



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FOUNDERS INSURANCE COMPANY
1350 EAST TOUHY AVENUE, SUITE 200 WEST
DES PLAINES, IL 60018

CUSTOMER NUMBER

IDA000014249



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-14254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
IMT INSURANCE COMPANY
P.O. BOX 1336
DES MOINES, IA 50306-1336

CUSTOMER NUMBER

IDA000014257



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY
2005 MARKET STREET, SUITE 1200
PHILADELPHIA, PA 19103

CUSTOMER NUMBER

IDA000014265



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
JEWELERS MUTUAL INSURANCE COMPANY, SI
P. O. BOX 468
NEENAH, WI 54957-0468

CUSTOMER NUMBER

IDA000014354



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14354-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-14380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BEARING MIDWEST CASUALTY COMPANY
1100 WALNUT STREET, SUITE 3010
KANSAS CITY, MO 64106

CUSTOMER NUMBER

IDA000014402



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INDUSTRIAL ALLIANCE INS AND FIN SVS INC. (U.S. BRANCH)
P.O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER

IDA000014406



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-14406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-14421-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-14421-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-14421-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROASSURANCE INSURANCE COMPANY OF AMERICA
3000 MERIDIAN BOULEVARD, SUITE 400
FRANKLIN, TN 37067

CUSTOMER NUMBER

IDA000014460



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MERCHANTS BONDING COMPANY (MUTUAL)
P.O BOX 14498
DES MOINES, IA 50306-3498

CUSTOMER NUMBER

IDA000014494



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MICHIGAN MILLERS MUTUAL INSURANCE COMPANY
P. O. BOX 30060
LANSING, MI 48909-7560

CUSTOMER NUMBER

IDA000014508



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GUIDEONE SPECIALTY INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER

IDA000014559



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-14641-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	4,500.00
FRA23-14641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-14641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-14689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EASTGUARD INSURANCE COMPANY
PO BOX AH
WILKES BARRE, PA 18703-0020

CUSTOMER NUMBER

IDA000014702



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-14702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-14761-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NGM INSURANCE COMPANY
55 WEST STREET
KEENE, NH 03431

CUSTOMER NUMBER

IDA000014788



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPAN
2005 MARKET STREET, SUITE 1200
PHILADELPHIA, PA 19103-7008

CUSTOMER NUMBER

IDA000014974



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE C
P. O. BOX 2361
HARRISBURG, PA 17105-2361

CUSTOMER NUMBER

IDA000014990



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-14990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-14990-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GUIDEONE INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER

IDA000015032



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-15032-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PUBLIC SERVICE INSURANCE COMPANY
29 BROADWAY
NEW YORK, NY 10006

CUSTOMER NUMBER

IDA000015059



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAFETY NATIONAL CASUALTY CORPORATION
1832 SCHUETZ ROAD
ST. LOUIS, MO 63146-3540

CUSTOMER NUMBER

IDA000015105



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ENCOMPASS INDEMNITY COMPANY
3075 SANDERS ROAD, SUITE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000015130



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COMPREHENSIVE MOBILE INSURANCE COMPANY, INC.
19820 N. 7TH STREET, SUITE 290
PHOENIX, AZ 85024

CUSTOMER NUMBER

IDA000015238



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-15238-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-15238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SOCIETY INSURANCE, A MUTUAL COMPANY
PO BOX 1029
FOND DU LAC, WI 54936-1029

CUSTOMER NUMBER

IDA000015261



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SOUTHWEST LAND TITLE INSURANCE COMPANY
6805 N CAPITAL OF TX HGY 240
AUSTIN, TX 78731

CUSTOMER NUMBER

IDA000015305



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INVESTORS PREFERRED LIFE INSURANCE COMPANY
1719 W. MAIN STREET
RAPID CITY, SD 57702

CUSTOMER NUMBER

IDA000015313



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15313-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WEST BEND MUTUAL INSURANCE COMPANY
1900 SOUTH 18TH AVENUE
WEST BEND, WI 53095

CUSTOMER NUMBER

IDA000015350



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15350-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTERN NATIONAL MUTUAL INSURANCE COMPANY
EDINA CORPORATE CENTER
4700 WEST 77TH STREET
EDINA, MN 55435-4818

CUSTOMER NUMBER

IDA000015377



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15377-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BUREAU VERITAS INSPECTION AND INSURANCE COMPANY
1601 SAWGRASS CORPORATE PARKWAY, SUITE 400
FORT LAUDERDALE, FL 33323-2827

CUSTOMER NUMBER

IDA000015385



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15385-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL SUMMIT INSURANCE COMPANY
P.O. BOX 130059
DALLAS, TX 75313

CUSTOMER NUMBER

IDA000015474



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CLEAR SPRING PROPERTY AND CASUALTY COMPANY
227 WEST MONROE, SUITE 2100
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000015563



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15563-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-15563-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-15571-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMSHIELD INSURANCE COMPANY
1817 WEST BROADWAY
COLUMBIA, MO 65218-0001

CUSTOMER NUMBER

IDA000015590



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15590-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-15610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-15610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MG INSURANCE COMPANY
8601 NORTH SCOTTSDALE ROAD, SUITE 300
SCOTTSDALE, AZ 85253

CUSTOMER NUMBER

IDA000015613



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-15613-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
FRA23-15613-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-15613-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-15645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL FIRE AND INDEMNITY EXCHANGE
P O BOX 39903
ST. LOUIS, MO 63139

CUSTOMER NUMBER

IDA000015679



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CLEAR SPRING LIFE INSURANCE COMPANY
401 PENNSYLVANIA PARKWAY, SUITE 300
INDIANAPOLIS, IN 46280

CUSTOMER NUMBER

IDA000015691



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
7710 INSURANCE COMPANY
3250 LACEY ROAD, SUITE 140
PO BOX 207
DOWNERS GROVE, IL 60515

CUSTOMER NUMBER

IDA000015742



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MOTIVHEALTH INSURANCE COMPANY
P.O. BOX 709718
SANDY, UT 84070

CUSTOMER NUMBER

IDA000015743



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15743-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-15743-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-15756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000015865



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-15873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000015895



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-15895-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-15895-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BERKLEY CASUALTY COMPANY
P. O. BOX 660847
BIRMINGHAM, AL 35266-0847

CUSTOMER NUMBER

IDA000015911



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AETNA BETTER HEALTH OF OKLAHOMA INC.
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER

IDA000015919



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-15919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-15952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-15952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMTRUST INSURANCE COMPANY
PO BOX 650771
DALLAS, TX 75265-0771

CUSTOMER NUMBER

IDA000015954



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15954-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BRIGHT HEALTH INSURANCE COMPANY
219 N 2ND ST, SUITE 401
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER

IDA000015963



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-15963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-15963-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LEMONADE INSURANCE COMPANY
5 CROSBY STREET
NEW YORK, NY 10013

CUSTOMER NUMBER

IDA000016023



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16024-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16024-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EVEREST DENALI INSURANCE COMPANY
100 EVEREST WAY
WARREN, NJ 07059

CUSTOMER NUMBER

IDA000016044



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EVEREST PREMIER INSURANCE COMPANY
100 EVEREST WAY WARREN CORPORATE CENTER
WARREN, NJ 07059

CUSTOMER NUMBER

IDA000016045



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-16058-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	4,500.00
FRA23-16058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-16059-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-16059-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITRIN AUTO AND HOME INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258

CUSTOMER NUMBER

IDA000016063



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
JM SPECIALTY INSURANCE COMPANY
PO BOX 468
NEENAH, WI 54957-0468

CUSTOMER NUMBER

IDA000016116



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BRIGHT HEALTH COMPANY OF ARIZONA
219 N 2ND ST, SUITE 401
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER

IDA000016122



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16122-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
FRA23-16122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16122-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000016125



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
METROMILE INSURANCE COMPANY
425 MARKET STREET, SUITE 700
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER

IDA000016187



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CM SELECT INSURANCE COMPANY
P O BOX 357
PO BOX 357
MERRILL, WI 54452

CUSTOMER NUMBER

IDA000016203



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMP
PO BOX 3199
WINSTON-SALEM, NC 27102

CUSTOMER NUMBER

IDA000016217



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MIDWEST FAMILY ADVANTAGE INSURANCE COMPANY
P.O. BOX 9425
MINNEAPOLIS, MN 55440-9425

CUSTOMER NUMBER

IDA000016262



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000016310



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16310-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
FRA23-16310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16310-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OSCAR HEALTH PLAN, INC.
75 VARICK ST, 5TH FLOOR
NEW YORK, NY 10013

CUSTOMER NUMBER

IDA000016337



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16337-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
FRA23-16337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16337-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000016348



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16356-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
JET INSURANCE COMPANY
11440 CARMEL COMMONS BOULEVARD, SUITE 207
CHARLOTTE, NC 28226

CUSTOMER NUMBER

IDA000016379



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16379-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MOBILITAS INSURANCE COMPANY
P.O. BOX 23392
OAKLAND, CA 94623-0392

CUSTOMER NUMBER

IDA000016392



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16392-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-16392-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
HCA23-16392-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTFIELD CHAMPION INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000016447



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTFIELD TOUCHSTONE INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000016448



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16448-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16448-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTFIELD SUPERIOR INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000016449



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16449-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16449-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTFIELD PREMIER INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000016450



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16450-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMFED ADVANTAGE INSURANCE COMPANY
P.O. BOX 1380
RIDGELAND, MS 39157

CUSTOMER NUMBER

IDA000016459



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NOBLR RECIPROCAL EXCHANGE
ONE UNION STREET, SUITE 210
SAN FRANCISCO, CA 94111

CUSTOMER NUMBER

IDA000016461



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16461-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MTAW INSURANCE COMPANY
P.O. BOX 1973
MORRISTOWN, NJ 07960-1973

CUSTOMER NUMBER

IDA000016498



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAFE AUTO CHOICE INSURANCE COMPANY
4 EASTON OVAL
COLUMBUS, OH 43219

CUSTOMER NUMBER

IDA000016502



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16502-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAFE AUTO VALUE INSURANCE COMPANY
4 EASTON OVAL
COLUMBUS, OH 43219

CUSTOMER NUMBER

IDA000016503



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BEAZLEY AMERICA INSURANCE COMPANY, INC.
30 BATTERSON PARK ROAD
FARMINGTON, CT 06032

CUSTOMER NUMBER

IDA000016510



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CLEARCOVER INSURANCE COMPANY
33 WEST MONROE STREET, SUITE 500
CHICAGO, IL 60603

CUSTOMER NUMBER

IDA000016524



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16524-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000016535



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16535-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DIGITAL EDGE INSURANCE COMPANY
76 ST PAUL STREET, SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER

IDA000016561



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16561-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STILLWATER PROPERTY AND CASUALTY INSURANCE COMPA
P. O. BOX 45126
JACKSONVILLE, FL 32232-5126

CUSTOMER NUMBER

IDA000016578



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MOBILITAS INSURANCE COMPANY OF ARIZONA
P.O. BOX 23392
OAKLAND, CA 94623-0392

CUSTOMER NUMBER

IDA000016599



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-16599-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000016608



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-16610-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-16610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DEVOTED HEALTH PLAN OF ARIZONA, INC.
221 CRESCENT ST STE 202
WALTHAM, MA 02453

CUSTOMER NUMBER

IDA000016614



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16614-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-16614-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-16614-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL BUILDERS INSURANCE COMPANY
P.O. BOX 723099
ATLANTA, GA 31139-1199

CUSTOMER NUMBER

IDA000016632



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
JUST INSURE, INC.
12011 SAN VICENTE BLVD #330
LOS ANGELES, CA 90049

CUSTOMER NUMBER

IDA000016648



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16648-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-16648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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).

The 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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PEKIN SELECT INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL 61558-0001

CUSTOMER NUMBER

IDA000016651



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16651-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
POSEIDON COMMERCIAL INSURANCE COMPANY
76 ST. PAUL STREET
SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER

IDA000016659



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-16663-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-16663-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-16664-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-16664-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16664-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE OF THE SOUTHWEST, INC.
P.O. BOX 31391
TAMPA, FL 33631-3391

CUSTOMER NUMBER

IDA000016692



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16692-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-16692-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16692-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GOLD KIDNEY OF ARIZONA INC.
9903 EAST BELL ROAD, SUITE 120
SCOTTSDALE, AZ 85260

CUSTOMER NUMBER

IDA000016738



Please enter your **CUSTOMER
NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16738-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-16738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16738-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-16754-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	4,500.00
FRA23-16754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			5,550.00

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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16755-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16755-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000016802



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN MERCURY INSURANCE COMPANY
P.O. BOX 728847
OKLAHOMA CITY, OK 73172-8847

CUSTOMER NUMBER

IDA000016810



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FORTEGRA SPECIALTY INSURANCE COMPANY
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 500
JACKSONVILLE, FL 32256

CUSTOMER NUMBER

IDA000016823



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16823-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-16823-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BRANCH INSURANCE EXCHANGE
875 N HIGH STREET, SUITE 300
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000016825



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16825-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000016832



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ACCREDITED SPECIALTY INSURANCE COMPANY
4789 NEW BROAD ST STE 200
ORLANDO, FL 32814

CUSTOMER NUMBER

IDA000016835



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16835-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	4,500.00
FRA23-16835-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-16849-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16849-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EDUCATION INSURANCE CORPORATION OF ILLINOIS, THE
3400 WEST STONEGATE BOULEVARD, SUITE 2113
ARLINGTON HEIGHTS, IL 60005

CUSTOMER NUMBER

IDA000016850



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-16882-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	4,500.00
FRA23-16882-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALIGNMENT HEALTH INSURANCE COMPANY OF ARIZONA, INC.
1100 WEST TOWN & COUNTRY ROAD, SUITE 1600
ORANGE, CA 92868

CUSTOMER NUMBER

IDA000016915



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16915-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-16915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16915-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALIGNMENT HEALTH PLAN OF ARIZONA, INC.
1100 WEST TOWN & COUNTRY ROAD, SUITE 1600
ORANGE, CA 92868

CUSTOMER NUMBER

IDA000016916



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16916-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-16916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16916-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SCAN DESERT HEALTH PLAN, INC.
3800 KILROY AIRPORT WAY
LONG BEACH, CA 90806

CUSTOMER NUMBER

IDA000016917



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16917-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-16917-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-16917-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GLOBALHEALTH OF ARIZONA, INC.
210 PARK AVENUE, SUITE 2800
OKLAHOMA CITY, OK 73102

CUSTOMER NUMBER

IDA000016932



Please enter your **CUSTOMER
NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16932-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-16932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-16932-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT

MMIC INSURANCE, INC.

7701 FRANCE AVENUE SOUTH, SUITE 500

MINNEAPOLIS, MN 55435

CUSTOMER NUMBER

IDA000016942



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STEADILY INSURANCE COMPANY
6301 MOUNTAINCLIMB DRIVE
AUSTIN, TX 78731

CUSTOMER NUMBER

IDA000016963



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-16963-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-16963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED WEALTH TITLE INSURANCE, INC.
8787 EAST PINNACLE PEAK ROAD, SUITE 140
SCOTTSDALE, AZ 85255

CUSTOMER NUMBER

IDA000016964



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-16964-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-16964-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTLAKE SPECIALTY INSURANCE COMPANY
1301 SOLANA BOULEVARD, SUITE 2335
WESTLAKE, TX 76262

CUSTOMER NUMBER

IDA000017006



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ZPIC INSURANCE COMPANY
6100 4TH AVENUE SOUTH, SUITE 200
SEATTLE, WA 98108

CUSTOMER NUMBER

IDA000017044



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DEVOTED HEALTH INSURANCE COMPANY OF ARIZONA, INC.
221 CRESCENT STREET, SUITE 202
WALTHAM, MA 02453

CUSTOMER NUMBER

IDA000017083



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-17083-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-17083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-17083-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTFIELD SELECT INSURANCE COMPANY
ONE PARK CIRCLE
WESTFIELD CENTER, OH 44251

CUSTOMER NUMBER

IDA000017105



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-17105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-17133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-17148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-17148-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INTREPID CASUALTY COMPANY
5400 WEST 110TH STREET, 4TH FLOOR
OVERLAND PARK, KS 66211

CUSTOMER NUMBER

IDA000017182



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MAINSAIL INSURANCE COMPANY
1 PLUCKEMIN WAY, SUITE 102
BEDMINSTER, NJ 07921

CUSTOMER NUMBER

IDA000017203



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HOMESITE INSURANCE COMPANY
ONE FEDERAL STREET, SUITE 400
BOSTON, MA 02110-2003

CUSTOMER NUMBER

IDA000017221



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-17221-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
3075 SANDERS ROAD, SUITE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000017230



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-17230-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HANOVER FIRE AND CASUALTY INSURANCE COMPANY
295 SOUTH GULPH ROAD
KING OF PRUSSIA, PA 19406

CUSTOMER NUMBER

IDA000017337



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NAUTILUS INSURANCE COMPANY
7233 EAST BUTHERUS DRIVE
SCOTTSDALE, AZ 85260-2410

CUSTOMER NUMBER

IDA000017370



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-17370-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OLD GUARD INSURANCE COMPANY
P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000017558



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17558-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-17558-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN SENTINEL INSURANCE COMPANY
PO BOX 61140
HARRISBURG, PA 17106-1140

CUSTOMER NUMBER

IDA000017965



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-17965-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-17965-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-18023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-18023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TOPA INSURANCE COMPANY
24025 PARK SORRENTO SUITE 330
CALABASAS, CA 91302

CUSTOMER NUMBER

IDA000018031



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PHILADELPHIA INDEMNITY INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER

IDA000018058



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-18058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-18139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-18279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-18279-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-18287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PEERLESS INDEMNITY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000018333



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18333-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-18468-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
USAA GENERAL INDEMNITY COMPANY
9800 FREDERICKSBURG ROAD, EXTERNAL REPORTING D03W
SAN ANTONIO, TX 78288

CUSTOMER NUMBER

IDA000018600



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PLATTE RIVER INSURANCE COMPANY
P.O. BOX 5900
MADISON, WI 53705-0900

CUSTOMER NUMBER

IDA000018619



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18619-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-18694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-18694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-18708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ARCH MORTGAGE GUARANTY COMPANY
8601 N. SCOTTSDALE ROAD, #300
SCOTTSDALE, AZ 85253

CUSTOMER NUMBER

IDA000018732



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-18740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MERIT HEALTH INSURANCE COMPANY
4801 E. WASHINGTON ST., SUITE 100
PHOENIX, AZ 85034

CUSTOMER NUMBER

IDA000018750



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-18750-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
HCA23-18750-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CHURCH MUTUAL INSURANCE COMPANY, S.I.
3000 SCHUSTER LANE
MERRILL, WI 54452

CUSTOMER NUMBER

IDA000018767



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-18767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED HERITAGE PROPERTY & CASUALTY COMPANY
PO BOX 5555
MERIDIAN, ID 83680-5555

CUSTOMER NUMBER

IDA000018939



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CSE SAFEGUARD INSURANCE COMPANY
330 NORTH BRAND BOULEVARD
GLENDALE, CA 91203

CUSTOMER NUMBER

IDA000018953



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18953-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000018961



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AUTO-OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909-8160

CUSTOMER NUMBER

IDA000018988



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-18988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-18988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY AND SURETY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000019038



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19038-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19038-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000019046



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19046-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000019062



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19062-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STANDARD FIRE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000019070



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19070-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000019100



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-19119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SOUTHERN GUARANTY INSURANCE COMPANY
13600 ICOT BLVD., BLDG. A
CLEARWATER, FL 33760-3703

CUSTOMER NUMBER

IDA000019178



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19178-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SOUTHERN INSURANCE COMPANY
800 SUPERIOR AVE. E
CLEVELAND, OH 44144

CUSTOMER NUMBER

IDA000019216



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ST. PAUL PROTECTIVE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000019224



