



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PARTNERRE INSURANCE COMPANY OF NEW YORK
ONE GREENWICH PLAZA
GREENWICH, CT 06830-6352

CUSTOMER NUMBER
IDA000010006



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NEVADA GENERAL INSURANCE COMPANY
5685 SPRING MOUNTAIN ROAD
LAS VEGAS, NV 89146-8828

CUSTOMER NUMBER
IDA000010007



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LYNDON SOUTHERN INSURANCE COMPANY
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 330
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000010051



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10051-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL CO
P.O. BOX 189
CHESHIRE, CT 06410

CUSTOMER NUMBER
IDA000010069



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: RESIDUAL MARKETS UNIT
ENCOMPASS INSURANCE COMPANY OF AMERICA
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, ILLINOIS 60010-9300

CUSTOMER NUMBER
IDA000010071



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10071-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: RESIDUAL MARKETS UNIT
ENCOMPASS PROPERTY AND CASUALTY COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, ILLINOIS 60010-9300

CUSTOMER NUMBER
IDA000010072



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
VICTORIA SELECT INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010105



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10111-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10111-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SECURITY FIRST INSURANCE COMPANY
140 SOUTH ATLANTIC AVENUE SUITE 200
ORMOND BEACH, FL 32176

CUSTOMER NUMBER
IDA000010117



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EVEREST NATIONAL INSURANCE COMPANY
P.O. BOX 830
LIBERTY CORNER, NJ 07938-0830

CUSTOMER NUMBER
IDA000010120



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ALLIED INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010127



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10127-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10155-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PHOENIX HEALTH PLANS, INC.
7878 N 16TH ST, SUITE 105
PHOENIX, AZ 85020

CUSTOMER NUMBER
IDA000010160



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-10160-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	4,500.00
HCA18-10160-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			5,700.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MOUNTAIN STATES INDEMNITY COMPANY
PO BOX 93254
ALBUQUERQUE, NM 87199-3254

CUSTOMER NUMBER
IDA000010177



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HISCOX INSURANCE COMPANY INC.
104 SOUTH MICHIGAN AVE., SUITE 600
CHICAGO, IL 60603

CUSTOMER NUMBER
IDA000010200



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CONSUMERS INSURANCE USA, INC.
P.O. BOX 12269
MURFREESBORO, TN 37129

CUSTOMER NUMBER
IDA000010204



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
QBE REINSURANCE CORPORATION
ONE GENERAL DRIVE
SUN PRAIRIE, NY 53596

CUSTOMER NUMBER
IDA000010219



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10219-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COMMONWEALTH INSURANCE COMPANY OF AMERICA
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101

CUSTOMER NUMBER
IDA000010220



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PACO ASSURANCE COMPANY, INC.
3000 MERIDIAN BOULEVARD, SUITE 400
FRANKLIN, TN 37067

CUSTOMER NUMBER
IDA000010222



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITRIN DIRECT INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 1500
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000010226



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10243-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

FARMERS GRAND RAPIDS ACCOUNTING
21ST CENTURY INSURANCE COMPANY OF THE SOUTHWEST
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MICHIGAN 49501-2450

CUSTOMER NUMBER
IDA000010245



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PMI INSURANCE CO.
3003 OAK ROAD, SUITE 200
WALNUT CREEK, AZ 94597

CUSTOMER NUMBER
IDA000010287



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-10287-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	4,500.00
TOTAL ASSESSMENT AMOUNT			5,550.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10336-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
STONINGTON INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000010340



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10351-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AVEMCO INSURANCE COMPANY
8490 PROGRESS DR., SUITE 100
FREDERICK, MD 21701

CUSTOMER NUMBER
IDA000010367



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10367-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10367-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10391-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COREPOINTE INSURANCE COMPANY
401 SOUTH OLD WOODWARD AVENUE, SUITE 300
BIRMINGHAM, MI 48009

CUSTOMER NUMBER
IDA000010499



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CAROLINA CASUALTY INSURANCE COMPANY
P.O. BOX 9190
DES MOINES, IA 50306-9190

CUSTOMER NUMBER
IDA000010510



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PROSELECT INSURANCE COMPANY
ONE FINANCIAL CENTER, P.O. BOX 55178
BOSTON, MA 02205-5178

CUSTOMER NUMBER
IDA000010638



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10640-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
VICTORIA AUTOMOBILE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010644



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10644-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10646-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GENEVA INSURANCE COMPANY
P O BOX 44807
INDIANAPOLIS, IN 46244-4807

CUSTOMER NUMBER
IDA000010648



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10669-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SCOTTSDALE SURPLUS LINES INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER

IDA000010672



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10672-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-10672-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CSAA MID-ATLANTIC INSURANCE COMPANY
3055 OAK ROAD
WALNUT CREEK, AZ 94597

CUSTOMER NUMBER
IDA000010675



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-10675-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	750.00
FRA18-10675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10676-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-10676-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	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).

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10677-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10677-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ILIANA MENDEZ, STAT ACCT
ALLIED WORLD NATIONAL ASSURANCE COMPANY
199 WATER STREET, 16TH FLOOR
NEW YORK, NEW YORK 10038

CUSTOMER NUMBER
IDA000010690



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
THIRD COAST INSURANCE COMPANY
P.O. BOX 40790
LANSING, MI 48901-7990

CUSTOMER NUMBER
IDA000010713



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONWIDE ASSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010723



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TM SPECIALTY INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNWYD, NY 19004-1403

CUSTOMER NUMBER
IDA000010738



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-10738-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	750.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
INTREPID INSURANCE COMPANY
10851 MASTIN BLVD., SUITE 200
OVERLAND PARK, KS 66210

CUSTOMER NUMBER
IDA000010749



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERIGROUP OHIO, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000010767



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
VICTORIA SPECIALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000010777



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10777-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10783-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MAXUM CASUALTY INSURANCE COMPANY
3655 NORTH POINT PARKWAY, SUITE # 500
ALPHARETTA, GA 30005

CUSTOMER NUMBER

IDA000010784



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FORTRESS INSURANCE COMPANY
6133 N. RIVER ROAD, SUITE 650
ROSEMONT, IL 60018-5173

CUSTOMER NUMBER
IDA000010801



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

LOREE ROBINSON
CONTINENTAL WESTERN INSURANCE COMPANY
ATTN: FINANCIAL REPORTING
P. O. BOX 1594
DES MOINES, IOWA 50306-1594

CUSTOMER NUMBER
IDA000010804



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ACCC INSURANCE COMPANY
390 BENMAR DR, STE 225
HOUSTON, TX 77060

CUSTOMER NUMBER
IDA000010807



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10807-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-10814-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	2,250.00
FRA18-10814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			3,300.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
VERLAN FIRE INSURANCE COMPANY
THE HANOVER INSURANCE GRP, STATISTICAL DEPT S-436
440 LINCOLN STREET
WORCESTER, MASSACHUSETTS 01653

CUSTOMER NUMBER
IDA000010815



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
GOLDEN EAGLE INSURANCE CORPORATION
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000010836



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CUMIS INSURANCE SOCIETY, INC.
POST OFFICE BOX 1084
MADISON, WI 53701

CUSTOMER NUMBER
IDA000010847



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10847-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIRST NONPROFIT INSURANCE COMPANY
233 N. MICHIGAN AVE, SUITE 1000
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000010859



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
KEY RISK INSURANCE COMPANY
PO BOX 49129
GREENSBORO, NC 27419

CUSTOMER NUMBER
IDA000010885



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10885-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CEM INSURANCE COMPANY
21805 FIELD PARKWAY, SUITE 320
DEER PARK, IL 60010-3231

CUSTOMER NUMBER
IDA000010891



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10891-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COMMERCIAL ALLIANCE INSURANCE COMPANY
415 LOCKHAVEN DR.
HOUSTON, TX 77073

CUSTOMER NUMBER
IDA000010906



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10909-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MARY BEYER
KEMPER INDEPENDENCE INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FLORIDA 32258

CUSTOMER NUMBER
IDA000010914



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10914-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITRIN DIRECT PROPERTY & CASUALTY COMPANY
ONE EAST WACKER DRIVE, SUITE 1500
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000010915



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SURETEC INSURANCE COMPANY
1330 POST OAK BLVD, SUITE 1100
HOUSTON, TX 77056

CUSTOMER NUMBER
IDA000010916



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-10945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10945-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TRANSAMERICA CASUALTY INSURANCE COMPANY
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499

CUSTOMER NUMBER
IDA000010952



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-10952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ALAMANCE INSURANCE COMPANY
238 INTERNATIONAL ROAD
BURLINGTON, NC 27215

CUSTOMER NUMBER
IDA000010957



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10957-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ROOT INSURANCE COMPANY
34 W. GAY ST, STE. 2A
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000010974



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-10974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
SENTINEL INSURANCE COMPANY, LTD.
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CONNECTICUT 06155

CUSTOMER NUMBER
IDA000011000



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MEMIC INDEMNITY COMPANY
1750 ELM STREET, SUITE 500
MANCHESTER, NH 03104