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19224-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19224-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLSTATE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000019232



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLSTATE INDEMNITY COMPANY
3075 SANDERS ROAD, SUITE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000019240



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19240-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER

IDA000019259



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

CUSTOMER NUMBER

IDA000019275



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

CUSTOMER NUMBER

IDA000019283



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN HOME ASSURANCE COMPANY
1271 AVE OF THE AMERICAS FL 37
NEW YORK, NY 10020-1304

CUSTOMER NUMBER

IDA000019380



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AIU INSURANCE COMPANY
1271 AVE OF THE AMERICAS FL 37
NEW YORK, NY 10020-1304

CUSTOMER NUMBER

IDA000019399



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AIG PROPERTY CASUALTY COMPANY
1271 AVE OF THE AMERICAS FL 37
NEW YORK, NY 10020-1304

CUSTOMER NUMBER

IDA000019402



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19402-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COMMERCE AND INDUSTRY INSURANCE COMPANY
1271 AVE OF THE AMERICAS FL 37
NEW YORK, NY 20030-1304

CUSTOMER NUMBER

IDA000019410



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, TH
1271 AVE OF THE AMERICAS FL 37
NEW YORK, NY 10020-1304

CUSTOMER NUMBER

IDA000019429



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURG
175 WATER STREET
NEW YORK, NY 10038

CUSTOMER NUMBER

IDA000019445



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-19453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19453-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000019488



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED FIRE & INDEMNITY COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER

IDA000019496



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CATLIN INSURANCE COMPANY, INC.
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000019518



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UFG SPECIALTY INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER

IDA000019526



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19526-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HALLMARK NATIONAL INSURANCE COMPANY
5420 LYNDON B JOHNSON FRWY, SUITE 1100
DALLS, TX 75240-2345

CUSTOMER NUMBER

IDA000019530



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-19530-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
HCA23-19530-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN RELIABLE INSURANCE COMPANY
8667 EAST HARTFORD DRIVE, SUITE 225
SCOTTSDALE, AZ 85258

CUSTOMER NUMBER

IDA000019615



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-19615-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-19615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19615-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN SUMMIT INSURANCE COMPANY
P.O. BOX 130059
DALLAS, TX 75313

CUSTOMER NUMBER

IDA000019623



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19623-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN ROAD INSURANCE COMPANY, THE
ONE AMERICAN ROAD, MD 7600
DEARBORN, MI 48126-2701

CUSTOMER NUMBER

IDA000019631



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19631-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-19658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HARTFORD FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000019682



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN ECONOMY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000019690



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN STATES INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000019704



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN STATES INSURANCE COMPANY OF TEXAS
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000019712



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19712-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN ALTERNATIVE INSURANCE CORPORATION
555 COLLEGE ROAD EAST - P.O. BOX 5241
PRINCETON, NJ 08543

CUSTOMER NUMBER

IDA000019720



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-19780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-19801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19801-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-19828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FINANCIAL INDEMNITY COMPANY
POST OFFICE BOX 223687
DALLAS, TX 75222-3687

CUSTOMER NUMBER

IDA000019852



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19852-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19852-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-19860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SECURITY NATIONAL INSURANCE COMPANY
800 SUPERIOR AVE. E.
CLEVELAND, OH 44114

CUSTOMER NUMBER

IDA000019879



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRINITY UNIVERSAL INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258

CUSTOMER NUMBER

IDA000019887



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LIBERTY INSURANCE UNDERWRITERS INC.
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000019917



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19917-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19917-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN COMMERCE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570-0758

CUSTOMER NUMBER

IDA000019941



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19941-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMICA MUTUAL INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI 02940-6008

CUSTOMER NUMBER

IDA000019976



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-19984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN SELECT INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000019992



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-19992-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-19992-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1300
OMAHA, NE 68102

CUSTOMER NUMBER

IDA000020044



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER

IDA000020052



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL INDEMNITY COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER

IDA000020087



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-20095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-20109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY INDEMNITY EXCHANGE
P. O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER

IDA000020117



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY INSURANCE COMPANY
1875 S GRANT STREET, #800
SAN MATEO, CA 94402

CUSTOMER NUMBER

IDA000020125



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL TRUST INSURANCE COMPANY
6300 UNIVERSITY PARKWAY
SARASOTA, FL 34240-8424

CUSTOMER NUMBER

IDA000020141



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALL AMERICA INSURANCE COMPANY
P.O. BOX 351
VAN WERT, OH 45891-0351

CUSTOMER NUMBER

IDA000020222



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CENTRAL MUTUAL INSURANCE COMPANY
P.O. BOX 351
VAN WERT, OH 45891-0351

CUSTOMER NUMBER

IDA000020230



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000020260



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CEDAR INSURANCE COMPANY
P.O. BOX 40310
BROOKLYN, NY 11024

CUSTOMER NUMBER

IDA000020273



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000020281



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20281-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GREAT NORTHERN INSURANCE COMPANY
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 08889

CUSTOMER NUMBER

IDA000020303



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20303-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SYNCORA GUARANTEE INC.
555 MADISON AVENUE, 11TH FLOOR
NEW YORK, NY 10020

CUSTOMER NUMBER

IDA000020311



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-20338-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000020346



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MITSUMI SUMITOMO INSURANCE COMPANY OF AMERICA
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602
WARREN, NJ 07059-0602

CUSTOMER NUMBER

IDA000020362



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20362-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20362-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-20370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000020397



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20397-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20397-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CIMARRON INSURANCE COMPANY, INC.
8601 NORTH SCOTTSDALE ROAD, SUITE 300
SCOTTSDALE, AZ 85253

CUSTOMER NUMBER

IDA000020400



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20400-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-20400-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
HCA23-20400-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HOMESITE INDEMNITY COMPANY
ONE FEDERAL STREET, SUITE 400
BOSTON, MA 02110-2003

CUSTOMER NUMBER

IDA000020419



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20419-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000020427



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CONTINENTAL CASUALTY COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000020443



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20443-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20443-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000020478



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20478-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRANSPORTATION INSURANCE COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000020494



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20494-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
VALLEY FORGE INSURANCE COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000020508



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20508-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EULER HERMES NORTH AMERICA INSURANCE COMPANY
800 RED BROOK BOULEVARD
OWINGS MILLS, MD 21117

CUSTOMER NUMBER

IDA000020516



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20516-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CLARENDON NATIONAL INSURANCE COMPANY
1999 BRYAN STREET
SUITE 900
DALLAS, TX 75201

CUSTOMER NUMBER

IDA000020532



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20532-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20532-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA
28 LIBERTY STREET, SUITE 5400
NEW YORK, NY 10005-1445

CUSTOMER NUMBER

IDA000020559



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-20559-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
XL REINSURANCE AMERICA INC.
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000020583



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SPARTA INSURANCE COMPANY
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT 06032

CUSTOMER NUMBER

IDA000020613



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20613-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20613-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-20699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20699-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-20702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-20710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20710-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
21ST CENTURY PREMIER INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER

IDA000020796



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20796-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20796-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WELLFLEET NEW YORK INSURANCE COMPANY
5814 REED ROAD
FORT WAYNE, IN 46835-3568

CUSTOMER NUMBER

IDA000020931



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-20931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COUNTRY CASUALTY INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER

IDA000020982



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COUNTRY MUTUAL INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER

IDA000020990



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-20990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COUNTRY PREFERRED INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER

IDA000021008



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21008-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GLOBAL REINSURANCE CORPORATION OF AMERICA
TWO LOGAN SQUARE SUITE 600
PHILADELPHIA, PA 19103

CUSTOMER NUMBER

IDA000021032



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRANSVERSE INSURANCE COMPANY
155 VILLAGE BOULEVARD, SUITE 205
PRINCETON, NJ 08540

CUSTOMER NUMBER

IDA000021075



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21075-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NORTH RIVER INSURANCE COMPANY, THE
305 MADISON AVENUE
MORRISTOWN, NJ 07960

CUSTOMER NUMBER

IDA000021105



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED STATES FIRE INSURANCE COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 07960

CUSTOMER NUMBER

IDA000021113



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21113-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21113-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-21164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-21172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-21180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD, EXTERNAL REPORTING D03W
SAN ANTONIO, TX 78288

CUSTOMER NUMBER

IDA000021253



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ELECTRIC INSURANCE COMPANY
75 SAM FONZO DRIVE
BEVERLY, MA 01915-1000

CUSTOMER NUMBER

IDA000021261



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-21296-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21296-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EMPIRE FIRE AND MARINE INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000021326



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21326-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21326-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EMCASCO INSURANCE COMPANY
P. O. BOX 712
DES MOINES, IA 50306-0712

CUSTOMER NUMBER

IDA000021407



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21407-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EMPLOYERS MUTUAL CASUALTY COMPANY
P. O. BOX 712
DES MOINES, IA 50306-0712

CUSTOMER NUMBER

IDA000021415



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21415-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNION INSURANCE COMPANY OF PROVIDENCE
PO BOX 712
DES MOINES, IA 50306-0712

CUSTOMER NUMBER

IDA000021423



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EMPLOYERS INSURANCE COMPANY OF WAUSAU
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000021458



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21458-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FACTORY MUTUAL INSURANCE COMPANY
P.O. BOX 7500
JOHNSTON, RI 02919-0750

CUSTOMER NUMBER

IDA000021482



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21482-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARMERS INSURANCE COMPANY OF ARIZONA
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER

IDA000021598



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-21598-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
FRA23-21598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARMERS INSURANCE EXCHANGE
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER

IDA000021652



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRE INSURANCE EXCHANGE
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER

IDA000021660



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MID-CENTURY INSURANCE COMPANY
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER

IDA000021687



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21687-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21687-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRUCK INSURANCE EXCHANGE
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER

IDA000021709



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21709-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21709-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ESURANCE INSURANCE COMPANY OF NEW JERSEY
3075 SANDERS RD, STE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000021741



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.
1209 ORANGE STREET
WILMINGTON, DE 19801

CUSTOMER NUMBER

IDA000021784



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000021792



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21792-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN PROPERTY INSURANCE COMPANY
4 INDUSTRIAL WAY WEST, SUITE 102
EATONTOWN, NJ 07724

CUSTOMER NUMBER

IDA000021806



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21806-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NEW ENGLAND INSURANCE COMPANY
100 HIGH STREET, SUITE 610A
BOSTON, MA 02110

CUSTOMER NUMBER

IDA000021830



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN AUTOMOBILE INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000021849



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21849-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21849-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN INSURANCE COMPANY, THE
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000021857



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21857-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WCF SELECT INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000021865



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21865-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIREMAN'S FUND INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000021873



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL SURETY CORPORATION
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000021881



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21881-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21881-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-21903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLIANZ REINSURANCE AMERICA, INC.
P.O. BOX 750039
PETALUMA, CA 94975-0039

CUSTOMER NUMBER

IDA000021911



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-21911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PENNSYLVANIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER

IDA000021962



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-21962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GENERAL REINSURANCE CORPORATION
120 LONG RIDGE ROAD
STAMFORD, CT 06902-1843

CUSTOMER NUMBER

IDA000022039



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GEICO INDEMNITY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER

IDA000022055



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GOVERNMENT EMPLOYEES INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER

IDA000022063



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22063-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GRAIN DEALERS MUTUAL INSURANCE COMPANY
55 WEST STREET
KEENE, NH 03431

CUSTOMER NUMBER

IDA000022098



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22098-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
REPUBLIC INDEMNITY COMPANY OF AMERICA
4500 PARK GRANADA, SUITE 300
CALABASAS, CA 91302

CUSTOMER NUMBER

IDA000022179



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GREATER NEW YORK MUTUAL INSURANCE COMPANY
200 MADISON AVENUE
NEW YORK, NY 10016-3904

CUSTOMER NUMBER

IDA000022187



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FREEDOM SPECIALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER

IDA000022209



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRISURA INSURANCE COMPANY
210 PARK AVENUE
SUITE 1300
OKLAHOMA CITY, OK 73102

CUSTOMER NUMBER

IDA000022225



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22225-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SELECT INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000022233



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MEDMARC CASUALTY INSURANCE COMPANY
4795 MEADOW WOOD LANE
CHANTILLY, VA 20151

CUSTOMER NUMBER

IDA000022241



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000022268



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102

CUSTOMER NUMBER

IDA000022276



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HANOVER INSURANCE COMPANY, THE
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER

IDA000022292



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MASSACHUSETTS BAY INSURANCE COMPANY
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER

IDA000022306



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RSUI INDEMNITY COMPANY
945 E. PACES FERRY RD, SUITE 1800
ATLANTA, GA 30326-1160

CUSTOMER NUMBER

IDA000022314



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GREENWICH INSURANCE COMPANY
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000022322



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HARTFORD ACCIDENT AND INDEMNITY COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000022357



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MENDAKOTA INSURANCE COMPANY
2980 COMMERS DRIVE, SUITE 100
EAGAN, MN 55121

CUSTOMER NUMBER

IDA000022454



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22454-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SECURA INSURANCE COMPANY
1500 MUTUAL WAY
NEENAH, WI 54956

CUSTOMER NUMBER

IDA000022543



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22543-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MITSUI SUMITOMO INSURANCE USA INC.
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602
WARREN, NJ 07059-0602

CUSTOMER NUMBER

IDA000022551



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ATLANTIC STATES INSURANCE COMPANY
1195 RIVER ROAD
MARIETTA, PA 17547-0302

CUSTOMER NUMBER

IDA000022586



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22586-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22667-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22667-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22683-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22683-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
R&Q REINSURANCE COMPANY
TWO LOGAN SQUARE, SUITE 600
PHILADELPHIA, PA 19103

CUSTOMER NUMBER

IDA000022705



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22748-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-22748-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-22756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INTEGON INDEMNITY CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000022772



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CHICAGO INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000022810



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AGCS MARINE INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000022837



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22837-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ACA FINANCIAL GUARANTY CORPORATION
555 THEODORE FREMD AVE., SUITE C-205
RYE, NY 10580

CUSTOMER NUMBER

IDA000022896



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO
P.O. BOX 305054
NASHVILLE, TN 37230-5054

CUSTOMER NUMBER

IDA000022906



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ECONOMY FIRE & CASUALTY COMPANY
700 QUAKER LANE
WARWICK, RI 02886

CUSTOMER NUMBER

IDA000022926



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ACSTAR INSURANCE COMPANY
30 SOUTH ROAD
FARMINGTON, CT 06032

CUSTOMER NUMBER

IDA000022950



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-22950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SEQUOIA INSURANCE COMPANY
800 SUPERIOR AVE. 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
FRA23-22985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000023035



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23035-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23035-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000023043



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23043-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-23051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
R.V.I. AMERICA INSURANCE COMPANY
201 BROAD STREET, SIXTH FLOOR
STAMFORD, CT 06901

CUSTOMER NUMBER

IDA000023132



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA
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
FRA23-23248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23248-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-23264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000023280



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN EUROPEAN INSURANCE COMPANY
2250 CHAPEL AVE WEST
CHERRY HILL, NJ 08002

CUSTOMER NUMBER

IDA000023337



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-23353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000023396



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-23418-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-23434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23434-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-23442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER

IDA000023450



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN MODERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER

IDA000023469



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23469-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23469-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000023540



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MIDWEST FAMILY MUTUAL INSURANCE COMPANY
P.O. BOX 9425
MINNEAPOLIS, MN 55440-9425

CUSTOMER NUMBER

IDA000023574



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23574-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000023582



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23582-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MIDWEST EMPLOYERS CASUALTY COMPANY
1209 ORANGE STREET
WILMINGTON, DE 19801

CUSTOMER NUMBER

IDA000023612



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23612-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23612-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
IRONSHORE INDEMNITY INC.
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000023647



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-23663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT 06032

CUSTOMER NUMBER

IDA000023671



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ODYSSEY REINSURANCE COMPANY
300 FIRST STAMFORD PLACE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000023680



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL GENERAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000023728



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23728-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DIRECT NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000023736



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23736-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ASCOT INSURANCE COMPANY
55 WEST 46TH STREET 26TH FLOOR
NEW YORK, NY 10036

CUSTOMER NUMBER

IDA000023752



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23752-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000023760



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23760-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER

IDA000023779



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000023787



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23787-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23787-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GRANITE STATE INSURANCE COMPANY
1271 AVE OF THE AMERICAS FL 37
NEW YORK, NY 10020-1304

CUSTOMER NUMBER

IDA000023809



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23809-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23809-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ILLINOIS NATIONAL INSURANCE CO.
1271 AVE OF THE AMERICAS FL37
NEW YORK, NY 10020-1304

CUSTOMER NUMBER

IDA000023817



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION
1 MANHATTANVILLE ROAD, SUITE 301
PURCHASE, NY 10577-2100

CUSTOMER NUMBER

IDA000023825



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23825-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NEW HAMPSHIRE INSURANCE COMPANY
175 WATER STREET
NEW YORK, NY 10038

CUSTOMER NUMBER

IDA000023841



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23841-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23841-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MAPFRE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570-0758

CUSTOMER NUMBER

IDA000023876



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-23876-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-23876-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NORTHLAND INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000024015



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24015-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NORTHLAND CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000024031



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SURETY BONDING COMPANY OF AMERICA
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000024047



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN FIRE AND CASUALTY COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024066



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24066-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OHIO CASUALTY INSURANCE COMPANY, THE
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024074



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24074-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24074-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OHIO SECURITY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024082



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OHIO FARMERS INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000024104



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTFIELD INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000024112



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTFIELD NATIONAL INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000024120



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-24139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24139-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-24147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24147-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NETHERLANDS INSURANCE COMPANY, THE
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024171



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24171-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PEERLESS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024198



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE
2505 COURT STREET
PEKIN, IL 61558-0001

CUSTOMER NUMBER

IDA000024201



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24201-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PEKIN INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL 61558-0001

CUSTOMER NUMBER

IDA000024228



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000024260



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000024279



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROVIDENCE WASHINGTON INSURANCE COMPANY
411 5TH AVENUE, 5TH FLOOR
NEW YORK, NY 10016

CUSTOMER NUMBER

IDA000024295



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24295-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SPINNAKER INSURANCE COMPANY
3051 HOLLIS DRIVE
SPRINGFIELD, ID 62704

CUSTOMER NUMBER

IDA000024376



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24376-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-24414-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-24449-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24449-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTERN NATIONAL ASSURANCE COMPANY
EDINA CORPORATE CENTER
4700 WEST 77TH STREET
EDINA, MN 55435-4818

CUSTOMER NUMBER

IDA000024465



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24465-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24465-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ROOT PROPERTY & CASUALTY INSURANCE COMPANY
80 E. RICH STREET
SUITE 500
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000024503



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24503-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
REPUBLIC UNDERWRITERS INSURANCE COMPANY
800 SUPERIOR AVE. E.
CLEVELAND, OH 44114

CUSTOMER NUMBER

IDA000024538



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
XL INSURANCE AMERICA, INC.
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000024554



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24554-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ARROWOOD INDEMNITY COMPANY
3600 ARCO CORPORATE DRIVE SUITE 100
CHARLOTTE, NC 28273

CUSTOMER NUMBER

IDA000024678



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24678-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24678-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST NATIONAL INSURANCE COMPANY OF AMERICA
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024724



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GENERAL INSURANCE COMPANY OF AMERICA
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024732



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24732-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000024740



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24740-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAFECO NATIONAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024759



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ST. PAUL FIRE AND MARINE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000024767



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ST. PAUL GUARDIAN INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000024775



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24775-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ST. PAUL MERCURY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000024791



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24791-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24791-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TESLA INSURANCE COMPANY
45500 FREMONT BLVD.
FREMONT, CA 94538

CUSTOMER NUMBER

IDA000024813



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24813-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24813-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TESLA PROPERTY & CASUALTY, INC.
45500 FREMONT BLVD.
FREMONT, CA 94538

CUSTOMER NUMBER

IDA000024821



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24821-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24821-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TESLA GENERAL INSURANCE, INC.
3800 NORTH CENTRAL AVENUE, SUITE 460
PHOENIX, AZ 85012

CUSTOMER NUMBER

IDA000024848



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24848-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-24848-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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).