CUSTOMER NUMBER
IDA000011030



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
STONETRUST COMMERCIAL INSURANCE COMPANY
5615 CORPORATE BOULEVARD, SUITE 700
BATON ROUGE, LA 70808

CUSTOMER NUMBER
IDA000011042



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MAIDEN REINSURANCE NORTH AMERICA, INC.
6000 MIDLANTIC DRIVE, SUITE 200 SOUTH
MOUNT LAUREL, NJ 08054

CUSTOMER NUMBER
IDA000011054



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WORTH CASUALTY COMPANY
PO BOX 66
FORT WORTH, TX 76101-0066

CUSTOMER NUMBER
IDA000011090



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GLOBAL LIBERTY INSURANCE COMPANY OF NEW YORK
150 NORTHWEST POINT BLVD., 3RD FLOOR
ELK GROVE VILLAGE, IL 60007

CUSTOMER NUMBER
IDA000011092



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11092-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE
P.O. BOX 15147
LENEXA, KS 66214

CUSTOMER NUMBER
IDA000011118



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11118-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11118-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11121-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11121-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11123-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SOMPO AMERICA INSURANCE COMPANY
11405 NORTH COMMUNITY HOUSE RD, STE 600
CHARLOTTE, NC 28277

CUSTOMER NUMBER
IDA000011126



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
RURAL TRUST INSURANCE COMPANY
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TEXAS 76180

CUSTOMER NUMBER
IDA000011134



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11134-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11134-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11150-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11163-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-11163-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-11163-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

This consolidated assessment notice contains one or more assessments that your 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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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIRST FINANCIAL INSURANCE COMPANY
238 INTERNATIONAL ROAD
BURLINGTON, NC 27215

CUSTOMER NUMBER
IDA000011177



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11185-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HOUSING ENTERPRISE INSURANCE COMPANY, INC.
P.O. BOX 189
CHESHIRE, CT 06410-0189

CUSTOMER NUMBER
IDA000011206



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
SAFECO INSURANCE COMPANY OF INDIANA
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000011215



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11215-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ENUMCLAW PROPERTY AND CASUALTY INSURANCE COMPAN
1460 WELLS STREEET
ENUMCLAW, WA 98022

CUSTOMER NUMBER
IDA000011232



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GEORGIA CASUALTY & SURETY COMPANY
P.O. BOX 618
COLUMBIA, MO 65205

CUSTOMER NUMBER
IDA000011258



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

SCOTT HALLAR
CGB INSURANCE COMPANY
1608 WEST LAFAYETTE AVENUE
JACKSONVILLE, ILLINOIS 62650

CUSTOMER NUMBER
IDA000011445



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CATHY UHLMAN
HARTFORD STEAM BOILER INSPECTION AND INSURANCE CO
ONE STATE STREE
HARTFORD, CONNECTICUT 06102-5024

CUSTOMER NUMBER
IDA000011452



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11452-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11523-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11551-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PACIFIC COMPENSATION INSURANCE COMPANY
PO BOX 5043
THOUSAND OAKS, CA 91359-5043

CUSTOMER NUMBER
IDA000011555



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11555-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11558-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ACCIDENT INSURANCE COMPANY, INC.
ONE HARBISON WAY, SUITE 115
COLUMBIA, SC 29212

CUSTOMER NUMBER
IDA000011573



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11573-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
INTERNATIONAL FIDELITY INSURANCE COMPANY
ONE NEWARK CENTER
NEWARK, NJ 07102-5207

CUSTOMER NUMBER
IDA000011592



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11592-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
JEFFERSON INSURANCE COMPANY
ADMINISTRATIVE OFFICES
2805 NORTH PARHAM ROAD
RICHMOND, VIRGINIA 23294

CUSTOMER NUMBER
IDA000011630



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OLD AMERICAN INDEMNITY COMPANY
17304 PRESTON ROAD, SUITE 1100
DALLAS, TX 75252

CUSTOMER NUMBER
IDA000011665



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
REDWOOD FIRE AND CASUALTY INSURANCE COMPANY
1314 DOUGLAS STREET
OMAHA, NE 68102

CUSTOMER NUMBER
IDA000011673



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11673-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CSAA AFFINITY INSURANCE COMPANY
3055 OAK ROAD
WALNUT CREEK, AZ 94597

CUSTOMER NUMBER
IDA000011681



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11681-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-11681-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ACCESS INSURANCE COMPANY
P.O. BOX 105171
ATLANTA, GA 30348-5171

CUSTOMER NUMBER
IDA000011711



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
INFINITY AUTO INSURANCE COMPANY
P. O. BOX 830189
BIRMINGHAM, ALABAMA 35283-0189

CUSTOMER NUMBER
IDA000011738



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11738-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
LIBERTY PERSONAL INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000011746



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11746-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11800-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11805-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-11805-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11811-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-11811-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PARTNERRE AMERICA INSURANCE COMPANY
ONE GREENWICH PLAZA
GREENWICH, CT 06830-6352

CUSTOMER NUMBER
IDA000011835



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11835-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11835-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11851-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ANCHOR SPECIALTY INSURANCE COMPANY
505 ORLEANS, SUITE 400
BEAUMONT, TX 77701

CUSTOMER NUMBER
IDA000011853



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11853-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HOPE ALLEN
PRIMERO INSURANCE COMPANY
1101 FRIST AVENUE NORTH
FARGO, NORTH DAKOTA 58102

CUSTOMER NUMBER
IDA000011855



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COPIC INSURANCE COMPANY
7351 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
FRA18-11860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-11967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JEFFREY SIEFKER
NATIONAL CASUALTY COMPANY
1-04-701
ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215

CUSTOMER NUMBER
IDA000011991



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11991-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JOHN WILLIAMS
CATERPILLAR LIFE INSURANCE COMPANY
P.O. BOX 340001
2120 WEST END AVENUE
NASHVILLE, TENNESSEE 37203-0001

CUSTOMER NUMBER
IDA000011997



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-11997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-11997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MBIA INSURANCE CORPORATION
1 MANHATTANVILLE RD., 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
FRA18-12041-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12151-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SUSSEX INSURANCE COMPANY
P.O. BOX 100165
COLUMBIA, SC 29202

CUSTOMER NUMBER
IDA000012157



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ATTN: ANNUAL ASSESSMENT
COMPWEST INSURANCE COMPANY
301 HOWARD STREET # 1700
SAN FRANCISCO, CALIFORNIA 94105

CUSTOMER NUMBER
IDA000012177



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN LIBERTY INSURANCE COMPANY, INC.
3601 NORTH UNIVERSITY AVE., SUITE 100
PROVO, UT 84604

CUSTOMER NUMBER
IDA000012200



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-12217-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-12217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OMAHA INDEMNITY COMPANY, THE
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000012254



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12254-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CAMPMED CASUALTY & INDEMNITY COMPANY, INC.
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000012260



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-12294-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	4,500.00
FRA18-12294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			5,550.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PETROLEUM CASUALTY COMPANY
PO BOX 3342
HOUSTON, TX 77253-3342

CUSTOMER NUMBER
IDA000012297



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12297-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

DAWN REIN
AMERICAN CONTINENTAL INSURANCE COMPANY
980 JOLLY ROAD, U11S
BLUE BELL, PENNSYLVANIA 19422

CUSTOMER NUMBER
IDA000012321



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12321-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SEQUOIA INDEMNITY COMPANY
P.O. BOX 1510
MONTEREY, CA 93942

CUSTOMER NUMBER
IDA000012338



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12338-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12484-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERIPRISE 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
FRA18-12504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AUTO-OWNERS SPECIALTY INSURANCE COMPANY
POST OFFICE BOX 8010
GOLDSBORO, NC 27534

CUSTOMER NUMBER
IDA000012508



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EDUCATORS HEALTH PLANS LIFE, ACCIDENT & HEALTH, INC.
852 EAST ARROWHEAD LANE
MURRAY, UT 84107

CUSTOMER NUMBER
IDA000012515



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12533-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12533-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HOMEOWNERS OF AMERICA INSURANCE COMPANY
1333 CORPORATE DRIVE - SUITE 325
IRVING, TX 75038

CUSTOMER NUMBER
IDA000012536



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SILVERSCRIPT INSURANCE COMPANY
445 GREAT CIRCLE ROAD
NASHVILLE, TN 37228

CUSTOMER NUMBER
IDA000012575



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

This consolidated assessment notice contains one or more assessments that your 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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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
INFINITY STANDARD INSURANCE COMPANY
P.O. 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
FRA18-12599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DEVELOPERS SURETY AND INDEMNITY COMPANY
P.O. BOX 19725
IRVINE, CA 92623-9725

CUSTOMER NUMBER
IDA000012718



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12718-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-12741-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ENVISION 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
FRA18-12747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EVERGREEN NATIONAL INDEMNITY COMPANY
6140 PARKLAND BLVD, STE 321
MAYFIELD HEIGHTS, OH 44124

CUSTOMER NUMBER
IDA000012750



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MEDICUS INSURANCE COMPANY
6034 WEST COURTYARD DRIVE, SUITE 310
AUSTIN, TX 78730

CUSTOMER NUMBER
IDA000012754



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12777-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12831-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12831-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