The 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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALEA NORTH AMERICA INSURANCE COMPANY
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT 06032

CUSTOMER NUMBER

IDA000024899



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-24899-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-24961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-24961-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
HCA23-24961-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-24988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-24988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESCO INSURANCE COMPANY
800 SUPERIOR AVE. E
CLEVELAND, OH 44114

CUSTOMER NUMBER

IDA000025011



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25011-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25011-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25143-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25151-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25178-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STILLWATER INSURANCE COMPANY
6800 SOUTHPOINT PKWY, STE 700
JACKSONVILLE, FL 32216

CUSTOMER NUMBER

IDA000025180



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EMC PROPERTY & CASUALTY COMPANY
P.O. BOX 712
DES MOINES, IA 50306-0712

CUSTOMER NUMBER

IDA000025186



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
21ST CENTURY ADVANTAGE INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER

IDA000025232



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARMERS DIRECT PROPERTY AND CASUALTY INSURANCE CO
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000025321



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SWISS REINSURANCE AMERICA CORPORATION
175 KING STREET
ARMONK, NY 10504-1606

CUSTOMER NUMBER

IDA000025364



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25364-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25364-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EMPLOYERS ASSURANCE COMPANY
10375 PROFESSIONAL CIRCLE
RENO, NV 89521-4802

CUSTOMER NUMBER

IDA000025402



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAFE AUTO INSURANCE COMPANY
4 EASTON OVAL
COLUMBUS, OH 43219

CUSTOMER NUMBER

IDA000025405



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25405-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25422-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
IRONSHORE SPECIALTY INSURANCE COMPANY
175 BERKLEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000025445



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-25445-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-25445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT

NATIONWIDE INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER

IDA000025453



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STARSTONE NATIONAL INSURANCE COMPANY
201 E. FIFTH STREET, SUITE 1200
CINCINNATI, OH 45202

CUSTOMER NUMBER

IDA000025496



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25496-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TIG INSURANCE COMPANY
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101

CUSTOMER NUMBER

IDA000025534



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WATFORD INSURANCE COMPANY
445 SOUTH STREET, SUITE 220
MORRISTOWN, NJ 07962

CUSTOMER NUMBER

IDA000025585



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25585-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25585-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CHARTER OAK FIRE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025615



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PHOENIX INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025623



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025658



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25658-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY OF AMERICA, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025666



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25666-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025674



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025682



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ESURANCE INSURANCE COMPANY
3075 SANDERS RD, STE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000025712



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DAIRYLAND AMERICAN INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER

IDA000025747



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PEACHTREE CASUALTY INSURANCE COMPANY
6 CONCOURSE PKWY, SUITE 1460
ATLANTA, GA 30328

CUSTOMER NUMBER

IDA000025755



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25755-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SUTTON NATIONAL INSURANCE COMPANY
1855 GRIFFIN ROAD
B-390
DANIA BEACH, FL 33004

CUSTOMER NUMBER

IDA000025798



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25798-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNION INSURANCE COMPANY
11201 DOUGLAS AVENUE
URBANDALE, IA 50322

CUSTOMER NUMBER

IDA000025844



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25844-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025879



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED STATES FIDELITY AND GUARANTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025887



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25887-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED STATES LIABILITY INSURANCE COMPANY
1190 DEVON PARK DRIVE, P.O. BOX 6700
WAYNE, PA 19087-8700

CUSTOMER NUMBER

IDA000025895



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-25933-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED SERVICES AUTOMOBILE ASSOCIATION
9800 FREDERICKSBURG ROAD, EXTERNAL REPORTING D03W
SAN ANTONIO, TX 78288

CUSTOMER NUMBER

IDA000025941



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
USAA CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD, EXTERNAL REPORTING D03W
SAN ANTONIO, TX 78288

CUSTOMER NUMBER

IDA000025968



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UTICA MUTUAL INSURANCE COMPANY
POST OFFICE BOX 530
UTICA, NY 13503-0530

CUSTOMER NUMBER

IDA000025976



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-25976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-25976-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WAUSAU UNDERWRITERS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000026042



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-26042-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RESPONSE WORLDWIDE INSURANCE COMPANY
200 EAST RANDOLPH STREET
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000026050



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WAUSAU BUSINESS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000026069



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LANCER INSURANCE COMPANY
P.O. BOX 9004
LONG BEACH, NY 11561-9004

CUSTOMER NUMBER

IDA000026077



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WARNER INSURANCE COMPANY
200 EAST RANDOLPH STREET,
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000026085



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26085-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000026093



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-26093-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN MILLENNIUM INSURANCE COMPANY
1011 ROUTE 22 WEST
BRIDGEWATER, NJ 08807

CUSTOMER NUMBER

IDA000026140



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
YOSEMITE INSURANCE COMPANY
601 SOUTH BOULDER
SUITE 500
TULSA, OK 74119-1300

CUSTOMER NUMBER

IDA000026220



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-26220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000026247



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-26247-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARMERS PROPERTY AND CASUALTY INSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000026298



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SELECTIVE WAY INSURANCE COMPANY
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER

IDA000026301



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-26310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-26344-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-26379-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-26379-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-26395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HARCO NATIONAL INSURANCE COMPANY
4200 SIX FORKS RD. SUITE 1400
RALEIGH, NC 27609

CUSTOMER NUMBER

IDA000026433



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COURTESY INSURANCE COMPANY
500 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL 33442

CUSTOMER NUMBER

IDA000026492



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OHIO INDEMNITY COMPANY
250 E. BROAD ST., 7TH FLOOR
COLUMBUS, OH 43215-0000

CUSTOMER NUMBER

IDA000026565



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INDEPENDENCE AMERICAN INSURANCE COMPANY
485 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022-5872

CUSTOMER NUMBER

IDA000026581



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-26581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BLACKBOARD INSURANCE COMPANY
1271 AVENUE OF THE AMERICAS FL37
NEW YORK, NY 10020-1304

CUSTOMER NUMBER

IDA000026611



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-26611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GREAT NORTHWEST INSURANCE COMPANY
445 MINNESOTA STREET, SUITE 730
ST. PAUL, MN 55101

CUSTOMER NUMBER

IDA000026654



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26654-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MILFORD CASUALTY INSURANCE COMPANY
800 SUPERIOR AVE. 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
FRA23-26662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-26697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF ILLINOIS
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000026700



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-26700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PLANS' LIABILITY INSURANCE COMPANY
23 SOUTH MAIN STREET
HANOVER, NH 03755

CUSTOMER NUMBER

IDA000026794



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26794-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-26824-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-26832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CENTURY-NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000026905



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26905-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EVEREST REINSURANCE COMPANY
100 EVEREST WAY, WARREN CORPORATE CENTER
WARREN, NJ 07059

CUSTOMER NUMBER

IDA000026921



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-26921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-26921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BOND SAFEGUARD INSURANCE COMPANY
10002 SHELBYVILLE ROAD, SUITE 100
LOUISVILLE, KY 40223-2979

CUSTOMER NUMBER

IDA000027081



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27081-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000027090



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRUMBULL INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000027120



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-27120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MIDVALE INDEMNITY COMPANY
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

CUSTOMER NUMBER

IDA000027138



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-27138-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-27154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-27154-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PMI MORTGAGE INSURANCE CO.
3030 NORTH THIRD STREET, SUITE 790
PHOENIX, AZ 85012

CUSTOMER NUMBER

IDA000027251



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-27251-REH	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
TOTAL ASSESSMENT AMOUNT			375.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY
P. O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER

IDA000027464



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-27499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRSTCOMP INSURANCE COMPANY
222 SOUTH 15TH STREET, SUITE 1500 N
OMAHA, NE 68102

CUSTOMER NUMBER

IDA000027626



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-27740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000027804



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COLUMBIA INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER

IDA000027812



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27812-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-27812-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-27847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000027855



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-27855-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTERN AGRICULTURAL INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER

IDA000027871



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27871-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-27871-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMEX ASSURANCE COMPANY
18850 N 56TH STREET
PHOENIX, AZ 85054

CUSTOMER NUMBER

IDA000027928



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-27928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL INSURANCE ASSOCIATION
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000027944



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000027998



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-27998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-28053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-28053-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
HCA23-28053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVCO INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000028188



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ANTHEM INSURANCE COMPANIES, INC.
220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER

IDA000028207



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-28207-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000028223



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CONTINENTAL INDEMNITY COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER

IDA000028258



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-28304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-28304-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GATEWAY INSURANCE COMPANY
953 AMERICAN LANE
3RD FLOOR
SCHAUMBURG, IL 60173

CUSTOMER NUMBER

IDA000028339



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
AMERICAN NATIONAL CENTER, 1949 EAST SUNSHINE
SPRINGFIELD, MO 65899-0001

CUSTOMER NUMBER

IDA000028401



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28401-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-28401-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-28460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-28460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-28497-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EASTERN ATLANTIC INSURANCE COMPANY
5300 DERRY STREET
HARRISBURG, PA 17111-3598

CUSTOMER NUMBER

IDA000028649



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000028665



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-28665-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EQUITY INSURANCE COMPANY
4315 LAKE SHORE DR STE J
WACO, TX 76710-1970

CUSTOMER NUMBER

IDA000028746



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CLEAR BLUE INSURANCE COMPANY
B-7 TABONUCO STREET, SUITE 912
GUAYNABO, PR 00968

CUSTOMER NUMBER

IDA000028860



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
4200 SIX FORKS RD. SUITE 1400
RALEIGH, NC 27609

CUSTOMER NUMBER

IDA000028886



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-28886-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-28932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-29017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ATAIN INSURANCE COMPANY
30833 NORTHWESTERN HWY., SUITE 220
FARMINGTON HILLS, MI 48334-2582

CUSTOMER NUMBER

IDA000029033



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-29033-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY CONNECT PROPERTY AND CASUALTY INS
3500 PACKERLAND DRIVE
DE PERE, WI 54115-9070

CUSTOMER NUMBER

IDA000029068



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-29068-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ARCH MORTGAGE ASSURANCE COMPANY
8040 EXCELSIOR DRIVE, SUITE 400
MADISON, WI 53717

CUSTOMER NUMBER

IDA000029114



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29114-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000029157



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-29157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000029424



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-29424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TWIN CITY FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000029459



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-29459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BAR PLAN MUTUAL INSURANCE COMPANY, THE
1717 HIDDEN CREEK COURT
ST. LOUIS, MO 63131-1826

CUSTOMER NUMBER

IDA000029513



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DIGITAL AFFECT INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER

IDA000029530



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BERKLEY REGIONAL INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA 50306-9190

CUSTOMER NUMBER

IDA000029580



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-29599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-29599-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
3075 SANDERS ROAD, SUITE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000029688



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-29688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SWISS RE CORPORATE SOLUTIONS ELITE INSURANCE CORPO
1200 MAIN STREET
SUITE 800
KANSAS CITY, MO 64105

CUSTOMER NUMBER

IDA000029700



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-29700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INTEGON NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000029742



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PACIFIC STAR INSURANCE COMPANY
PO BOX 509020
SAN DIEGO, CA 92150-9020

CUSTOMER NUMBER

IDA000029793



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29793-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-29858-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CO
1200 MAIN STREET
SUITE 800
KANSAS CITY, MO 64105

CUSTOMER NUMBER

IDA000029874



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29874-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-29874-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE
ONE STATE STREET, P.O. BOX 299
HARTFORD, CT 06141-0299

CUSTOMER NUMBER

IDA000029890



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST COLONIAL INSURANCE COMPANY
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL 32224-6688

CUSTOMER NUMBER

IDA000029980



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29980-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HIGHVIEW NATIONAL INSURANCE COMPANY
1 ALPINE COURT, STE 102
SPRING VALLEY, NY 10977

CUSTOMER NUMBER

IDA000029998



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-29998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SCOR REINSURANCE COMPANY
28 LIBERTY STREET, SUITE 5400
NEW YORK, NY 10005-1445

CUSTOMER NUMBER

IDA000030058



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-30058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HARTFORD UNDERWRITERS INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000030104



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-30104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-30104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-30120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ASSURED GUARANTY CORP.
1633 BROADWAY
NEW YORK, NY 10019

CUSTOMER NUMBER

IDA000030180



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-30180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ESURANCE PROPERTY AND CASUALTY INSURANCE COMPAN
3075 SANDERS RD, STE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000030210



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-30210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ASCOT SURETY & CASUALTY COMPANY
10233 SOUTH PARKER ROAD
SUITE 300
PARKER, CO 80134

CUSTOMER NUMBER

IDA000030279



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-30279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ZALE INDEMNITY COMPANY
9797 ROMBAUER RD
DALLAS, TX 75016

CUSTOMER NUMBER

IDA000030325



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-30325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000030830



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-30830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RADIAN MORTGAGE ASSURANCE INC.
550 E. SWEDESFORD RD.
#350
WAYNE, PA 19087

CUSTOMER NUMBER

IDA000030872



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-30872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-30945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRI-STATE INSURANCE COMPANY OF MINNESOTA
11201 DOUGLAS AVENUE
URBANDALE, IA 50322

CUSTOMER NUMBER

IDA000031003



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-31003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
REPWEST INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ 85004-1163

CUSTOMER NUMBER

IDA000031089



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-31089-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-31089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-31089-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MEDICO INSURANCE COMPANY
PO BOX 10386
DES MOINES, IA 50306-0386

CUSTOMER NUMBER

IDA000031119



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-31119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-31135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000031194



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-31194-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OAKWOOD INSURANCE COMPANY
ONE WORLD TRADE CENTER, 285 FULTON STREET, SUITE 4
NEW YORK, NY 10007

CUSTOMER NUMBER

IDA000031208



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-31208-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-31232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ACADIA INSURANCE COMPANY
P.O. BOX 9010
WESTBROOK, ME 04098-5010

CUSTOMER NUMBER

IDA000031325



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CRUM & FORSTER INDEMNITY COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 07960

CUSTOMER NUMBER

IDA000031348



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-31380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FINANCIAL PACIFIC INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER

IDA000031453



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NORGUARD INSURANCE COMPANY
PO BOX AH
WILKES BARRE, PA 18703-0020

CUSTOMER NUMBER

IDA000031470



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31470-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-31470-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CITIZENS INSURANCE COMPANY OF AMERICA
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER

IDA000031534



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HAULERS INSURANCE COMPANY, INC.
P.O. BOX 270
COLUMBIA, TN 38402-0270

CUSTOMER NUMBER

IDA000031550



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COFACE NORTH AMERICA INSURANCE COMPANY
650 COLLEGE ROAD EAST; SUITE 2005
PRINCETON, NJ 08540-6779

CUSTOMER NUMBER

IDA000031887



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN INTERSTATE INSURANCE COMPANY
2301 HIGHWAY 190 WEST
DERIDDER, LA 70634-6005

CUSTOMER NUMBER

IDA000031895



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FALLS LAKE NATIONAL INSURANCE COMPANY
PO BOX 97488
RALEIGH, NC 27609

CUSTOMER NUMBER

IDA000031925



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-31925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-31925-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-31968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
VANTAGE RISK ASSURANCE COMPANY
444 W. LAKE ST.
RIVER POINT 17TH FLOOR
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000032077



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-32077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-32174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CONSTITUTION INSURANCE COMPANY
PO BOX 8424
OMAHA, NE 68108-0424

CUSTOMER NUMBER

IDA000032190



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-32190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
21ST CENTURY NORTH AMERICA INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER

IDA000032220



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-32220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WELLFLEET INSURANCE COMPANY
5814 REED ROAD
FORT WAYNE, IN 46835

CUSTOMER NUMBER

IDA000032280



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-32280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000032301



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-32301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LM PROPERTY AND CASUALTY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000032352



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32352-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-32352-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STAR CASUALTY INSURANCE COMPANY
P.O.BOX 451037
MIAMI, FL 33245-1037

CUSTOMER NUMBER

IDA000032387



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32387-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MEDICAL INSURANCE EXCHANGE OF CALIFORNIA
6250 CLAREMONT AVENUE
OAKLAND, CA 94618-1324

CUSTOMER NUMBER

IDA000032433



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALPS PROPERTY & CASUALTY INSURANCE COMPANY
111 NORTH HIGGINS AVENUE, SUITE 600
MISSOULA, MT 59802

CUSTOMER NUMBER

IDA000032450



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MONROE GUARANTY INSURANCE COMPANY
6300 UNIVERSITY PARKWAY
SARASOTA, FL 34240-8424

CUSTOMER NUMBER

IDA000032506



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-32522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BERKLEY INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CT 06830

CUSTOMER NUMBER

IDA000032603



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32603-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-32603-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-32620-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909-8160

CUSTOMER NUMBER

IDA000032700



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CO
1200 MAIN STREET
SUITE 800
KANSAS CITY, KS 64105

CUSTOMER NUMBER

IDA000032778



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-32778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000032786



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32786-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MUTUAL INSURANCE COMPANY OF ARIZONA
2602 EAST THOMAS ROAD
PHOENIX, AZ 85016-8202

CUSTOMER NUMBER

IDA000032832



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-32832-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
FRA23-32832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			23,550.00

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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PENN-AMERICA INSURANCE COMPANY
3 BALA PLZ, STE 300E
BALA CYNWYD, PA 19004-3406

CUSTOMER NUMBER

IDA000032859



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY
3214 CHICAGO DRIVE
HUDSONVILLE, MI 49426

CUSTOMER NUMBER

IDA000032867



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32867-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ISMIE MUTUAL INSURANCE COMPANY
20 NORTH MICHIGAN AVENUE
CHICAGO, IL 60602-4811

CUSTOMER NUMBER

IDA000032921



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-32921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRANSPORT INSURANCE COMPANY
TWO LOGAN SQUARE, SUITE 600
PHILADELPHIA, PA 19103

CUSTOMER NUMBER

IDA000033014



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-33014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AXA INSURANCE COMPANY
200 LIBERTY STREET, 22ND FLOOR
NEW YORK, NY 10281

CUSTOMER NUMBER

IDA000033022



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33022-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-33022-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-33162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NORCAL INSURANCE COMPANY
P.O. BOX 2080
MECHANICSBURG, PA 17055

CUSTOMER NUMBER

IDA000033200



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST PROFESSIONALS INSURANCE COMPANY, INC.
1301 N. HAGADORN ROAD
EAST LANSING, MI 48823

CUSTOMER NUMBER

IDA000033383



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROASSURANCE INDEMNITY COMPANY, INC.
PO BOX 590009
BIRMINGHAM, AL 35259-0009

CUSTOMER NUMBER

IDA000033391



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CLERMONT INSURANCE COMPANY
301 ROUTE 17 NORTH, SUITE 900
RUTHERFORD, NJ 07070

CUSTOMER NUMBER

IDA000033480



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-33499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST LIBERTY INSURANCE CORPORATION, THE
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000033588



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33588-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-33588-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LM INSURANCE CORPORATION
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000033600



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-33600-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MENDOTA INSURANCE COMPANY
3343 PERIMETER HILL DRIVE
SUITE 214
NASHVILLE, TN 37211

CUSTOMER NUMBER

IDA000033650



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
REPUBLIC CREDIT INDEMNITY COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000033715



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33715-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-33723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-33723-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RADIAN GUARANTY INC.
550 E. SWEDESFORD RD.
#350
WAYNE, PA 19087

CUSTOMER NUMBER

IDA000033790



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AEGIS SECURITY INSURANCE COMPANY
PO BOX 3153
HARRISBURG, PA 17105

CUSTOMER NUMBER

IDA000033898



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-33898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-33898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
KIN INTERINSURANCE NEXUS
222 MERCHANDISE MART, SUITE 228
CHICAGO, IL 60654

CUSTOMER NUMBER

IDA000033987



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-33987-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-33987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-33987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRANS CITY CASUALTY INSURANCE COMPANY
7500 E. McDONALD DR., SUITE 700
SCOTTSDALE, AZ 85250-6055

CUSTOMER NUMBER

IDA000034002



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34002-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-34002-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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).

The 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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HALLMARK INSURANCE COMPANY
5420 LYNDON B JOHNSON FRWY, SUITE 1100
DALLAS, TX 75240-2345

CUSTOMER NUMBER

IDA000034037



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-34037-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-34037-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-34037-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-34274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-34274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRODUCERS AGRICULTURE INSURANCE COMPANY
2025 SOUTH HUGHES
AMARILLO, TX 79109

CUSTOMER NUMBER

IDA000034312



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARMERS GROUP PROPERTY AND CASUALTY INSURANCE CO
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000034339



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000034347



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-34460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-34495-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-34495-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST AMERICAN SPECIALTY INSURANCE COMPANY
4 FIRST AMERICAN WAY
SANTA ANA, CA 92707

CUSTOMER NUMBER

IDA000034525



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OAK RIVER INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1300
OMAHA, NE 68102-1944

CUSTOMER NUMBER

IDA000034630



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CENTRE INSURANCE COMPANY
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

CUSTOMER NUMBER

IDA000034649



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-34649-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTF
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000034690



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-34690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DIGITAL ADVANTAGE INSURANCE COMPANY
76 ST. PAUL STREET, STE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER

IDA000034711



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-34711-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-34738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-34762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
21ST CENTURY CENTENNIAL INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER

IDA000034789



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-34789-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRENWICK AMERICA REINSURANCE CORPORATION
40 RICHARDS AVENUE
NORWALK, CT 06854

CUSTOMER NUMBER

IDA000034894



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34894-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DAKOTA TRUCK UNDERWRITERS
PO BOX 89310
SIOUX FALLS, SD 57109-9310

CUSTOMER NUMBER

IDA000034924



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-34924-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-35009-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-35157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-35157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EXECUTIVE RISK INDEMNITY INC.
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 08889

CUSTOMER NUMBER

IDA000035181



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-35181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ILLINOIS INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER

IDA000035246



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-35246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CONTINENTAL INSURANCE COMPANY, THE
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000035289



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-35289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-35289-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLIANZ GLOBAL RISKS US INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000035300



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-35300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-35319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIDELITY AND GUARANTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000035386



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-35386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-35408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-35408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
U.S. UNDERWRITERS INSURANCE COMPANY
1190 DEVON PARK DRIVE, P.O. BOX 6700
WAYNE, PA 19087-8700

CUSTOMER NUMBER

IDA000035416



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-35416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-35424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-35424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-35483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-35483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-35505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OBSDIAN 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
FRA23-35602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-35602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-35769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-35769-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GEICO GENERAL INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER

IDA000035882



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-35882-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-35882-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-35939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF
P. O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER

IDA000035955



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-35955-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HANOVER AMERICAN INSURANCE COMPANY, THE
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER

IDA000036064



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36064-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS COMMERCIAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000036137



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS PERSONAL SECURITY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000036145



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AETNA INSURANCE COMPANY OF CONNECTICUT
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER

IDA000036153



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000036161



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY COMPANY OF CONNECTICUT
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000036170



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED CASUALTY AND SURETY INSURANCE COMPANY
292 NEWBURY STREET, SUITE 105
2ND FLOOR
BOSTON, MA 02115

CUSTOMER NUMBER

IDA000036226



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PREFERRED PROFESSIONAL INSURANCE COMPANY
PO BOX 540658
OMAHA, NE 68154-0658

CUSTOMER NUMBER

IDA000036234



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000036269



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GRAY INSURANCE COMPANY, THE
P.O. BOX 6202
METAIRIE, LA 70009-6202

CUSTOMER NUMBER

IDA000036307



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CAMICO MUTUAL INSURANCE COMPANY
1800 GATEWAY DRIVE, SUITE 300
SAN MATEO, CA 94404

CUSTOMER NUMBER

IDA000036340



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LM GENERAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000036447



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-36447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLSTATE NORTHBROOK INDEMNITY COMPANY
3075 SANDERS ROAD, SUITE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000036455



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-36455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000036463



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-36463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COLISEUM REINSURANCE COMPANY
3 WEST 35TH STREET, 11TH FLOOR
NEW YORK, NY 10001-2204

CUSTOMER NUMBER

IDA000036552



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAFEPORT INSURANCE COMPANY
4200 SIX FORKS RD. SUITE 1400
RALEIGH, NC 27609

CUSTOMER NUMBER

IDA000036560



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36560-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PLYMOUTH ROCK ASSURANCE PREFERRED CORPORATION
695 ATLANTIC AVENUE
BOSTON, MA 02111-2217

CUSTOMER NUMBER

IDA000036587



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-36587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-36650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RIVERPORT INSURANCE COMPANY
1201 DOUGLAS AVENUE
URBANDALE, IA 50322

CUSTOMER NUMBER

IDA000036684



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36684-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-36684-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-36781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-36781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MANUFACTURERS ALLIANCE INSURANCE COMPANY
P. O. BOX 3031
BLUE BELL, PA 19422-0754

CUSTOMER NUMBER

IDA000036897



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-36897-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COLONY SPECIALTY INSURANCE COMPANY
50 WEST BROAD STREET SUITE 1330
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000036927



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-36927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-36951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-37060-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-37060-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-37095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LANDCAR CASUALTY COMPANY
9350 S. 150 E., STE 220
SANDY, UT 84070

CUSTOMER NUMBER

IDA000037109



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-37206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN STATES PREFERRED INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000037214



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-37257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-37257-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AXIS INSURANCE COMPANY
111 SOUTH WACKER DRIVE SUITE 3500
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000037273



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-37273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE MIDWEST
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000037478



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BEAZLEY INSURANCE COMPANY, INC.
30 BATTERSON PARK ROAD
FARMINGTON, CT 06032

CUSTOMER NUMBER

IDA000037540



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-37540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TOYOTA MOTOR INSURANCE COMPANY
6565 HEADQUARTERS DRIVE
PIANO, TX 75024

CUSTOMER NUMBER

IDA000037621



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37621-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PERMANENT GENERAL ASSURANCE CORPORATION
P.O. BOX 305054
NASHVILLE, TN 37230-5054

CUSTOMER NUMBER

IDA000037648



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMP
4 FIRST AMERICAN WAY
SANTA ANA, CA 92707

CUSTOMER NUMBER

IDA000037710



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-37770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
KOOKMIN BEST INSURANCE CO., LTD.(U.S.BRANCH)
55 CHALLENGER ROAD,SUITE #302
RIDGEFIELD PARK, NJ 07660

CUSTOMER NUMBER

IDA000037800



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000037834



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37834-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-37850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRE-PAID LEGAL CASUALTY, INC.
P.O. BOX 145
ADA, OK 74821

CUSTOMER NUMBER

IDA000037869



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37869-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPA
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER

IDA000037877



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37877-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-37877-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
XL SPECIALTY INSURANCE COMPANY
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000037885



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY
3075 SANDERS ROAD, SUITE G4E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000037907



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37907-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-37907-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-37915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GEICO MARINE INSURANCE COMPANY
5323 PORT ROYAL ROAD
SPRINGFIELD, VA 22151

CUSTOMER NUMBER

IDA000037923



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37923-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
YCI, INC.
4400 WILL ROGERS PARKWAY
OKLAHOMA CITY, OK 73108

CUSTOMER NUMBER

IDA000037931



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-37931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-37931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-37940-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-37990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ECONOMY PREFERRED INSURANCE COMPANY
700 QUAKER LANE
WARWICK, RI 02886

CUSTOMER NUMBER

IDA000038067



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38067-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS PERSONAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000038130



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LANCER INDEMNITY COMPANY
P.O. BOX 9007
LONG BEACH, NY 11561-9007

CUSTOMER NUMBER

IDA000038148



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-38148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALPHA PROPERTY & CASUALTY INSURANCE COMPANY
POST OFFICE BOX 223687
DALLAS, TX 75222-3687

CUSTOMER NUMBER

IDA000038156



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-38245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-38245-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE SOUTHEAST
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000038261



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF ILLINOIS
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000038288



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANCH)
105 CHALLENGER ROAD, 5TH FLOOR
RIDGEFIELD PARK, NJ 07660

CUSTOMER NUMBER

IDA000038300



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STARR INDEMNITY & LIABILITY COMPANY
8401 N. CENTRAL EXPRESSWAY, #890
DALLAS, TX 75225

CUSTOMER NUMBER

IDA000038318



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-38318-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-38458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-38490-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-38490-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RAMPART INSURANCE COMPANY
1880 JFK BOULEVARD, STE 801
PHILADELPHIA, PA 19103

CUSTOMER NUMBER

IDA000038512



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-38601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000038628



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PARTNER REINSURANCE COMPANY OF THE U.S.
200 FIRST STAMFORD PLACE, SUITE 400
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000038636



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-38636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN MODERN SELECT INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER

IDA000038652



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MIC GENERAL INSURANCE CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000038660



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-38660-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALASKA NATIONAL INSURANCE COMPANY
7001 JEWEL LAKE ROAD
ANCHORAGE, AK 99502

CUSTOMER NUMBER

IDA000038733



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38733-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SIRIUSPOINT AMERICA INSURANCE COMPANY
140 BROADWAY - 32ND FLOOR
NEW YORK, NY 10005-1123

CUSTOMER NUMBER

IDA000038776



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38776-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-38776-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000038873



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BERKLEY NATIONAL INSURANCE COMPANY
11201 DOUGLAS AVENUE
URBANDALE, IA 50322

CUSTOMER NUMBER

IDA000038911



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-38911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GENESIS INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 06902-1843

CUSTOMER NUMBER

IDA000038962



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-38962-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-38970-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-38970-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000038997



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-38997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-38997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000039012



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RURAL COMMUNITY INSURANCE COMPANY
1299 ZURICH WAY
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000039039



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OMNI INSURANCE COMPANY
1400 UNION MEETING RD, SUITE 250
BLUE BELL, PA 19422

CUSTOMER NUMBER

IDA000039098



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-39152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-39217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-39217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000039306



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GENERAL SECURITY NATIONAL INSURANCE COMPANY
28 LIBERTY STREET, SUITE 5400
NEW YORK, NY 10005-1445

CUSTOMER NUMBER

IDA000039322



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-39322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HERITAGE INDEMNITY COMPANY
800 SUPERIOR AVENUE EAST, 21ST FLOOR
CLEVELAND, OH 44144

CUSTOMER NUMBER

IDA000039527



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39527-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-39551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NUTMEG INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000039608



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-39608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-39616-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-39616-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTPORT INSURANCE CORPORATION
1200 MAIN STREET, SUITE 800
KANSAS CITY, KS 64105

CUSTOMER NUMBER

IDA000039845



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-39845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GOLDEN BEAR INSURANCE COMPANY
1550 WEST FREMONT STREET, 2ND FLOOR
STOCKTON, CA 95203

CUSTOMER NUMBER

IDA000039861



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39861-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER

IDA000039926



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL GENERAL INSURANCE COMPANY
AMERICAN NATIONAL CENTER, 1949 EAST SUNSHINE
SPRINGFIELD, MO 65899-0001

CUSTOMER NUMBER

IDA000039942



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
METROPOLITAN GENERAL INSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000039950



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-39950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ANCHOR GENERAL INSURANCE COMPANY
PO BOX 509020
SAN DIEGO, CA 92150-9020

CUSTOMER NUMBER

IDA000040010



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-40029-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-40029-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STARNET INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA 50306-9190

CUSTOMER NUMBER

IDA000040045



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-40045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN ZURICH INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000040142



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-40142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MGA INSURANCE COMPANY, INC.
POST OFFICE BOX 199023
DALLAS, TX 75219-9023

CUSTOMER NUMBER

IDA000040150



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARMERS CASUALTY INSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000040169



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
XL INSURANCE COMPANY OF NEW YORK, INC.
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000040193



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AIG ASSURANCE COMPANY
1271 AVE OF THE AMERICAS FL 37
NEW YORK, NY 10020-1304

CUSTOMER NUMBER

IDA000040258



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-40266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS COMMERCIAL CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000040282



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-40282-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PIONEER SPECIALTY INSURANCE COMPANY
EDINA CORPORATE CENTER
4700 WEST 77TH STREET
EDINA, MN 55435-4818

CUSTOMER NUMBER

IDA000040312



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-40371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ASHMERE INSURANCE COMPANY
1301 6TH AVENUE WEST
BRADENTON, FL 34205

CUSTOMER NUMBER

IDA000040398



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40398-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-40398-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STRATFORD INSURANCE COMPANY
300 KIMBALL DRIVE, SUITE 500
PARSIPPANY, NJ 07054

CUSTOMER NUMBER

IDA000040436



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40436-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OLD REPUBLIC SURETY COMPANY
PO BOX 1635
MILWAUKEE, WI 53201-1635

CUSTOMER NUMBER

IDA000040444



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-40460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-40460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
REPUBLIC-VANGUARD INSURANCE COMPANY
POST OFFICE BOX 809076
DALLAS, TX 75380-9076

CUSTOMER NUMBER

IDA000040479



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40479-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-40479-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
TOTAL ASSESSMENT AMOUNT			3,300.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WCF NATIONAL INSURANCE COMPANY
P. O. BOX 571918
SALT LAKE CITY, UT 84157-1918

CUSTOMER NUMBER

IDA000040517



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40517-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
POSEIDON MORTGAGE GUARANTY COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER

IDA000040525



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LIO INSURANCE COMPANY

300 FOUR FALLS CORPORATE CENTER, SUITE 235
300 CONSHOHOCKEN STATE ROAD
WEST CONSHOHOCKEN, PA 19428

CUSTOMER NUMBER

IDA000040550



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-40550-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ECONOMY PREMIER ASSURANCE COMPANY
700 QUAKER LANE
WARWICK, RI 02886

CUSTOMER NUMBER

IDA000040649



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITRIN SAFEGUARD INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258

CUSTOMER NUMBER

IDA000040703



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-40789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
VIRGINIA SURETY COMPANY, INC.
175 W. JACKSON
CHICAGO, IL 60604

CUSTOMER NUMBER

IDA000040827



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40827-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-40827-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000040843



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DENTISTS INSURANCE COMPANY, THE
1201 K STREET, 17TH FLOOR
SACRAMENTO, CA 95814

CUSTOMER NUMBER

IDA000040975



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-40975-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-41050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-41106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000041181



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-41181-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRITON INSURANCE COMPANY
P.O. BOX 2548
FORT WORTH, TX 76113-2548

CUSTOMER NUMBER

IDA000041211



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-41211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRANS PACIFIC INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER

IDA000041238



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000041297



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-41335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-41343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-41343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-41394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-41394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY
P. O. BOX 3031
BLUE BELL, PA 19422-0754

CUSTOMER NUMBER

IDA000041424



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-41424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-41459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARMINGTON CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000041483



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-41483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GEICO CASUALTY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER

IDA000041491



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41491-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000041513



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-41513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RED SHIELD INSURANCE COMPANY
P.O. BOX 3736
SEATTLE, WA 98124-3736

CUSTOMER NUMBER

IDA000041580



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NEW ENGLAND REINSURANCE CORPORATION
100 HIGH STREET, SUITE 610A
BOSTON, MA 02110

CUSTOMER NUMBER

IDA000041629



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-41653-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-41653-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS CONSTITUTION STATE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000041750



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000041769



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COLORADO CASUALTY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000041785



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000041840



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41840-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-41840-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN SOUTHERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER

IDA000041998



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-41998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DIAMOND STATE INSURANCE COMPANY
3 BALA PLZ, STE 300E
BALA CYNWYD, PA 19004-3406

CUSTOMER NUMBER

IDA000042048



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42048-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-42048-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA
P O BOX 64477
SOUDERTON, PA 18964-0477

CUSTOMER NUMBER

IDA000042129



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-42129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRINCETON INSURANCE COMPANY
746 ALEXANDER ROAD
PRINCETON, NJ 08540

CUSTOMER NUMBER

IDA000042226



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-42226-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-42234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-42242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-42242-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NAVIGATORS INSURANCE COMPANY
ONE HARTFORD PLAZA
STAMFORD, CT 06155

CUSTOMER NUMBER

IDA000042307



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-42307-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GUIDEONE AMERICA INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER

IDA000042331



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TECHNOLOGY INSURANCE COMPANY, INC.
800 SUPERIOR AVE. E.
CLEVELAND, OH 44114

CUSTOMER NUMBER

IDA000042376



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMGUARD INSURANCE COMPANY
PO BOX AH
WILKES BARRE, PA 18703-0020

CUSTOMER NUMBER

IDA000042390



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-42390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LIBERTY INSURANCE CORPORATION
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000042404



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TOA REINSURANCE COMPANY OF AMERICA, THE
177 MADISON AVENUE, PO BOX 1930
MORRISTOWN, NJ 07962-1930

CUSTOMER NUMBER

IDA000042439



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL GENERAL ASSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000042447



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CRUM AND FORSTER INSURANCE COMPANY
P.O. BOX 1973
MORRISTOWN, NJ 07960

CUSTOMER NUMBER

IDA000042471



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42471-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NOVA CASUALTY COMPANY
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER

IDA000042552



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-42552-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER

IDA000042579



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42579-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DEPOSITORS INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-14-301
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER

IDA000042587



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MAG MUTUAL INSURANCE COMPANY
P.O. BOX 52979
ATLANTA, GA 30355-0979

CUSTOMER NUMBER

IDA000042617



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42617-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-42706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN MODERN PROPERTY AND CASUALTY INSURANCE
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER

IDA000042722



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-42722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-42749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-42757-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-42765-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-42765-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GUIDEONE ELITE INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER

IDA000042803



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42803-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
VICTORIA FIRE & CASUALTY COMPANY
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER

IDA000042889



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42889-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000042919



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN SECURITY INSURANCE COMPANY
260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA 30339-2110

CUSTOMER NUMBER

IDA000042978



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-42978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STANDARD GUARANTY INSURANCE COMPANY
260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA 30339-2110

CUSTOMER NUMBER

IDA000042986



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-42986-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000042994



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-42994-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RESPONSE INSURANCE COMPANY
200 EAST RANDOLPH STREET
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000043044



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-43044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN EQUITY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000043117



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-43117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-43117-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-43273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-43389-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ASPEN AMERICAN INSURANCE COMPANY
1400 CAPITAL BOULEVARD, SUITE 200
ROCKY HILL, CT 06067

CUSTOMER NUMBER

IDA000043460



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-43460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-43460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS
5420 LYNDON B. JOHNSON FREEWAY SUITE 1100
DALLAS, TX 75240-2345

CUSTOMER NUMBER

IDA000043494



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-43494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-43575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-43575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARMERS SPECIALTY INSURANCE COMPANY
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER

IDA000043699



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-43699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-43753-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RAINIER INSURANCE COMPANY
7245 WEST MARGINAL WAY S.W.
SEATTLE, WA 98106-3997

CUSTOMER NUMBER

IDA000043915



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-43915-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
FRA23-43915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
21ST CENTURY INDEMNITY INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER

IDA000043974



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-43974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-43974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TOGGLE INSURANCE COMPANY
6301 OWENSMOUTH AVE
WOODLAND HILLS, CA 91367-2216

CUSTOMER NUMBER

IDA000044245



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-44245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ADMIRAL INDEMNITY COMPANY
301 ROUTE 17 NORTH, SUITE 900
RUTHERFORD, NJ 07070