CRYSTAL HAGEMAN
T.H.E. INSURANCE COMPANY
P.O. BOX 67008
TREASURE ISLAND, FLORIDA 33736-7008

CUSTOMER NUMBER
IDA000012866



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SENTRUITY CASUALTY COMPANY
P.O. BOX 441828
HOUSTON, TX 77244-1828

CUSTOMER NUMBER
IDA000012870



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12902-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12902-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
250 BERRYHILL ROAD, SUITE 311
COLUMBIA, SC 29210

CUSTOMER NUMBER
IDA000012910



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-12910-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12910-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12964-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-12964-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-12966-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13021-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MAIN STREET AMERICA PROTECTION INSURANCE COMPANY
4601 TOUCHTON ROAD EAST, SUITE 3400
JACKSONVILLE, FL 32246

CUSTOMER NUMBER
IDA000013026



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-13043-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-13043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-13056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-13100-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY
1100 WALNUT STREET, STE. 3010
KANSAS CITY, MO 64106-2186

CUSTOMER NUMBER
IDA000013126



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: ACCTNG H3162 - ASSESSMENT
VIKING INSURANCE COMPANY OF WISCONSIN
1800 NORTH POINT DRIVE
STEVENS POINT, WISCONSIN 54481

CUSTOMER NUMBER
IDA000013137



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EAGLE LIFE INSURANCE COMPANY
PO BOX 71216
DES MOINES, IA 50325

CUSTOMER NUMBER
IDA000013183



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-13183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000013188



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-13209-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-13209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-13210-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WILSHIRE INSURANCE COMPANY
P.O. BOX 10800, 702 OBERLIN ROAD
RALEIGH, NC 27605-0800

CUSTOMER NUMBER
IDA000013234



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-13234-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TITAN INDEMNITY COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000013242



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ALLEGHENY CASUALTY COMPANY
ONE NEWARK CENTER, 20TH FLOOR
NEWARK, NJ 07102

CUSTOMER NUMBER
IDA000013285



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMALGAMATED CASUALTY INSURANCE COMPANY
8401 CONNECTICUT AVENUE, SUITE 105
CHEVY CHASE, MD 20815

CUSTOMER NUMBER
IDA000013293



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13293-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LEXON INSURANCE COMPANY
10002 SHELBYVILLE RD, SUITE 100
LOUISVILLE, KY 40223

CUSTOMER NUMBER
IDA000013307



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-13331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-13420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-13528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13544-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MUNICIPAL ASSURANCE CORP.
1633 BROADWAY
NEW YORK, NY 10019

CUSTOMER NUMBER
IDA000013559



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CAREMORE HEALTH PLAN OF ARIZONA, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000013562



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-13562-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	2,250.00
FRA18-13562-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-13562-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			3,450.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ECOLE INSURANCE COMPANY
8390 E. CRESCENT PARKWAY, SUITE 200
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000013601



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-13601-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-13601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PAN-AMERICAN ASSURANCE COMPANY INT'L, INC. (U.S.BRAN
P.O. BOX 1051
GRAND CAYMAN, KY-11102 CAYMAN ISLANDS

CUSTOMER NUMBER
IDA000013602



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13625-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANTHONY D THEODORE
ESSENT GUARANTY, INC.
201 KING OF PRUSSIA ROAD, SUITE 501
RADNOR, PENNSYLVANIA 19087

CUSTOMER NUMBER
IDA000013634



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ARCH STRUCTURED MORTGAGE INSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000013694



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-13722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-13751-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-13751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FARMLAND MUTUAL INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000013838



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13838-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-13928-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-13928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13929-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-13929-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-13930-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-13935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FLORISTS' MUTUAL INSURANCE COMPANY
#1 HORTICULTURAL LANE
EDWARDSVILLE, WI 62025

CUSTOMER NUMBER
IDA000013978



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-13978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-13990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNIV. OF AZ HEALTH PLANS-UNIV. HEALTHCARE, INC., THE
2701 E ELVIRA RD
TUCSON, AZ 85756

CUSTOMER NUMBER
IDA000014004



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-14004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-14004-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-14004-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CRUSADER INSURANCE COMPANY
26050 MUREAU ROAD
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000014010



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-14010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-14010-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
QUALITAS INSURANCE COMPANY
101 WEST BROADWAY SUITE 1270
SAN DIEGO, CA 92101

CUSTOMER NUMBER
IDA000014133



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-14133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-14184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COPPERPOINT MUTUAL 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
FRA18-14216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-14216-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
TOTAL ASSESSMENT AMOUNT			23,550.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FOUNDERS INSURANCE COMPANY
1111 EAST TOUHY AVENUE, SUITE 300
DES PLAINES, IL 60018