CUSTOMER NUMBER

IDA000044318



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-44318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000044369



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-44369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WEST AMERICAN INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000044393



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-44393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000044695



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-44695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-44768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-44768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-45934-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SIGHTCARE, INC.
220 N. MCKEMY AVENUE
CHANDLER, AZ 85226

CUSTOMER NUMBER

IDA000047012



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-47012-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-47012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-47012-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-47013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-47013-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-47013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED DENTAL CARE OF ARIZONA, INC.
3800 NORTH CENTRAL AVENUE, SUITE 460
SCOTTSDALE, AZ 85012

CUSTOMER NUMBER

IDA000047708



Please enter your **CUSTOMER
NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-47708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-47708-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-47708-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-50016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-50020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-50026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
US NATIONAL TITLE INSURANCE COMPANY
935 GRAVIER STREET, STE 1700
NEW ORLEANS, LA 70112

CUSTOMER NUMBER

IDA000050030



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-50030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-50050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-50083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-50121-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-50130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BG TITLE GUARANTEE, INC.
1330 AVENUE OF THE AMERICAS, 28TH FLOOR
NEW YORK, NY 10019

CUSTOMER NUMBER

IDA000050164



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-50164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-50229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INVESTORS TITLE INSURANCE COMPANY
P.O. DRAWER 2687
CHAPEL HILL, NC 27515-2687

CUSTOMER NUMBER

IDA000050369



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-50369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-50440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
400 SECOND AVENUE SOUTH
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER

IDA000050520



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-50520-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-50814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-51020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WFG NATIONAL TITLE INSURANCE COMPANY
7401 CARMEL EXECUTIVE PARK DR, SUITE 105
CHARLOTTE, NC 28226-8403

CUSTOMER NUMBER

IDA000051152



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-51152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN GUARANTY TITLE INSURANCE COMPANY
400 SECOND AVENUE SOUTH
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER

IDA000051411



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-51411-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-51560-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMTRUST TITLE INSURANCE COMPANY
220 EAST 42ND STREET, 24TH FLOOR
NEW YORK, NY 10017

CUSTOMER NUMBER

IDA000051578



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-51578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-51586-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-51624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-51632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-52120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-52120-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-52120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EMPLOYERS DENTAL SERVICES, INC.
3430 E SUNRISE DR STE 160
TUCSON, AZ 85718

CUSTOMER NUMBER

IDA000053090



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-53090-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-53090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-53090-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.
2444 W. LAS PALMARITAS DRIVE
PHOENIX, AZ 85021

CUSTOMER NUMBER

IDA000053589



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-53589-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
FRA23-53589-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-53589-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ARIZONA DENTAL INSURANCE SERVICE, INC.
5656 W. TALAVI BLVD
GLENDALE, AZ 85306

CUSTOMER NUMBER

IDA000053597



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-53597-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
FRA23-53597-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-53597-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-56006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
THRIVENT FINANCIAL FOR LUTHERANS
600 PORTAND AVENUE S
MINNEAPOLIS, MN 55415-1624

CUSTOMER NUMBER

IDA000056014



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CATHOLIC FINANCIAL LIFE
1100 WEST WELLS STREET
MILWAUKEE, WI 53233-2316

CUSTOMER NUMBER

IDA000056030



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GLENER LIFE INSURANCE SOCIETY
P. O. BOX 1894
ADRIAN, MI 49221-7894

CUSTOMER NUMBER

IDA000056154



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WOMAN'S LIFE INSURANCE SOCIETY
PO BOX 5020
PORT HURON, MI 48061-5020

CUSTOMER NUMBER

IDA000056170



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION
2439 GLENWOOD AVENUE
JOLIET, IL 60435

CUSTOMER NUMBER

IDA000056227



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE
24950 CHAGRIN BOULEVARD
BEACHWOOD, OH 44122-5634

CUSTOMER NUMBER

IDA000056332



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56332-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-56340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA, T
1801 WATERMARK DRIVE SUITE 100
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000056383



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ASSURED LIFE ASSOCIATION
PO BOX 3169
ENGLEWOOD, CO 80155-3169

CUSTOMER NUMBER

IDA000056499



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-56634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GBU FINANCIAL LIFE
4254 SAW MILL RUN BOULEVARD
PITTSBURGH, PA 15227

CUSTOMER NUMBER

IDA000056685



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56685-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GCU
5400 TUSCARAWAS RD.
BEAVER, PA 15009-9513

CUSTOMER NUMBER

IDA000056693



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-56707-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LOYAL CHRISTIAN BENEFIT ASSOCIATION
P.O. BOX 13005
ERIE, PA 16514-1305

CUSTOMER NUMBER

IDA000056758



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL SLOVAK SOCIETY OF THE USA, THE
351 VALLEY BROOK ROAD
MCMURRAY, PA 15317-3337

CUSTOMER NUMBER

IDA000056782



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-56782-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-56936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-57142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BAPTIST LIFE ASSOCIATION
8555 MAIN STREET
BUFFALO, NY 14221

CUSTOMER NUMBER

IDA000057223



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-57223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-57320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-57347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CATHOLIC ORDER OF FORESTERS
355 SHUMAN BLVD, PO BOX 3012
NAPERVILLE, IL 60566-7012

CUSTOMER NUMBER

IDA000057487



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-57487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MODERN WOODMEN OF AMERICA
1701 FIRST AVENUE
ROCK ISLAND, IL 61201-8779

CUSTOMER NUMBER

IDA000057541



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-57541-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A.
6100 N. CICERO AVE.
CHICAGO, IL 60646-4385

CUSTOMER NUMBER

IDA000057622



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-57622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
POLISH ROMAN CATHOLIC UNION OF AMERICA
984 MILWAUKEE AVENUE
CHICAGO, IL 60642-4101

CUSTOMER NUMBER

IDA000057630



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-57630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-57657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-57673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-57991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BETTERLIFE
1900 FIRST AVENUE NE
CEDAR RAPIDS, IA 52402-5372

CUSTOMER NUMBER

IDA000058017



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-58017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
KNIGHTS OF COLUMBUS
P.O. BOX 1670
NEW HAVEN, CT 06507-0901

CUSTOMER NUMBER

IDA000058033



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-58033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)
789 DON MILLS ROAD
TORONTO, ON 00319

CUSTOMER NUMBER

IDA000058068



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-58068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SUPREME COUNCIL OF THE ROYAL ARCANUM
61 BATTERYMARCH STREET
BOSTON, MA 02110

CUSTOMER NUMBER

IDA000058181



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-58181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HUMANA BENEFIT PLAN OF ILLINOIS, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER

IDA000060052



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AETNA LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER

IDA000060054



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-60078-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-60078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60113-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60113-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TUFTS INSURANCE COMPANY
705 MOUNT AUBURN STREET
WATERTOWN, MA 02472-1508

CUSTOMER NUMBER

IDA000060117



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60117-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SBLI USA LIFE INSURANCE COMPANY, INC.
100 WEST 33RD STREET, SUITE 1007
NEW YORK, NY 10001

CUSTOMER NUMBER

IDA000060176



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60176-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60176-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
S.USA LIFE INSURANCE COMPANY, INC.
100 WEST 33RD STREET, SUITE 10007
NEW YORK, NY 10001

CUSTOMER NUMBER

IDA000060183



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-60183-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
HCA23-60183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60186-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-60188-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
HCA23-60188-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LOMBARD INTERNATIONAL LIFE ASSURANCE COMPANY
1650 MARKET STREET, 54TH FLOOR
PHILADELPHIA, PA 19103-7309

CUSTOMER NUMBER

IDA000060232



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PREMIER ACCESS INSURANCE COMPANY
8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826

CUSTOMER NUMBER

IDA000060237



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60237-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORID
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157-6596

CUSTOMER NUMBER

IDA000060275



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBU
1932 WYNNTON ROAD
COLUMBUS, GA 31999001

CUSTOMER NUMBER

IDA000060380



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000060399



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN FIDELITY ASSURANCE COMPANY
POST OFFICE BOX 25523
OKLAHOMA CITY, OK 73125-0523

CUSTOMER NUMBER

IDA000060410



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60410-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN FIDELITY LIFE INSURANCE COMPANY
500 SO. 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
FRA23-60429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAGICOR LIFE INSURANCE COMPANY
P.O. BOX 52121
PHOENIX, AZ 85072-2121

CUSTOMER NUMBER

IDA000060445



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN GENERAL LIFE INSURANCE COMPANY
P.O. BOX 1591, 3-D1
HOUSTON, TX 77251

CUSTOMER NUMBER

IDA000060488



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60488-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN HEALTH AND LIFE INSURANCE COMPANY
P.O. BOX 2548
FORT WORTH, TX 76113-2548

CUSTOMER NUMBER

IDA000060518



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN HERITAGE LIFE INSURANCE COMPANY
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL 32224-6688

CUSTOMER NUMBER

IDA000060534



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60542-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60542-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60577-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60577-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WILTON REASSURANCE LIFE COMPANY OF NEW YORK
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER

IDA000060704



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-60739-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60739-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN PUBLIC LIFE INSURANCE COMPANY
PO BOX 925
JACKSON, MS 39205-0925

CUSTOMER NUMBER

IDA000060801



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60801-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN REPUBLIC INSURANCE COMPANY
PO BOX 1
DES MOINES, IA 50306-0001

CUSTOMER NUMBER

IDA000060836



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN UNITED LIFE INSURANCE COMPANY
P.O. BOX 368
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER

IDA000060895



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60895-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COMPBENEFITS INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER

IDA000060984



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-60984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-60984-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-61069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61069-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ATLANTIC COAST LIFE INSURANCE COMPANY
POST OFFICE BOX 20010
CHARLESTON, SC 29413-0010

CUSTOMER NUMBER

IDA000061115



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61115-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AURORA NATIONAL LIFE ASSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017-1706

CUSTOMER NUMBER

IDA000061182



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61182-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AUTO-OWNERS LIFE INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909-8160

CUSTOMER NUMBER

IDA000061190



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-61212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-61239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61239-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BANKERS LIFE AND CASUALTY COMPANY
111 EAST WACKER DRIVE, SUITE 2100
CHICAGO, IL 60601-4508

CUSTOMER NUMBER

IDA000061263



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61263-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRINCIPAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA 50392-2300

CUSTOMER NUMBER

IDA000061271



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61271-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERITAS LIFE INSURANCE CORP.
P.O. BOX 81889
LINCOLN, NE 68501-1889

CUSTOMER NUMBER

IDA000061301



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER

IDA000061360



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61360-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61360-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BENEFICIAL LIFE INSURANCE COMPANY
PO BOX 45654
SALT LAKE CITY, UT 84145-0654

CUSTOMER NUMBER

IDA000061395



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61395-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL BENEFIT LIFE INSURANCE COMPANY
30-30 47TH AVENUE, SUITE 625
LONG ISLAND CITY, NY 11101-3433

CUSTOMER NUMBER

IDA000061409



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61409-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61409-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRUSTMARK INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL 60045-2581

CUSTOMER NUMBER

IDA000061425



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61425-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61425-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BOSTON MUTUAL LIFE INSURANCE COMPANY
120 ROYALL STREET
CANTON, MA 02021-1098

CUSTOMER NUMBER

IDA000061476



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61476-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61476-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY & LIFE ASSURANCE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER

IDA000061492



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61492-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RESOURCE LIFE INSURANCE COMPANY
111 EAST WACKER DRIVE, SUITE 2100
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000061506



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CAPITOL LIFE INSURANCE COMPANY
1605 LBJ FWY, SUITE 700
DALLAS, TX 75234

CUSTOMER NUMBER

IDA000061581



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY AND LIFE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER

IDA000061689



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61689-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-61700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CIGNA NATIONAL HEALTH INSURANCE COMPANY
11200 LAKELINE BLVD STE 100
AUSTIN, TX 78717

CUSTOMER NUMBER

IDA000061727



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61727-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61727-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CENTRAL SECURITY LIFE INSURANCE COMPANY
PO BOX 833879
RICHARDSON, TX 75083-3879

CUSTOMER NUMBER

IDA000061735



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61735-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61735-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-61751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61751-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CHESAPEAKE LIFE INSURANCE COMPANY, THE
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180

CUSTOMER NUMBER

IDA000061832



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61832-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-61859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61859-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000061875



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61875-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61875-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-61883-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61883-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-61921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPAN
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER

IDA000061999



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-61999-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-61999-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-62049-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62049-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-62057-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62057-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-62065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY 13902-1381

CUSTOMER NUMBER

IDA000062103



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62103-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COMBINED INSURANCE COMPANY OF AMERICA
8750 W BRYN MAWR
CHICAGO, IL 60631

CUSTOMER NUMBER

IDA000062146



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62146-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-62200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNUM LIFE INSURANCE COMPANY OF AMERICA
2211 CONGRESS STREET
PORTLAND, ME 04122

CUSTOMER NUMBER

IDA000062235



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62235-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-62286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CONNECTICUT GENERAL LIFE INSURANCE COMPANY
TWO LIBERTY PLACE, 1601 CHESTNUT STREET, TL14A
PHILADELPHIA, PA 19192-2362

CUSTOMER NUMBER

IDA000062308



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62308-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FREEDOM LIFE INSURANCE COMPANY OF AMERICA
300 BURNETT STREET, SUITE 200
FORT WORTH, TX 76102-2734

CUSTOMER NUMBER

IDA000062324



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62324-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62324-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBR
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER

IDA000062345



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MEDMUTUAL LIFE INSURANCE COMPANY
2060 EAST NINTH STREET
CLEVELAND, OH 44115-1355

CUSTOMER NUMBER

IDA000062375



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62375-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62375-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BESTOW LIFE INSURANCE COMPANY
750 NORTH ST. PAUL
SUITE 1900
DALLAS, TX 75201

CUSTOMER NUMBER

IDA000062383



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62383-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WILCAC LIFE INSURANCE COMPANY
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER

IDA000062413



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-62510-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
FRA23-62510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COUNTRY LIFE INSURANCE COMPANY
P. O. BOX 2000
BLOOMINGTON, IL 61702-2000

CUSTOMER NUMBER

IDA000062553



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62553-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62553-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNION FIDELITY LIFE INSURANCE COMPANY
6100 SPRINT PKWY, STE 300
OVERLAND PARK, KS 66211

CUSTOMER NUMBER

IDA000062596



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-62626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-62634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62634-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-62790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62790-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRUSTMARK LIFE INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL 60045-2581

CUSTOMER NUMBER

IDA000062863



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62863-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62863-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EQUITABLE FINANCIAL LIFE AND ANNUITY COMPANY
525 WASHINGTON BOULEVARD - 35TH FLOOR
JERSEY CITY, NJ 07310

CUSTOMER NUMBER

IDA000062880



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EMC NATIONAL LIFE COMPANY
PO BOX 9202
DES MOINES, IA 50306-9202

CUSTOMER NUMBER

IDA000062928



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY
1290 AVENUE OF THE AMERICAS, CONTROLLERS 15TH FLOOR
NEW YORK, NY 10104

CUSTOMER NUMBER

IDA000062944



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62944-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SILAC INSURANCE COMPANY
P.O. BOX 2460
SALT LAKE CITY, UT 84110-2460

CUSTOMER NUMBER

IDA000062952



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-62952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-62952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-63053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARM BUREAU LIFE INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER

IDA000063088



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-63088-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63088-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FARMERS NEW WORLD LIFE INSURANCE COMPANY
3120 139TH AVE SE, SUITE 300
BELLEVUE, WA 98005

CUSTOMER NUMBER

IDA000063177



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-63177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63177-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-63223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63223-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-63258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIDELITY & GUARANTY LIFE INSURANCE COMPANY
801 GRAND AVENUE SUITE 2600,
DES MOINES, IA 50309

CUSTOMER NUMBER

IDA000063274



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-63274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC
8700 W. BRYN MAWR AVE., SUITE 900S
CHICAGO, IL 60631

CUSTOMER NUMBER

IDA000063290



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-63290-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63290-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GREAT AMERICAN LIFE INSURANCE COMPANY
POST OFFICE BOX 5420
CINCINNATI, OH 45201

CUSTOMER NUMBER

IDA000063312



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-63312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63312-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ACCENDO INSURANCE COMPANY
200 HIGHLAND CORPORATE DRIVE
CUMBERLAND, RI 02864

CUSTOMER NUMBER

IDA000063444



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-63444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER

IDA000063487



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-63487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63487-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-63657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-63762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63762-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITY FINANCIAL LIFE INSURANCE COMPANY
P.O. BOX 625700
CINCINNATI, OH 45262-5700

CUSTOMER NUMBER

IDA000063819



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-63819-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPA
GPM LIFE BLDG - P.O. BOX 659567
SAN ANTONIO, TX 78265-9567

CUSTOMER NUMBER

IDA000063967



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-63967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63967-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED HERITAGE LIFE INSURANCE COMPANY
PO BOX 7777
MERIDIAN, ID 83680-7777

CUSTOMER NUMBER

IDA000063983



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-63983-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-63983-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
JEFFERSON NATIONAL LIFE INSURANCE COMPANY
10350 ORMSBY PARK PLACE
LOUISVILLE, KY 40223

CUSTOMER NUMBER

IDA000064017



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-64017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EPIC LIFE INSURANCE COMPANY, THE
PO BOX 14196
MADISON, WI 53708-0196

CUSTOMER NUMBER

IDA000064149



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-64149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64149-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-64211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GUARANTY INCOME LIFE INSURANCE COMPANY
118 2ND AVE SE
CEDAR RAPIDS, IA 52401

CUSTOMER NUMBER

IDA000064238



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-64238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-64246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64246-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HI 96814-3698

CUSTOMER NUMBER

IDA000064343



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-64343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-64394-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
FRA23-64394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, IN
P.O. BOX 31391
TAMPA, FL 33631-3391

CUSTOMER NUMBER

IDA000064467



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-64467-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64467-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-64505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64505-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-64513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-64580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INDEPENDENCE LIFE AND ANNUITY COMPANY
1209 ORANGE STREET
WILMINGTON, DE 19801

CUSTOMER NUMBER

IDA000064602



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-64602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-64688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-64696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BERKLEY LIFE AND HEALTH INSURANCE COMPANY
P.O. BOX 9190
DES MOINES, IA 50306-9190

CUSTOMER NUMBER

IDA000064890



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-64890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64890-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
INVESTORS HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 717
FRANKFORT, KY 40602-0717

CUSTOMER NUMBER

IDA000064904



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-64904-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-64904-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65005-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65005-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
JOHN ALDEN LIFE INSURANCE COMPANY
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157-6596

CUSTOMER NUMBER

IDA000065080



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-65080-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	4,500.00
HCA23-65080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			5,750.00

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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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
KANSAS CITY LIFE INSURANCE COMPANY
P O BOX 219139
KANSAS CITY, MO 64121-9139

CUSTOMER NUMBER

IDA000065129



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65242-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED BENEFIT LIFE INSURANCE COMPANY
11200 LAKELINE BLVD STE 100
AUSTIN, TX 78717

CUSTOMER NUMBER

IDA000065269



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65269-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LIFE INSURANCE COMPANY OF THE SOUTHWEST
1 NATIONAL LIFE DRIVE
MONTPELIER, VT 05604

CUSTOMER NUMBER

IDA000065528



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LINCOLN BENEFIT LIFE COMPANY
5600 N. RIVER ROAD, COLUMBIA CENTER I, SUITE 300
ROSEMONT, IL 60018

CUSTOMER NUMBER

IDA000065595



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MEDICO LIFE AND HEALTH INSURANCE COMPANY
PO BOX 14571
DES MOINES, IA 50306-3571

CUSTOMER NUMBER

IDA000065641



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65676-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65676-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LOYAL AMERICAN LIFE INSURANCE COMPANY
11200 LAKELINE BLVD., SUITE 100
AUSTIN, TX 78717

CUSTOMER NUMBER

IDA000065722



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
P.O. BOX 5008
MADISON, WI 53705-0008

CUSTOMER NUMBER

IDA000065781



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
200 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000065838



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65838-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65838-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65927-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA 01111

CUSTOMER NUMBER

IDA000065935



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MERIT LIFE INSURANCE CO.
2 CORPORATE DRIVE, SUITE 760
SHELTON, CT 06484

CUSTOMER NUMBER

IDA000065951



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65951-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WINDSOR LIFE INSURANCE COMPANY
1345 RIVER BEND DRIVE, SUITE 100
DALLAS, TX 75247

CUSTOMER NUMBER

IDA000065960



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-65960-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65960-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-65978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-65978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-66001-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66001-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-66044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180-5611

CUSTOMER NUMBER

IDA000066087



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MIDWESTERN UNITED LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER

IDA000066109



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WILTON REASSURANCE COMPANY
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER

IDA000066133



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66133-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-66141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66141-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MINNESOTA LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098

CUSTOMER NUMBER

IDA000066168



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66168-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HEARTLAND NATIONAL LIFE INSURANCE COMPANY
1600 NE CORONADO DR
BLUE SPRINGS, MO 64014

CUSTOMER NUMBER

IDA000066214



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66214-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-66230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MUNICH AMERICAN REASSURANCE COMPANY
56 PERIMETER CENTER EAST, N.E., STE. 500
ATLANTA, GA 30346-2290

CUSTOMER NUMBER

IDA000066346



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-66370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MUTUAL TRUST LIC, A PAN-AMERICAN LIFE INS GROUP STK C
1200 JORIE BOULEVARD
OAK BROOK, IL 60523-2269

CUSTOMER NUMBER

IDA000066427



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SECURICO LIFE INSURANCE COMPANY
26701 FOUNDERS PLACE
SPICEWOOD, TX 78669

CUSTOMER NUMBER

IDA000066516



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66516-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL FARMERS UNION LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER

IDA000066540



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL GUARDIAN LIFE INSURANCE COMPANY
P.O. BOX 1191
MADISON, WI 53701-1191

CUSTOMER NUMBER

IDA000066583



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL LIFE INSURANCE COMPANY
1 NATIONAL LIFE DRIVE
MONTPELIER, VT 05604

CUSTOMER NUMBER

IDA000066680



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LIBERTY UNION LIFE ASSURANCE COMPANY
560 KIRTS BLVD STE 125
TROY, MI 48084-4133

CUSTOMER NUMBER

IDA000066753



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66753-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66753-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL WESTERN LIFE INSURANCE COMPANY
10801 N. MOPAC EXPY., BLDG. 3
AUSTIN, TX 78759

CUSTOMER NUMBER

IDA000066850



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000066869



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-66869-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66869-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-66915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66915-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
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
FRA23-66974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-66974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GPM HEALTH AND LIFE INSURANCE COMPANY
P.O. BOX 659567
SAN ANTONIO, TX 78265-9567

CUSTOMER NUMBER

IDA000067059



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67059-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-67083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67083-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202-4797

CUSTOMER NUMBER

IDA000067091



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67091-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67091-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RELIASTAR LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER

IDA000067105



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLIN
P.O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER

IDA000067148



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OHIO NATIONAL LIFE INSURANCE COMPANY, THE
POST OFFICE BOX 237
CINCINNATI, OH 45201

CUSTOMER NUMBER

IDA000067172



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67172-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OHIO STATE LIFE INSURANCE COMPANY, THE
2515 MCKINNEY AVE, SUITE 1100
DALLAS, TX 75201

CUSTOMER NUMBER

IDA000067180



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OLD AMERICAN INSURANCE COMPANY
P.O. BOX 218573
KANSAS CITY, MO 64121-9139

CUSTOMER NUMBER

IDA000067199



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67199-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67199-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-67253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67253-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-67261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-67369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67369-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OZARK NATIONAL LIFE INSURANCE COMPANY
PO BOX 219541
KANSAS CITY, MO 64121-9541

CUSTOMER NUMBER

IDA000067393



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67393-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-67423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67423-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-67466-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67466-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PAN-AMERICAN LIFE INSURANCE COMPANY
POST OFFICE BOX 60219
NEW ORLEANS, LA 70160-0219

CUSTOMER NUMBER

IDA000067539



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67539-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67539-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PAUL REVERE LIFE INSURANCE COMPANY, THE
1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402-1330

CUSTOMER NUMBER

IDA000067598



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNUM INSURANCE COMPANY
1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402-1330

CUSTOMER NUMBER

IDA000067601



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67601-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PEKIN LIFE INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL 61558-0001

CUSTOMER NUMBER

IDA000067628



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67628-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DSM USA INSURANCE COMPANY, INC.
465 MEDFORD STREET
BOSTON, MA 02129

CUSTOMER NUMBER

IDA000067636



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-67644-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67644-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-67652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN REPUBLIC CORP INSURANCE COMPANY
PO BOX 14510
DES MOINES, IA 50306-3510

CUSTOMER NUMBER

IDA000067679



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67679-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-67784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PHOENIX LIFE INSURANCE COMPANY
P. O. BOX 5056
HARTFORD, CT 06102-5056

CUSTOMER NUMBER

IDA000067814



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67814-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PIONEER AMERICAN INSURANCE COMPANY
P. O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER

IDA000067873



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY
11200 LAKELINE BLVD STE 100
AUSTIN, TX 78717

CUSTOMER NUMBER

IDA000067903



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67903-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC
P.O. BOX 368
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER

IDA000067911



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN MEMORIAL LIFE INSURANCE COMPANY
PO BOX 2730
RAPID CITY, SD 57709

CUSTOMER NUMBER

IDA000067989



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-67989-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-67989-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER

IDA000068039



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROFESSIONAL INSURANCE COMPANY
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER

IDA000068047



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68047-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROFESSIONAL LIFE & CASUALTY COMPANY
8601 NORTH SCOTTSDALE ROAD, SUITE 300
SCOTTSDALE, AZ 85253

CUSTOMER NUMBER

IDA000068063



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-68063-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-68063-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-68071-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
FRA23-68071-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68071-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROTECTIVE LIFE INSURANCE COMPANY
2801 HIGHWAY 280 SOUTH
BIRMINGHAM, AL 35223

CUSTOMER NUMBER

IDA000068136



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROVIDENT AMERICAN INSURANCE COMPANY
10501 N CENTRAL EXPWY #240
DALLAS, TX 75231-2200

CUSTOMER NUMBER

IDA000068179



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402-1330

CUSTOMER NUMBER

IDA000068195



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68195-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

CUSTOMER NUMBER

IDA000068241



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EMPLOYERS REASSURANCE CORPORATION
P. O. BOX 2981
MISSION, KS 66201-1391

CUSTOMER NUMBER

IDA000068276



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NASSAU LIFE INSURANCE COMPANY OF KANSAS
1064 GREENWOOD BLVD., STE. 260
LAKE MARY, FL 32746

CUSTOMER NUMBER

IDA000068284



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68284-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68284-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER

IDA000068322



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RELIABLE LIFE INSURANCE COMPANY, THE
12115 LACKLAND ROAD
ST. LOUIS, MO 63146-4003

CUSTOMER NUMBER

IDA000068357



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-68365-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-68381-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68381-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WMI MUTUAL INSURANCE COMPANY
PO BOX 572450
SALT LAKE CITY, UT 84157-2450

CUSTOMER NUMBER

IDA000068420



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OCEANVIEW LIFE AND ANNUITY COMPANY
410 N 44TH STREET SUITE 210
PHOENIX, AZ 85008-7605

CUSTOMER NUMBER

IDA000068446



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68446-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68446-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RESERVE NATIONAL INSURANCE COMPANY
601 EAST BRITTON ROAD
OKLAHOMA CITY, OK 73114

CUSTOMER NUMBER

IDA000068462



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68462-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68462-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, T
1021 REAMS FLEMING BOULEVARD
FRANKLIN, TN 37064

CUSTOMER NUMBER

IDA000068500



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68500-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68500-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-68543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68543-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P. O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER

IDA000068594



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68594-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SYMETRA LIFE INSURANCE COMPANY
P.O.BOX 34690
SEATTLE, WA 98124-1690

CUSTOMER NUMBER

IDA000068608



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
VANTIS LIFE INSURANCE COMPANY
200 DAY HILL ROAD
WINDSOR, CT 06095

CUSTOMER NUMBER

IDA000068632



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68632-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SECURITY BENEFIT LIFE INSURANCE COMPANY
ONE SECURITY BENEFIT PLACE
TOPEKA, KS 66636-0001

CUSTOMER NUMBER

IDA000068675



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68675-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SECURITY LIFE OF DENVER INSURANCE COMPANY
5770 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER

IDA000068713



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
PO BOX 1625
BINGHAMTON, NY 13902-1625

CUSTOMER NUMBER

IDA000068772



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SENTINEL SECURITY LIFE INSURANCE COMPANY
257 E. 200 S, SUITE 725
SALT LAKE CITY, UT 84111

CUSTOMER NUMBER

IDA000068802



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-68810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68810-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-68845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STARMOUNT LIFE INSURANCE COMPANY
P.O. BOX 98100
BATON ROUGE, LA 70898-9100

CUSTOMER NUMBER

IDA000068985



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-68985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-68985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69000-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STANDARD INSURANCE COMPANY
PO BOX 711
PORTLAND, OR 97207-0711

CUSTOMER NUMBER

IDA000069019



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69019-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STANDARD SECURITY LIFE INSURANCE COMPANY OF NY
485 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022-5872

CUSTOMER NUMBER

IDA000069078



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STATE LIFE INSURANCE COMPANY, THE
P.O. BOX 368
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER

IDA000069116



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69116-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STATE MUTUAL INSURANCE COMPANY
PO BOX 153
ROME, GA 30162

CUSTOMER NUMBER

IDA000069132



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY
20 GUEST STREET
BRIGHTON, MA 02135

CUSTOMER NUMBER

IDA000069140



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69140-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
IBEXIS LIFE & ANNUITY INSURANCE COMPANY
700 SOUTH ROSEMARY SQUARE
SUITE 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
FRA23-69272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69272-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69310-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69329-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69329-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69337-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69345-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SECURITY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 57220
SALT LAKE CITY, UT 84157-0220

CUSTOMER NUMBER

IDA000069485



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69485-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69485-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MEDAMERICA INSURANCE COMPANY
P.O. BOX 41930
ROCHESTER, NY 14604-0620

CUSTOMER NUMBER

IDA000069515



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69566-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69566-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MUNICH RE US LIFE CORPORATION
56 PERIMETER CENTER EAST, N.E., STE. 500
ATLANTA, GA 30346-2290

CUSTOMER NUMBER

IDA000069604



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69604-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69604-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OPTUM INSURANCE OF OHIO, INC.
9800 HEALTH CARE LANE; MS: MN006-W500
MINNETONKA, MN 55343

CUSTOMER NUMBER

IDA000069647



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
USAA LIFE INSURANCE COMPANY
9800 FREDERICKSBURG ROAD, EXTERNAL REPORTING D03W
SAN ANTONIO, TX 78288

CUSTOMER NUMBER

IDA000069663



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69663-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69698-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69698-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69744-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69744-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69868-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69868-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED FARM FAMILY LIFE INSURANCE COMPANY
P.O. BOX 1250
INDIANAPOLIS, IN 46206-1250

CUSTOMER NUMBER

IDA000069892



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69892-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69892-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-69922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69922-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED INSURANCE COMPANY OF AMERICA
12115 LACKLAND ROAD
ST. LOUIS, MO 63146-4003

CUSTOMER NUMBER

IDA000069930



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69930-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED LIFE INSURANCE COMPANY
PO BOX 729
CEDAR RAPIDS, IA 52406-0729

CUSTOMER NUMBER

IDA000069973



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-69973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-69973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-70025-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70025-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE
P.O. BOX 1591, 3-D1
HOUSTON, TX 77251

CUSTOMER NUMBER

IDA000070106



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-70106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70106-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-70122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70122-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNIVERSAL GUARANTY LIFE INSURANCE COMPANY
P.O. BOX 13080
SPRINGFIELD, IL 62791-3080

CUSTOMER NUMBER

IDA000070130



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-70130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE
P.O. BOX 1591, 3-D1
HOUSTON, TX 77251-1591

CUSTOMER NUMBER

IDA000070238



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-70238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-70319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70319-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-70335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70335-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNION SECURITY INSURANCE COMPANY
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157-6596

CUSTOMER NUMBER

IDA000070408



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-70408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MML BAY STATE LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA 01111

CUSTOMER NUMBER

IDA000070416



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-70416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASS
ONE LINSOTT ROAD
WOBURN, MA 01801

CUSTOMER NUMBER

IDA000070435



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-70435-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70435-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-70483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HUMANADENTAL INSURANCE COMPANY
PO BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER

IDA000070580



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-70580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE C
300 EAST RANDOLPH STREET
CHICAGO, IL 60601-5099

CUSTOMER NUMBER

IDA000070670



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-70670-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70670-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-70688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FAMILY BENEFIT LIFE INSURANCE COMPANY
7633 E 63RD PL, STE 230
TULSA, OK 74133-1246

CUSTOMER NUMBER

IDA000070742



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-70742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-70785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000070815



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-70815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-70866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-70939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-70939-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN
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
FRA23-71013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TALCOTT RESOLUTION LIFE AND ANNUITY INSURANCE COMP
1 GRIFFIN ROAD N
WINDSOR, CT 06095-1512

CUSTOMER NUMBER

IDA000071153



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRINCIPAL NATIONAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA 50392-2300

CUSTOMER NUMBER

IDA000071161



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71161-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LANGHORNE REINSURANCE (ARIZONA) LTD
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017-1706

CUSTOMER NUMBER

IDA000071323



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-71323-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-71323-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71323-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-71390-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-71390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71404-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71412-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
P.O. BOX 36451
LAS VEGAS, NV 89133-6451

CUSTOMER NUMBER

IDA000071420



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ASSURITY LIFE INSURANCE COMPANY
PO BOX 82533
LINCOLN, NE 68501-2533

CUSTOMER NUMBER

IDA000071439



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71439-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ARCH LIFE INSURANCE COMPANY OF AMERICA
10151 DEERWOOD PARK BLVD.
BUILDING 100, SUITE 300
JACKSONVILLE, FL 32256

CUSTOMER NUMBER

IDA000071455



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ABILITY INSURANCE COMPANY
P.O. BOX 3735
OMAHA, NE 68103

CUSTOMER NUMBER

IDA000071471



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71471-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71471-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GREAT WESTERN INSURANCE COMPANY
PO BOX 14410
DES MOINES, IA 50306-3410

CUSTOMER NUMBER

IDA000071480



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STANDARD LIFE AND CASUALTY INSURANCE COMPANY
POST OFFICE BOX 510690
SALT LAKE CITY, UT 84151-0690

CUSTOMER NUMBER

IDA000071706



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71706-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
700 SOUTH STREET
PITTSFIELD, MA 01201

CUSTOMER NUMBER

IDA000071714



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71714-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HM HEALTH INSURANCE COMPANY
120 FIFTH AVENUE SUITE FAPHM-191A
PITTSBURGH, PA 15222

CUSTOMER NUMBER

IDA000071768



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71773-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71854-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71854-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIDELITY SECURITY LIFE INSURANCE COMPANY
3130 BROADWAY
KANSAS CITY, MO 64111-2452

CUSTOMER NUMBER

IDA000071870



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-71870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-71919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-71919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AETNA HEALTH INSURANCE COMPANY
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER

IDA000072052



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-72052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-72052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131-2671

CUSTOMER NUMBER

IDA000072125



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-72125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-72125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMICA LIFE INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI 02940-6008

CUSTOMER NUMBER

IDA000072222



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-72222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-72850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-72850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-72958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-72958-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-72958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HUMANA INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER

IDA000073288



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-73288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-73288-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-73474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-73474-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-73504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-73504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-74004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-74209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-74209-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-74780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-74780-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA
200 FIRST STAMFORD PLACE, SUITE 400
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000074900



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-74900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-74900-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-76007-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	4,500.00
FRA23-76007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-76007-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COLUMBIAN LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY 13902-1381

CUSTOMER NUMBER

IDA000076023



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-76023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-76023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OXFORD LIFE INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE, COMPLIANCE 7TH FLOOR
PHOENIX, AZ 85004

CUSTOMER NUMBER

IDA000076112



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-76112-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
FRA23-76112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-76112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CINCINNATI LIFE INSURANCE COMPANY, THE
6200 SOUTH GILMORE ROAD
FAIRFIELD, OH 45014-5141

CUSTOMER NUMBER

IDA000076236



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-76236-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-76236-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LASSO HEALTHCARE INSURANCE COMPANY
1999 BRYAN STREET
SUITE 900
DALLAS, TX 75201

CUSTOMER NUMBER

IDA000076503



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-76503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-76503-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CANADA LIFE REINSURANCE COMPANY
P.O. BOX 1120
BLUE BELL, PA 19422-0319

CUSTOMER NUMBER

IDA000076694



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-76694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-76694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-77119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-77119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STERLING LIFE INSURANCE COMPANY
11200 LAKELINE BLVD., SUITE 100
AUSTIN, TX 78717

CUSTOMER NUMBER

IDA000077399



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-77399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-77399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TOWN & COUNTRY LIFE INSURANCE COMPANY
P.O. BOX 58769
SALT LAKE CITY, UT 84158

CUSTOMER NUMBER

IDA000077674



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-77674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-77674-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRANS-CITY LIFE INSURANCE CO.
7500 E. MCDONALD DR., SUITE 700
SCOTTSDALE, AZ 85250-6055

CUSTOMER NUMBER

IDA000077690



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-77690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-77690-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-77690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LIFESECURE INSURANCE COMPANY
10559 CITATION DRIVE, SUITE 300
BRIGHTON, MI 48116

CUSTOMER NUMBER

IDA000077720



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-77720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-77720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-77828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-77828-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-77879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-77879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 470608
CLEVELAND, OH 44147-3529

CUSTOMER NUMBER

IDA000077968



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-77968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-77968-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY OF AMERI
525 WASHINGTON BLVD - CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ 07310

CUSTOMER NUMBER

IDA000078077



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-78077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-78077-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
HCA23-78077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-78093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-78301-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-78301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-78301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HCSC INSURANCE SERVICES COMPANY
300 EAST RANDOLPH STREET
CHICAGO, IL 60601-5099

CUSTOMER NUMBER

IDA000078611



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-78611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-78611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SENIOR LIFE INSURANCE COMPANY
P.O. BOX 2447
THOMASVILLE, GA 31799-2447

CUSTOMER NUMBER

IDA000078662



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-78662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-78662-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AETNA HEALTH AND LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER

IDA000078700



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-78700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-78700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-78743-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-78743-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

CUSTOMER NUMBER

IDA000078778



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-78778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-78778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-79014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-79014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DELAWARE LIFE INSURANCE COMPANY
1601 TRAPELO ROAD, SUITE 30
WALTHAM, MA 02451

CUSTOMER NUMBER

IDA000079065



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-79065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-79065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRUCO LIFE INSURANCE COMPANY
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

CUSTOMER NUMBER

IDA000079227



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-79227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-79227-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
HCA23-79227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE INSURANCE COMPANY
185 ASYLUM STREET
HARTFORD, CT 06103-3408

CUSTOMER NUMBER

IDA000079413



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-79413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-79413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MEDICO CORP LIFE INSURANCE COMPANY
P.O. BOX 10482
DES MOINES, IA 50306-0482

CUSTOMER NUMBER

IDA000079987



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-79987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-79987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MOUNTAIN LIFE INSURANCE COMPANY
2416 SIR BARTON WAY
LEXINGTON, KY 40509