CUSTOMER NUMBER
IDA000014249



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-14249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
JEWELERS MUTUAL INSURANCE COMPANY
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
FRA18-14354-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-14406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PODIATRY 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
FRA18-14460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GUIDEONE SPECIALTY MUTUAL 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
FRA18-14559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MAGELLAN COMPLETE CARE 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
FSF18-14641-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-14641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-14641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

This consolidated assessment notice contains one or more assessments that your 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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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MOUNTAIN STATES MUTUAL CASUALTY COMPANY
PO BOX 93254
ALBUQUERQUE, NM 87199-3254

CUSTOMER NUMBER
IDA000014648



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-14648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-14702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CENPATIO OF ARIZONA, INC.
7700 FORSYTH BOUVELARD
SAINT LOUIS, AZ 63105

CUSTOMER NUMBER
IDA000014704



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-14704-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	4,500.00
FRA18-14704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-14704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			5,700.00

This consolidated assessment notice contains one or more assessments that your 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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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14761-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPAN
ONE COMMERCE SQUARE
2005 MARKET STREET, STE 1200
PHILADELPHIA, PENNSYLVANIA 19103-7008

CUSTOMER NUMBER
IDA000014974




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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-14974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-14990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-14990-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GUIDEONE MUTUAL 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
FRA18-15032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-15032-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HEALTH CHOICE INSURANCE CO.
410 NORTH 44TH STREET, SUITE 900
PHOENIX, AZ 85008

CUSTOMER NUMBER
IDA000015081



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-15081-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	750.00
FRA18-15081-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-15081-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,950.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-15105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: RESIDUAL MARKETS UNIT
ENCOMPASS INDEMNITY COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, ILLINOIS 60010-9300

CUSTOMER NUMBER
IDA000015130



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-15130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COMPREHENSIVE MOBILE INSURANCE ARIZONA, 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
FRA18-15238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-15238-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-15238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

This consolidated assessment notice contains one or more assessments that your 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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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-15261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-15305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WESTERN NATIONAL MUTUAL INSURANCE COMPANY
P.O. BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000015377



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-15377-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ONECIS INSURANCE COMPANY
1601 SAWGRASS CORPORATE PARKWAY, SUITE 400
FORT LAUDERDALE, FL 33323-2827

CUSTOMER NUMBER
IDA000015385



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-15385-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BRIDGEWAY ADVANTAGE SOLUTIONS, INC.
1501 WEST FOUNTAINHEAD PARKWAY, SUITE 295
TEMPE, AZ 85282

CUSTOMER NUMBER
IDA000015447



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-15447-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-15447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-15447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONAL LLOYDS INSURANCE COMPANY
P.O. BOX 2650
WACO, TX 76702-2650

CUSTOMER NUMBER
IDA000015474



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-15474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SEABRIGHT INSURANCE COMPANY
227 WEST MONROE, SUITE 3950
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000015563



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-15563-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-15563-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-15590-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AXIS SPECIALTY INSURANCE COMPANY
11680 GREAT OAKS WAY, SUITE 500
ALPHARETTA, GA 30022

CUSTOMER NUMBER
IDA000015610



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-15610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-15610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-15645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-15679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-15691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
7710 INSURANCE COMPANY
1 NORTH CANTEY STREET, SUITE 106, PO BOX 207
PO BOX 207
SUMMERTON, SC 29148

CUSTOMER NUMBER
IDA000015742



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-15742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-15756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RADIAN MORTGAGE GUARANTY INC.
1601 MARKET STREET
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000015843



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-15843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-15865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-15873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.
1230 WEST WASHINGTON STREET, SUITE 401
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA000015895



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-15895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-15895-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-15895-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN MINING INSURANCE 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
FRA18-15911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MARILYN BEYER
AMTRUST INSURANCE COMPANY OF KANSAS, INC.
5210 BELFORT ROAD, STE 120
JACKSONVILLE, FLORIDA 32256

CUSTOMER NUMBER
IDA000015954



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-15954-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LEMONADE INSURANCE COMPANY
85 BROAD STREET
NEW YORK, NY 10004-2434

CUSTOMER NUMBER
IDA000016023



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-16024-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16024-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EVEREST DENALI INSURANCE COMPANY
P.O. BOX 830
LIBERTY CORNER, NJ 07938-0830

CUSTOMER NUMBER
IDA000016044



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EVEREST PREMIER INSURANCE COMPANY
P.O. BOX 830
LIBERTY CORNER, NJ 07938-0830

CUSTOMER NUMBER
IDA000016045



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NEBRASKA LIFE ASSURANCE COMPANY
1932 WYNNNTON ROAD
COLUMBUS, GA 31999-0001