CUSTOMER NUMBER

IDA000080020



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-80020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80020-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WYSH LIFE AND HEALTH INSURANCE COMPANY
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

CUSTOMER NUMBER

IDA000080055



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-80055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80055-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNICARE LIFE & HEALTH INSURANCE COMPANY
220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER

IDA000080314



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-80314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80314-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131-2671

CUSTOMER NUMBER

IDA000080578



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-80578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CANADA LIFE ASSURANCE COMPANY, THE
8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER

IDA000080659



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-80659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80659-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CELTIC INSURANCE COMPANY
200 E. 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
FRA23-80799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80799-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SUN LIFE ASSURANCE COMPANY OF CANADA
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER

IDA000080802



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-80802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CENTRE LIFE INSURANCE COMPANY
4 WORLD TRADE CENTER, 53RD FLOOR, 150 GREENWICH ST
NEW YORK, NY 10007-2366

CUSTOMER NUMBER

IDA000080896



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-80896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80896-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER

IDA000080926



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-80926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80926-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
VENERABLE INSURANCE AND ANNUITY COMPANY
699 WALNUT STREET, SUITE 1350
DES MOINES, IA 50309

CUSTOMER NUMBER

IDA000080942



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-80942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80942-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-80985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-80985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED SECURITY HEALTH AND CASUALTY INSURANCE COMP
6640 S. CICERO AVENUE
BEDFORD PARK, IL 60638

CUSTOMER NUMBER

IDA000081108



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-81108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-81108-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-81132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-81132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN MATURITY LIFE INSURANCE COMPANY
1 GRIFFIN ROAD NORTH
WINDSOR, CT 06095

CUSTOMER NUMBER

IDA000081213



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-81213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-81213-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NIPPON LIFE INSURANCE COMPANY OF AMERICA
655 THIRD AVE
NEW YORK, NY 10017

CUSTOMER NUMBER

IDA000081264



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-81264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-81264-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-81353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-81353-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	4,500.00
HCA23-81353-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			5,750.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-81396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-81396-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY
70 GENESEE STREET
UTICA, NY 13502-3502

CUSTOMER NUMBER

IDA000081426



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-81426-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-81426-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MONITOR LIFE INSURANCE COMPANY OF NEW YORK
305 MADISON AVENUE
MORRISTOWN, NJ 07960

CUSTOMER NUMBER

IDA000081442



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-81442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-81442-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-81779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-81779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COVENTRY HEALTH AND LIFE INSURANCE COMPANY
550 MARYVILLE CENTRE DRIVE, SUITE 300
ST. LOUIS, MO 63141

CUSTOMER NUMBER

IDA000081973



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-81973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-81973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CITIZENS NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 149151
AUSTIN, TX 78714-9151

CUSTOMER NUMBER

IDA000082082



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-82082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-82082-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LANDMARK LIFE INSURANCE COMPANY
PO BOX 40
BROWNWOOD, TX 76804

CUSTOMER NUMBER

IDA000082252



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-82252-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-82406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-82406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL HEALTH INSURANCE COMPANY
4455 LBJ FREEWAY, SUITE 375
DALLAS, TX 75244

CUSTOMER NUMBER

IDA000082538



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-82538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-82538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-82627-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-82627-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-82880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-82880-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-83160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-83160-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EVERGREEN LIFE INSURANCE COMPANY
700 E. PALISADE AVENUE
ENGLEWOOD CLIFFS, NJ 07632

CUSTOMER NUMBER

IDA000083232



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-83232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
P.O. BOX 31391
TAMPA, FL 33631-3391

CUSTOMER NUMBER

IDA000083445



*Please enter your **CUSTOMER NUMBER** on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-83445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-83445-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
HCA23-83445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-83607-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-83607-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ELCO MUTUAL LIFE AND ANNUITY
916 SHERWOOD DRIVE
LAKE BLUFF, IL 60044-2285

CUSTOMER NUMBER

IDA000084174



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-84174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-84174-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-84506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-84506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-84522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-84522-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-84530-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-84530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-84530-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE INSURANCE COMPANY OF AMERICA
185 ASYLUM STREET
CITY PLACE - 4TH FLOOR
HARTFORD, CT 06103

CUSTOMER NUMBER

IDA000084549



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-84549-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-84549-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-84697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-84697-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY
20 GUEST STREET
BRIGHTON, MA 02135

CUSTOMER NUMBER

IDA000084824



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-84824-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-84824-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-85189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-85189-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FRESENIUS HEALTH PLANS INSURANCE COMPANY
3711 S. MOPAC EXPY, BUILDING TWO, SUITE 300
AUSTIN, TX 78746

CUSTOMER NUMBER

IDA000085286



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-85286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-85286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-85472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ELIPS LIFE INSURANCE COMPANY
1450 AMERICAN LANE SUITE 1100
SCHAUMBURG, IL 60173

CUSTOMER NUMBER

IDA000085561



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-85561-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-85561-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED CONCORDIA INSURANCE COMPANY
4401 DEER PATH ROAD
HARRISBURG, PA 17110

CUSTOMER NUMBER

IDA000085766



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-85766-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-85766-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-85766-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-86126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-86126-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-86231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-86231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GENERAL RE LIFE CORPORATION
120 LONG RIDGE RD
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000086258



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-86258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-86258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX 77550

CUSTOMER NUMBER

IDA000086355



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-86355-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-86355-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CLOVER INSURANCE COMPANY
30 MONTGOMERY STREET, 15TH FLOOR
JERSEY CITY, NJ 07302

CUSTOMER NUMBER

IDA000086371



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-86371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-86371-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER

IDA000086509



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-86509-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-86509-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FORTITUDE LIFE INSURANCE & ANNUITY COMPANY
10 EXCHANGE PLACE
JERSEY CITY, NJ 07302

CUSTOMER NUMBER

IDA000086630



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-86630-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
FRA23-86630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-86630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-87017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-87017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY
13421 MANCHESTER ROAD, SUITE 204
SAINT LOUIS, MO 63131-1741

CUSTOMER NUMBER

IDA000087394



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-87394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-87394-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-87394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER

IDA000087645



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-87645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-87645-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BRIGHTHOUSE LIFE INSURANCE COMPANY
12802 TAMPA OAKS BLVD, STE 447
TEMPLE TERRACE, FL 33647

CUSTOMER NUMBER

IDA000087726



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-87726-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-87726-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPAN
4949 KELLER SPRINGS RD.
ADDISON, TX 75001-5910

CUSTOMER NUMBER

IDA000087963



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-87963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-87963-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TALCOTT RESOLUTION LIFE INSURANCE COMPANY
1 GRIFFIN ROAD N
WINDSOR, CT 06095-1512

CUSTOMER NUMBER

IDA000088072



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-88072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-88072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-88080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-88080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OPTIMUM RE INSURANCE COMPANY
P O BOX 660010
DALLAS, TX 75266-0010

CUSTOMER NUMBER

IDA000088099



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-88099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-88099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CL LIFE AND ANNUITY INSURANCE COMPANY
201 MAIN STREET
SUITE 1900
FORT WORTH, TX 76102

CUSTOMER NUMBER

IDA000088153



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-88153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-88153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN RETIREMENT LIFE INSURANCE COMPANY
11200 LAKELINE BLVD., SUITE 100
AUSTIN, TX 78717

CUSTOMER NUMBER

IDA000088366



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-88366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-88366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-88536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-88536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EMPHEYSYS INSURANCE COMPANY
P. O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER

IDA000088595



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-88595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-88595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-88668-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-88668-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ENTERPRISE LIFE INSURANCE COMPANY
300 BURNETT STREET, SUITE 200
801 CHERRY ST
FORT WORTH, TX 76102-2734

CUSTOMER NUMBER

IDA000089087



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-89087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-89087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-89184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-89184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OHIO NATIONAL LIFE ASSURANCE CORPORATION
POST OFFICE BOX 237
CINCINNATI, OH 45201

CUSTOMER NUMBER

IDA000089206



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-89206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-89206-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN LABOR LIFE INSURANCE COMPANY
8 MARTICVILLE ROAD
LANCASTER, PA 17603

CUSTOMER NUMBER

IDA000089427



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-89427-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-89427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-89427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-89958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-89958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GREAT SOUTHERN LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER

IDA000090212



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-90212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-90212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FORTITUDE U.S. REINSURANCE COMPANY
10 EXCHANGE PLACE
JERSEY CITY, NJ 07302

CUSTOMER NUMBER

IDA000090247



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-90247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-90247-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-90247-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER

IDA000090328



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-90328-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-90328-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN LIFE INSURANCE COMPANY
1299 ZURICH WAY
SCHAUMBURG, IL 60196

CUSTOMER NUMBER

IDA000090557



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-90557-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-90557-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SYMETRA NATIONAL LIFE INSURANCE COMPANY
P.O.BOX 34690
SEATTLE, WA 98124-1690

CUSTOMER NUMBER

IDA000090581



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-90581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-90581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297

CUSTOMER NUMBER

IDA000090611



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-90611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-90611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
BEST LIFE AND HEALTH INSURANCE COMPANY
P.O BOX 19721
IRVINE, CA 92623-9721

CUSTOMER NUMBER

IDA000090638



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-90638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-90638-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
3700 SOUTH STONEBRIDGE DRIVE
MCKINNET, TX 75070

CUSTOMER NUMBER

IDA000091472



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-91472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-91472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-91529-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-91529-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-91596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-91596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NEW ENGLAND LIFE INSURANCE COMPANY
12802 TAMPA OAKS BOULEVARD SUITE 447
TEMPLE TERRACE, FL 33637

CUSTOMER NUMBER

IDA000091626



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-91626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-91626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FORETHOUGHT LIFE INSURANCE COMPANY
10 WEST MARKET STREET
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER

IDA000091642



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-91642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-91642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
IA AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER

IDA000091693



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-91693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-91693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STERLING NATIONAL LIFE INSURANCE COMPANY, INC.
PO BOX 2730
SALT LAKE CITY, UT 84110-2730

CUSTOMER NUMBER

IDA000091785



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-91785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-91785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-91898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-91898-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
HCA23-91898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-91910-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-91910-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
HCA23-91910-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-92444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-92444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-92525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-92525-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-92622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-92622-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER

IDA000092657



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-92657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-92657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-92703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-92703-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HCC LIFE INSURANCE COMPANY
225 TOWNPARK DRIVE, SUITE 350
KENNESAW, GA 30144-3710

CUSTOMER NUMBER

IDA000092711



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-92711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-92711-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
6000 WESTOWN PARKWAY
WEST DES MOINES, IA 50266-5921

CUSTOMER NUMBER

IDA000092738



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-92738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TIER ONE INSURANCE COMPANY
1932 WYNNTON ROAD
COLUMBUS, GA 31999-0001

CUSTOMER NUMBER

IDA000092908



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-92908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-92908-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-92916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-92916-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-93262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93262-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
C.M. LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA 01111

CUSTOMER NUMBER

IDA000093432



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93432-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93432-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HM LIFE INSURANCE COMPANY
P.O. BOX 535061
PITTSBURGH, PA 15253-5061

CUSTOMER NUMBER

IDA000093440



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93440-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PAN-AMERICAN ASSURANCE COMPANY
POST OFFICE BOX 53372
NEW ORLEANS, LA 70153-3372

CUSTOMER NUMBER

IDA000093459



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GRANULAR INSURANCE COMPANY
463 MOUNTAIN VIEW DRIVE, SUITE 301,
COLCHESTER, VT 05446

CUSTOMER NUMBER

IDA000093521



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93521-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PHL VARIABLE INSURANCE COMPANY
P. O. BOX 5056
HARTFORD, CT 06102-5056

CUSTOMER NUMBER

IDA000093548



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93548-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RGA REINSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017-1706

CUSTOMER NUMBER

IDA000093572



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93572-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY
P.O. BOX 717
BOSTON, MA 02117-0717

CUSTOMER NUMBER

IDA000093610



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPA
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

CUSTOMER NUMBER

IDA000093629



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93629-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-93661-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93661-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
QCC INSURANCE COMPANY
1901 MARKET STREET
PHILADELPHIA, PA 19103-1480

CUSTOMER NUMBER

IDA000093688



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY
900 SALEM STREET
SMITHFIELD, RI 02917

CUSTOMER NUMBER

IDA000093696



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NASSAU LIFE AND ANNUITY COMPANY
P. O. BOX 5056
HARTFORD, CT 06102-5056

CUSTOMER NUMBER

IDA000093734



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93734-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93734-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SECURIAN LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098

CUSTOMER NUMBER

IDA000093742



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-93742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93742-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-93815-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-93815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-93815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GENWORTH INSURANCE COMPANY
6620 WEST BROAD STREET, BLDG 2
RICHMOND, VA 23230

CUSTOMER NUMBER

IDA000094072



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-94072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-94072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COUNTRY INVESTORS LIFE ASSURANCE COMPANY
P. O. BOX 2000
BLOOMINGTON, IL 61702-2000

CUSTOMER NUMBER

IDA000094218



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-94218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-94218-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-94250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-94250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
USABLE LIFE
P.O. BOX 1650
LITTLE ROCK, AR 72203-1650

CUSTOMER NUMBER

IDA000094358



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-94358-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-94358-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-94498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-94498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MEMBERS HEALTH INSURANCE COMPANY
P.O. BOX 1801
COLUMBIA, TN 38402-1801

CUSTOMER NUMBER

IDA000094587



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-94587-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	750.00
FRA23-94587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-94587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HUMANA HEALTH PLAN OF TEXAS, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER

IDA000095024



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95024-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95024-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AETNA HEALTH INC.
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER

IDA000095109



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CIGNA HEALTHCARE OF ARIZONA, INC.
25500 N. NORTERRA DR.
PHOENIX, AZ 85085-8200

CUSTOMER NUMBER

IDA000095125



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-95125-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	4,500.00
HCA23-95125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CHA HMO, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER

IDA000095158



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95158-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95158-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-95174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95174-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000095206



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF23-95206-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-95206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95206-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-95224-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
FRA23-95224-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95224-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MEDICA COMMUNITY HEALTH PLAN
401 CARLSON PARKWAY CP250
MINNETONKA, MN 55305

CUSTOMER NUMBER

IDA000095232



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERIGROUP TEXAS, INC.
1300 AMERIGROUP WAY
VIRGINIA BEACH, VA 23464

CUSTOMER NUMBER

IDA000095314



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95314-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PRESBYTERIAN HEALTH PLAN, INC.
PO BOX 27489
ALBUQUERQUE, NM 87125-7489

CUSTOMER NUMBER

IDA000095330



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95330-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95330-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-95366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-95366-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-95366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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).

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PACIFICARE OF COLORADO, INC.
9700 HEALTHCARE LANE, MN017-E900
MINNETONKA, MN 55343

CUSTOMER NUMBER

IDA000095434



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95434-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PACIFICARE OF ARIZONA, INC.
9800 HEALTH CARE LANE MN017-E900
MINNETONKA, MN 55343

CUSTOMER NUMBER

IDA000095617



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95617-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-95617-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	375.00
HCA23-95617-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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.

Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE OF WISCONSIN, INC.
WI030-1000, 10701 WEST RESEARCH DRIVE PO BOX 26649
WAUWATOSA, WI 53226-0649

CUSTOMER NUMBER

IDA000095710



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95710-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000095754



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95754-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000095885



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-95885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95885-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-95982-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	7,500.00
FRA23-95982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-95982-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FSF23-96016-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	2,250.00
FRA23-96016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-96016-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DENTAL CARE PLUS, INC.
100 CROWNE POINT PLACE
CINCINNATI, OH 45241

CUSTOMER NUMBER

IDA000096265



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-96265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-96265-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-97136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-97136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000097152



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-97152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-97152-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-97179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-97179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SETTLERS LIFE INSURANCE COMPANY
PO BOX 1191
MADISON, WI 53701-1191

CUSTOMER NUMBER

IDA000097241



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-97241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-97241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-97268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
FSF23-97268-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/12/2022	22,500.00
HCA23-97268-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-97292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-97292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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

CUSTOMER NUMBER

IDA000097691



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-97691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-97691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DIRECT GENERAL LIFE INSURANCE COMPANY
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217-2432

CUSTOMER NUMBER

IDA000097705



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-97705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-97705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
IDEALIFE INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000097764



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-97764-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-97764-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
US HEALTH AND LIFE INSURANCE COMPANY
8220 IRVING RD.
STERLING HEIGHTS, MI 48312

CUSTOMER NUMBER

IDA000097772



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-97772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-97772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LIFEMAP ASSURANCE COMPANY
P.O. BOX 1271 MS WW2-25
PORTLAND, OR 97207-1271

CUSTOMER NUMBER

IDA000097985



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-97985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-97985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL FOUNDATION LIFE INSURANCE COMPANY
300 BURNETT STREET, SUITE 200
FORT WORTH, TX 76102-2734

CUSTOMER NUMBER

IDA000098205



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-98205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-98205-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN CENTURY LIFE INSURANCE COMPANY
1333 WEST MCDERMOTT DRIVE #200
ALLEN, TX 75013

CUSTOMER NUMBER

IDA000099600



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-99600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LIFESHIELD NATIONAL INSURANCE CO.
P.O. BOX 18223
OKLAHOMA CITY, OK 73154-0223

CUSTOMER NUMBER

IDA000099724



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-99724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-99724-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-99775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COLUMBUS LIFE INSURANCE COMPANY
400 EAST 4TH STREET
CINCINNATI, OH 45202-3302

CUSTOMER NUMBER

IDA000099937



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-99937-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
HCA23-99937-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207144-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TWG HOME WARRANTY SERVICES, INC.
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207145



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SERVICEPLAN, INC.
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207146



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SERVICE SAVER, INCORPORATED
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207147



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DEALER PERFORMANCE, INC.
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207149



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CONSUMER PROGRAM ADMINISTRATORS, INC.
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207150



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AUTOMOTIVE WARRANTY SERVICES OF FLORIDA, INC.
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207151



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN HOME GUARDIAN, INC.
601 MERRITT 7, 6TH FLOOR
NORWALK, CT 06851

CUSTOMER NUMBER

IDA049207154



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207158-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NISSAN EXTENDED SERVICES NORTH AMERICA, GP
PO BOX 685004 (A-4-F)
FRANKLIN, TN 37068-5004

CUSTOMER NUMBER

IDA049207159



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207159-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED STATES WARRANTY CORP. OF FLORIDA (FN)
14755 N OUTER FORTY ROAD, SUITE 400
CHESTERFIELD, MO 63017-6050

CUSTOMER NUMBER

IDA049207163



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207163-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PREMIER DEALER SERVICES, INC.
9449 BALBOA AVE, SUITE 300
SAN DIEGO, CA 92123

CUSTOMER NUMBER

IDA049207164



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST AUTOMOTIVE SERVICE CORPORATION
2400 LOUISIANA BLVD NE, BUILDING 4, SUITE 100
ALBUQUERQUE, NM 87110

CUSTOMER NUMBER

IDA049207166



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
A.U.L. CORP.
1250 MAIN STREET, SUITE 300
NAPA, CA 94559

CUSTOMER NUMBER

IDA049207169



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207171-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207173-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SOUTHWEST GENERAL INSURANCE COMPANY
PO BOX 1377
GALLUP, NM 87305

CUSTOMER NUMBER

IDA049207174



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207175-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207176-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WYNN'S EXTENDED CARE, INC.
6303 BLUE LAGOON DRIVE, SUITE 225
MIAMI, FL 33126-6004

CUSTOMER NUMBER

IDA049207179



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STARR PROTECTION SOLUTIONS, LLC
399 PARK AVENUE, 3RD FLOOR
NEW YORK, NY 10022

CUSTOMER NUMBER

IDA049207181



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PHOENIX AMERICAN WARRANTY COMPANY, INC.
6303 BLUE LAGOON DRIVE, SUITE 225
MIAMI, FL 33126-6004

CUSTOMER NUMBER

IDA049207182



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PALMER ADMINISTRATIVE SERVICES, INC.
3430 SUNSET AVENUE
OCEAN, NJ 07712

CUSTOMER NUMBER

IDA049207183



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TAG WARRANTY CORP.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

CUSTOMER NUMBER

IDA049207187



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNIVERSAL WARRANTY CORPORATION
500 WOODWARD AVE, 10TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER

IDA049207188



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALLY SERVICE AGREEMENT CORPORATION
500 WOODWARD AVENUE, 10TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER

IDA049207190



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FEDERAL WARRANTY SERVICE CORP.
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207191



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207191-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ENDURANCE DEALER SERVICES, LLC
C/O MEENAN P.A.
PO BOX 11247
TALLAHASSEE, FL 32302

CUSTOMER NUMBER

IDA049207192



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207192-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207196-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207197-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN RELIABLE INSURANCE COMPANY
3 BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004

CUSTOMER NUMBER

IDA049207198



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CONTINENTAL SERVICE PROVIDER, INC.
PO BOX 2840
SCOTTSDALE, AZ 85252-2840

CUSTOMER NUMBER

IDA049207202



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207202-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIDELITY NATIONAL HOME WARRANTY CO.
1850 GATEWAY BLVD, SUITE 400
CONCORD, CA 94520

CUSTOMER NUMBER

IDA049207204



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TMI SOLUTIONS, LLC
2200 HIGHWAY 121, SUITE 100
BEDFORD,, TX 76021

CUSTOMER NUMBER

IDA049207208



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CENTURION SERVICE CORP.
525 W 21ST STREET
TEMPE, AZ 85282

CUSTOMER NUMBER

IDA049207211



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SENTINEL SERVICE CORP.
525 W 21ST STREET
TEMPE, AZ 85282

CUSTOMER NUMBER

IDA049207212



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
COMPLETE PRODUCT CARE CORP.
600 HARRISON STREET, SUITE 400
SAN FRANCISCO, CA 94107

CUSTOMER NUMBER

IDA049207213



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HOME WARRANTY OF AMERICA, 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
FRA23-49207219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
OWNERGUARD CORPORATION
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 30009-7602

CUSTOMER NUMBER

IDA049207225



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
QBE ADMINISTRATION SERVICES, INC.
PO BOX 779
SHELBY, OH 44875-0779

CUSTOMER NUMBER

IDA049207226



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAFWARE, THE INSURANCE AGENCY, INC.
160 FEDERAL STREET, SUITE E
BOSTON, MA 02110

CUSTOMER NUMBER

IDA049207227



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WEST COAST ASSURANCE COMPANY
14755 N OUTER FORTY ROAD, SUITE 400
ST. LOUIS, MO 63017-6050

CUSTOMER NUMBER

IDA049207228



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN AUTO SHIELD, LLC
1597 COLE BLVD, SUITE 200
LAKEWOOD, CO 80401

CUSTOMER NUMBER

IDA049207229



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WESTERN GENERAL DEALER SERVICES, INC.
14755 N OUTER FORTY ROAD, SUITE 400
SAINT LOUIS, MO 63017-6050

CUSTOMER NUMBER

IDA049207231



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WARRANTY SUPPORT SERVICES, LLC
6010 ATLANTIC BLVD
NORCROSS, GA 30071-1303

CUSTOMER NUMBER

IDA049207232



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED CAR CARE, INC.
PO BOX 3988
GREENWOOD VILLAGE, CO 80155-3988

CUSTOMER NUMBER

IDA049207233



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROTECTIVE ADMINISTRATIVE SERVICES, INC.
14755 N OUTER FORTY ROAD, SUITE 400
SAINT LOUIS, MO 63017-6050

CUSTOMER NUMBER

IDA049207235



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN HOME SHIELD OF ARIZONA, INC.
150 PEABODY PLACE
MEMPHIS, TN 38103

CUSTOMER NUMBER

IDA049207240



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HOME WARRANTY ADMINISTRATOR OF ARIZONA, INC.
2147 ROUTE 27 SOUTH, 4TH FLOOR
EDISON, NJ 08817

CUSTOMER NUMBER

IDA049207241



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED SERVICE PROTECTION CORPORATION
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207242



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SELECT HOME WARRANTY, LLC
1 INTERNATIONAL BOULEVARD, SUITE 400
MAHWAH, NJ 07495

CUSTOMER NUMBER

IDA049207243



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ROYAL ADMINISTRATION SERVICES, INC.
51 MILL STREET, BUILDING F
HANOVER, MA 02339

CUSTOMER NUMBER

IDA049207244



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207244-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HOME BUYERS RESALE WARRANTY CORPORATION
13900 E HARVARD AVENUE
AURORA, CO 80014

CUSTOMER NUMBER

IDA049207246



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
3M COMPANY
3M CENTER, BUILDING 223-06N-01
SAINT PAUL, MN 55144

CUSTOMER NUMBER

IDA049207248



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207251-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CENTURY AUTOMOTIVE SERVICE CORPORATION
6565 AMERICAS PARKWAY NE, SUITE 1000
ALBUQUERQUE, NM 87002

CUSTOMER NUMBER

IDA049207258



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WARRANTY SOLUTIONS ADMINISTRATIVE SERVICES, INC.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

CUSTOMER NUMBER

IDA049207264



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LANDMARK HOME WARRANTY, LLC
150 PEABODY PLACE
MEMPHIS, TN 38103

CUSTOMER NUMBER

IDA049207265



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207267-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LANDCAR AGENCY, INC.
9350 S 150 E, SUITE 220
SANDY, UT 84070

CUSTOMER NUMBER

IDA049207268



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MINNEHOMA AUTOMOBILE ASSOCIATION, INC.
PO BOX 35008
TULSA, OK 74153-0008

CUSTOMER NUMBER

IDA049207269



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SUBARU OF AMERICA SERVICES, INC.
C/O STEPHEN MCDANIEL
MEENAN P.A. 300 S DUVAL STREET, SUITE 410
TALLAHASSEE, FL 32301

CUSTOMER NUMBER

IDA049207270



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207270-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UTILITY SERVICE PARTNERS PRIVATE LABEL, INC.
C/O HOMESERVE USA
601 MERRITT 7, 6TH FLOOR
NORWALK, CT 06851

CUSTOMER NUMBER

IDA049207272



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WARRANTECH CONSUMER PRODUCT SERVICES, INC.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

CUSTOMER NUMBER

IDA049207277



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207277-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
WARRANTECH AUTOMOTIVE, INC.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

CUSTOMER NUMBER

IDA049207279



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ONEGUARD ARIZONA, LLC
150 PEABODY PLACE
MEMPHIS, TN 38103

CUSTOMER NUMBER

IDA049207280



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MERCURY SELECT MANAGEMENT COMPANY, INC.
PO BOX 728866
OKLAHOMA CITY, OK 73172-8847

CUSTOMER NUMBER

IDA049207281



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HOME SECURITY OF AMERICA, INC.
15 PEABODY PLACE
MEMPHIS, TN 38120

CUSTOMER NUMBER

IDA049207282



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GWC WARRANTY CORPORATION
6010 ATLANTIC BOULEVARD
NORCCROSS, GA 30071

CUSTOMER NUMBER

IDA049207283



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207284-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LIKEWISE 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
FRA23-49207285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AMERICAN HONDA PROTECTION PRODUCTS CORPORATION
MAILSTOP:100-2W-4B TAX DEPT
1919 TORRANCE BOULEVARD
TORRANCE, CA 90501-2722

CUSTOMER NUMBER

IDA049207294



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207296-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
UNITED SERVICE CONTRACT GROUP, LLC
570 CARILLON PARKWAY, SUITE 300
ST. PETERSBURG, FL 33716

CUSTOMER NUMBER

IDA049207297



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207299-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CARGUARD ADMINISTRATION, INC.
1776 N SCOTTSDALE ROAD, SUITE 2827
SCOTTSDALE, AZ 85257

CUSTOMER NUMBER

IDA049207300



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207302-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ALPHA WARRANTY SERVICES, INC.
10855 S RIVER FRONT PKWY, 5TH FLOOR
SOUTH JORDAN, UT 84095

CUSTOMER NUMBER

IDA049207303



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NORTH AMERICAN WARRANTY, INC.
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207304



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AEGIS EXTENDED SERVICE, LLC
1298 KIFER ROAD, SUITE 508
SUNNYVALE, CA 94086

CUSTOMER NUMBER

IDA049207306



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RESIDENTIAL WARRANTY SERVICES, INC.
PO BOX 797
CARMEL, IN 46082

CUSTOMER NUMBER

IDA049207307



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SPHWAZ, INC.
300 MCGAW DRIVE, 2ND FLOOR
EDISON, NJ 08837

CUSTOMER NUMBER

IDA049207312



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207315-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TIRE SHIELD, INC.
155 SUPREME COURT
ST AUGUSTINE, FL 32086

CUSTOMER NUMBER

IDA049207316



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207316-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TT OF FIRST MILE SERVICES, INC.
C/O MEENAN P.A.
PO BOX 11247
TALLAHASSEE, FL 32302

CUSTOMER NUMBER

IDA049207317



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-49207317-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-49207320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AXIOM PRODUCT ADMINISTRATION, LLC
8651 HIGHWAY N SUITE 201
LAKE ST. LOUIS, MO 63367

CUSTOMER NUMBER

IDA501130441



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-501130441-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NOBILIS ADMINISTRATIVE SERVICES, INC.
5100 N O'CONNOR BLVD, SUITE 100
IRVING, TX 75039

CUSTOMER NUMBER

IDA501400945



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-501400945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HOME SERVICE CLUB WARRANTY CORP.
C/O COZEN O'CONNOR - ATTN: K. LEVINE
ONE N. CLEMATIS STREET, SUITE 510
WEST PALM BEACH, FL 33401

CUSTOMER NUMBER

IDA501515973



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-501515973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-501614658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-501845788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HSB SECURE SERVICES, INC.
PO BOX 5024
HARTFORD, CT 06102-5024

CUSTOMER NUMBER

IDA502476270



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-502476270-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-502604183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-502715965-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GUARDSMAN US LLC
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

CUSTOMER NUMBER

IDA502864936



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-502864936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MATRIX CAPITAL SERVICES, LLC (FN)
3100 MCKINNON, SUITE 420
DALLAS, TX 75201

CUSTOMER NUMBER

IDA503229089



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-503229089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-504120382-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-504388264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROTECT MY CAR, LLC
570 CARILLON PARKWAY, SUITE 300
ST. PETERSBURG, FL 33716

CUSTOMER NUMBER

IDA504756865



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-504756865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DENT WIZARD WARRANTY COMPANY, LLC
4710 EARTH CITY EXPRESSWAY
BRIDGETON, MO 63044

CUSTOMER NUMBER

IDA504761289



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-504761289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CAPITAL PROCESSING SYSTEMS, INC.
PO BOX 241274
CHARLOTTE, NC 28224

CUSTOMER NUMBER

IDA505231346



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-505231346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-505285742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PREFERRED PROTECTION SERVICES, LLC
PO BOX 2840
SCOTTSDALE, AZ 85252-2840

CUSTOMER NUMBER

IDA505456259



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-505456259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SPORTSMAN'S WAREHOUSE, INC.
1475 W 9000 S, SUITE A
WEST JORDAN, UT 84088

CUSTOMER NUMBER

IDA505465790



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-505465790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-505517347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-505580289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MARATHON ADMINISTRATIVE CO., INC.
PO BOX 961
O'FALLON, IL 62269

CUSTOMER NUMBER

IDA505891357



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-505891357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-505952154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-505969000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-506019668-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-506213534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NATIONAL HOME WARRANTY, INC.
1675 S MOJAVE ROAD
LAS VEGAS, NV 89104

CUSTOMER NUMBER

IDA506475614



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-506475614-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SUNNOVA ENERGY CORPORATION
PO BOX 56229
HOUSTON, TX 77256

CUSTOMER NUMBER

IDA506479919



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-506479919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-506496828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAN TAN TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506955543



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-506955543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TJ AUTOMOTIVE LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506955544



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-506955544-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MARICOPA TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506963704



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-506963704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MCKELLIPS TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506963705



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-506963705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
VAL VISTA TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506963706



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-506963706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-507125272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-507162342-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-507491584-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-507508657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-508093922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Make sure we receive payment on or before August 15, 2022.

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

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-508298649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DISCOUNT TIRE CERTIFICATE, LLC
20225 N SCOTTSDALE ROAD
SCOTTSDALE, AZ 85255

CUSTOMER NUMBER

IDA508298650



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-508298650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-508389160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-508393355-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-508657104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DOWC PROVIDER SERVICES, LLC
14 COUNTRYSIDE LANE
RINGWOOD, NJ 07456

CUSTOMER NUMBER

IDA509064469



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-509064469-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-509633819-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GLOBAL ADMINISTRATORS, LLC
20 CABOT BLVD, SUITE 400
MANSFIELD, MA 02048

CUSTOMER NUMBER

IDA509681578



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-509681578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-509690246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-509833725-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SAM LEVITZ FURNITURE COMPANY, INC.
3430 E 36TH STREET
TUCSON, AZ 85713

CUSTOMER NUMBER

IDA510040992



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-510040992-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GUARANTEED PROVIDER SERVICES, INC.
PO BOX 653
RINGWOOD, NJ 07456

CUSTOMER NUMBER

IDA510227280



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-510227280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LEXINGTON NATIONAL WARRANTY SERVICES, LLC
PO BOX 6098
LUTHERVILLE, MD 21094

CUSTOMER NUMBER

IDA510507721



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-510507721-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CGA SC PROVIDER SERVICES, INC.
1776 N SCOTTSDALE ROAD, SUITE 2827
SCOTTSDALE, AZ 85257

CUSTOMER NUMBER

IDA510923780



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-510923780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SUNPATH LTD
50 BRAINTREE HILL PARK, SUITE 310
BRAINTREE, MA 02184

CUSTOMER NUMBER

IDA511123048



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-511123048-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
SYDAN SERVICES, INC.
2510 N 75TH AVENUE
PHOENIX, AZ 85035

CUSTOMER NUMBER

IDA511475731



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-511475731-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-511593685-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-511593686-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-511597798-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PEORIA AUTO CARE, INC.
5115 W PEORIA AVE
GLENDALE, AZ 85302

CUSTOMER NUMBER

IDA511597801



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-511597801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-511615254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
PROGUARD WARRANTY, INC.
PO BOX 1337
PITTSBURGH, PA 15106

CUSTOMER NUMBER

IDA511615271



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-511615271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ONE PUTT TIRE, LLC
2330 W MISSION LANE, #4
PHOENIX, AZ 85021

CUSTOMER NUMBER

IDA511676325



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-511676325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-511711197-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RIGGS TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA511837924



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-511837924-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-512023940-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ADVANCE CORE CAPITAL, INC.
2248 CENTRAL DRIVE, SUITE 107-290
BEDFORD, TX 76021-5843

CUSTOMER NUMBER

IDA512325871



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-512325871-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MILEPOST66, LLC
1942 E ANDY DEVINE AVENUE
KINGMAN, AZ 86401

CUSTOMER NUMBER

IDA512339259



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-512339259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MILESTONE LAKE HAVASU, INC.
1625 COUNTRYSHIRE AVENUE
LAKE HAVASU CITY, AZ 86403

CUSTOMER NUMBER

IDA512343385



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-512343385-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-512418281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-512418282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-512510294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
ADVANCED PROTECTION PRODUCTS INTERNATIONAL, INC.
9449 BALBOA AVENUE, SUITE 300
SAN DIEGO, CA 92123

CUSTOMER NUMBER

IDA512576535



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-512576535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MAXX'S PRODUCTS, LLC
500 GULFSTREAM ROAD, SUITE 206
DELRAY BEACH, FL 33483

CUSTOMER NUMBER

IDA512721520



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-512721520-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
MULBERRY SHIELD, INC.
PO BOX 453
NEW YORK, NY 10014

CUSTOMER NUMBER

IDA512941906



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-512941906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-512941931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
HIPPO WARRANTY SOLUTIONS INC.
101 W 6TH STREET, 5TH FLOOR
AUSTIN, AZ 78701

CUSTOMER NUMBER

IDA513030432



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-513030432-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-513163353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TRIPLE PROTECTION AUTO CARE, INC.
7200 S ALTON WAY, SUITE A350
CENTENNIAL, CO 80112

CUSTOMER NUMBER

IDA513198693



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-513198693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-513198713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-513318448-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
EXTEND WARRANTY SERVICES CORPORATION
2701 SUNSET RIDGE DRIVE, #602
ROCKWALL, TX 75032

CUSTOMER NUMBER

IDA513456983



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-513456983-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TORQUE GROUP LLC
41 W DIVISION STREET, SUITE C
EVANSVILLE, IN 47710

CUSTOMER NUMBER

IDA513585012



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-513585012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
IRONWOOD WARRANTY, LLC
400 MISSOURI AVENUE, SUITE 120
JEFFERSONVILLE, IN 47130

CUSTOMER NUMBER

IDA513651565



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-513651565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-513718047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-513811565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LKL PROTECTION COMPANY LLC
3333 BEVERLY ROAD, A4-245A
HOFFMAN ESTATES, IL 60179

CUSTOMER NUMBER

IDA513900479



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-513900479-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
DRIVESMART AUTO CARE INC.
310 MAIN STREET, BOX 11
TOMS RIVER, NJ 08753

CUSTOMER NUMBER

IDA513904667



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-513904667-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-514555943-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
FIRST SECURED ADMINISTRATORS, LLC
475 N 300 W, SUITE 8
KAYSVILLE, UT 84037

CUSTOMER NUMBER

IDA514567535



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-514567535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-514632229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-514873357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-514873398-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NASHIONAL POWERSPORTS PROTECTION INC.
1880 S 7TH AVENUE
PHOENIX, AZ 85007

CUSTOMER NUMBER

IDA514963221



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-514963221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
STRATEGIC DEALERSHIP SOLUTIONS, INC.
PO BOX161126
FORT WORTH, TX 76161

CUSTOMER NUMBER

IDA515079537



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-515079537-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-515151381-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-515178257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-515196182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
TOCO US, LLC
720 N POST OAK ROAD, SUITE 500
HOUSTON, TX 77024

CUSTOMER NUMBER

IDA515446600



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-515446600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RED MOUNTAIN FUNDING, INC.
955 E MAIN STREET
MESA, AZ 85203

CUSTOMER NUMBER

IDA515536323



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-515536323-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-515576731-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
AXXIS AUTO SHIELD, LLC
1597 COLE BOULEVARD, SUITE 200
LAKEWOOD, CO 80401

CUSTOMER NUMBER

IDA515581687



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-515581687-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-516613748-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
LAVEEN TIRE AND AUTO, LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA516617973



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-516617973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
RESIDENTIAL WARRANTY HOME PROTECTION, LLC
PO BOX 797
CARMEL, IN 46032

CUSTOMER NUMBER

IDA516824956



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-516824956-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-516879056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-516879057-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-516906155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
NEW GLOBAL ADMINISTRATORS, LLC
20 CABOT BLVD, SUITE 400
MANSFIELD, MA 02048

CUSTOMER NUMBER

IDA517398623



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-517398623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
CAPITAL ELEVEN AUTO, LLC
2775 W NAVIGATOR DRIVE, #110
MERIDIAN, ID 83642

CUSTOMER NUMBER

IDA517534707



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-517534707-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-517534708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-517570953-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-517634397-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-517634409-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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 15, 2022.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

RE: ANNUAL ASSESSMENT
GLOBAL ASSOCIATION LLC
5601 WEST SIDE AVE, 2ND FLOOR
NOTH BERGEN, NJ 07047

CUSTOMER NUMBER

IDA517815704



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA23-517815704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-517951885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 12, 2022

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
FRA23-518065896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/12/2022	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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For questions concerning this assessment, please email accounting@difi.az.gov