CUSTOMER NUMBER
IDA000016046



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16046-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16046-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BANNER HEALTH AND AETNA HEALTH INSURANCE COMPANY
151 FARMINGTON AVE RT21
HARTFORD, AZ 06156

CUSTOMER NUMBER
IDA000016058



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-16058-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-16058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-16059-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-16059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16059-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

This consolidated assessment notice contains one or more assessments that your 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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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MARY BEYER
UNITRIN AUTO AND HOME INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FLORIDA 32258

CUSTOMER NUMBER
IDA000016063



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
STARR SPECIALTY INSURANCE COMPANY
399 PARK AVENUE, 8TH FLOOR
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA000016109



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
JM SPECIALTY INSURANCE COMPANY
24 JEWELERS PARK DRIVE
NEENAH, WI 54956

CUSTOMER NUMBER
IDA000016116



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BRIGHT HEALTH COMPANY OF ARIZONA
219 NORTH 2ND STREET, SUITE 310
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER

IDA000016122



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-16122-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-16122-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
METROMILE INSURANCE COMPANY
690 FOLSOM STREET, SUITE 200
SAN FRANCISCO, CA 94107

CUSTOMER NUMBER
IDA000016187



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMP
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000016217



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-16535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16535-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-16578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-16608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-16624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED GUARANTY COMMERCIAL INSURANCE COMPANY OF
POST OFFICE BOX 20597
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000016659



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GENWORTH MORTGAGE INSURANCE CORPORATION OF N C
8325 SIX FORKS ROAD
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000016675



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-16691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-16691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DEALERS ASSURANCE COMPANY
240 NORTH FIFTH ST, SUITE 350
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000016705



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-16705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-16713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
INFINITY SAFEGUARD INSURANCE COMPANY
P.O. 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
FRA18-16802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-16810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-17221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-17221-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, ILLINOIS 60010-9300

CUSTOMER NUMBER
IDA000017230



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-17230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-17230-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FLORIDA SPECIALTY INSURANCE COMPANY
1 S SCHOOL AVE, SUITE 900
SARASOTA, FL 34237-6014

CUSTOMER NUMBER
IDA000017248



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-17248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-17370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-17370-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	7,500.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN SENTINEL INSURANCE COMPANY
P O 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
FRA18-17965-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-17965-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-18023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-18023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TOPA INSURANCE COMPANY
24025 PARK SORRENTO, SUITE 300
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000018031



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-18058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-18058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: ACCTNG H3162 ASSESSMENT
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
1800 NORTH POINT DRIVE
STEVENS POINT, WISCONSIN 54481

CUSTOMER NUMBER
IDA000018139



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-18279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-18279-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

KIMBERLY CHIN
ASSURED GUARANTY MUNICIPAL CORP.
31 WEST 52ND STREET
25TH FLOOR
NEW YORK, NEW YORK 10019

CUSTOMER NUMBER
IDA000018287



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
PEERLESS INDEMNITY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000018333



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18333-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
INDEMNITY NATIONAL INSURANCE COMPANY
4800 OLD KINGSTON PIKE
KNOXVILLE, TN 37919

CUSTOMER NUMBER
IDA000018468



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18468-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: ASSESSMENTS - D-03-W, EXTERNAL REP
USAA GENERAL INDEMNITY COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TEXAS 78288

CUSTOMER NUMBER
IDA000018600



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-18619-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-18694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-18694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMBAC ASSURANCE CORPORATION
ONE STATE STREET PLAZA
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000018708



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ARCH MORTGAGE GUARANTY COMPANY
3003 OAK ROAD
WALNUT CREEK, CA 94597

CUSTOMER NUMBER
IDA000018732



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-18740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MERIT HEALTH INSURANCE COMPANY
5215 OLD ORCHARD ROAD, SUITE 600
SKOKIE, IL 60077

CUSTOMER NUMBER
IDA000018750



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-18750-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CHURCH MUTUAL INSURANCE COMPANY
P. O. BOX 357
MERRILL, WI 54452

CUSTOMER NUMBER
IDA000018767



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-18767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DENTISTS BENEFITS INSURANCE COMPANY
601 SW SECOND AVE
PORTLAND, CA 97204-3156

CUSTOMER NUMBER
IDA000018813



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18813-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-18939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CSE SAFEGUARD INSURANCE COMPANY
2121 NORTH CALIFORNIA BOULEVARD
WALNUT CREEK, CA 94596

CUSTOMER NUMBER
IDA000018953



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18953-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CRESTBROOK INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000018961



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-18961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-18988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-18988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19038-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19038-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19046-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19062-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19070-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMCO INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000019100



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SOUTHERN INSURANCE COMPANY
POST OFFICE BOX 809076
DALLAS, TX 75380-9076

CUSTOMER NUMBER
IDA000019216



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19224-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19224-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE INSURANCE COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, ILLINOIS 60010-9300

CUSTOMER NUMBER
IDA000019232



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE INDEMNITY COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, ILLINOIS 60010-9300

CUSTOMER NUMBER
IDA000019240



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19240-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CAPSON PHYSICIANS INSURANCE COMPANY
221 W. SIXTH STREET, SUITE 301
AUSTIN, TX 78701

CUSTOMER NUMBER
IDA000019348



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
AMERICAN HOME ASSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TENNESSEE 37250

CUSTOMER NUMBER
IDA000019380



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
AIU INSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TENNESSEE 37250

CUSTOMER NUMBER
IDA000019399



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
AIG PROPERTY CASUALTY COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TENNESSEE 37250

CUSTOMER NUMBER
IDA000019402



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19402-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
COMMERCE AND INDUSTRY INSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TENNESSEE 37250

CUSTOMER NUMBER
IDA000019410



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, TH
451N AMERICAN GENERAL CENTER
NASHVILLE, TENNESSEE 37250

CUSTOMER NUMBER
IDA000019429



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURG
451N AMERICAN GENERAL CENTER
NASHVILLE, TENNESSEE 37250

CUSTOMER NUMBER
IDA000019445



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19453-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CATLIN INSURANCE COMPANY, INC.
3340 PEACHTREE RD. NE, SUITE 2950
ATLANTA, GA 30326

CUSTOMER NUMBER
IDA000019518



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19526-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HALLMARK NATIONAL INSURANCE COMPANY
777 MAIN STREET SUITE 1000
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000019530



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-19530-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	2,250.00
HCA18-19530-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			3,450.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN RELIABLE INSURANCE COMPANY
8655 E. VIA DE VENTURA, STE E-200
SCOTTSDALE, AZ 85258

CUSTOMER NUMBER
IDA000019615



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-19615-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	7,500.00
FRA18-19615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19615-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			8,700.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN SUMMIT INSURANCE COMPANY
P.O. BOX 2650
WACO, TX 76702-2650

CUSTOMER NUMBER
IDA000019623



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19623-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
AMERICAN ROAD INSURANCE COMPANY, THE
ONE AMERICAN ROAD, MD7600
DEARBORN, MICHIGAN 48126-2701

CUSTOMER NUMBER
IDA000019631



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19631-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BRISTOL WEST INSURANCE COMPANY
900 S. PINE ISLAND RD. SUITE 600
PLANTATION, FL 33324

CUSTOMER NUMBER
IDA000019658



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENTS
HARTFORD FIRE INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CONNECTICUT 06155

CUSTOMER NUMBER
IDA000019682



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
AMERICAN ECONOMY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000019690



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
AMERICAN STATES INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000019704



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
AMERICAN STATES INSURANCE COMPANY OF TEXAS
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000019712



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19712-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SELECT MARKETS INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019836



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ARGONAUT-SOUTHWEST INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019844



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19844-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19852-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19852-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SECURITY NATIONAL INSURANCE COMPANY
PO BOX 650771
DALLAS, TX 75265-0771

CUSTOMER NUMBER
IDA000019879



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MARILYN BEYER
TRINITY UNIVERSAL INSURANCE COMPANY
5210 BELFORT ROAD, STE 120
JACKSONVILLE, FLORIDA 32256

CUSTOMER NUMBER
IDA000019887



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
LIBERTY INSURANCE UNDERWRITERS INC.
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000019917



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19917-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19917-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

JEFFREY R LACHADELLE
AMERICAN COMMERCE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MASSACHUSETTS 01570

CUSTOMER NUMBER
IDA000019941



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-19941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19941-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-19992-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-19992-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY
1314 DOUGLAS STREET
OMAHA, NE 68102

CUSTOMER NUMBER
IDA000020044



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CALIFORNIA CASUALTY INSURANCE COMPANY
P. O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER
IDA000020125



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WRM AMERICA INDEMNITY COMPANY, INC.
333 EARLE OVINGTON BOULEVARD
UNIONDALE, NY 11553

CUSTOMER NUMBER

IDA000020273



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FEDERAL INSURANCE COMPANY
202B HALL'S MILL ROAD
WHITEHOUSE STATOPM, NJ 08889

CUSTOMER NUMBER
IDA000020281



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20281-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20303-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SYNCORA GUARANTEE INC.
135 WEST 50TH STREET
NEW YORK, NY 10020

CUSTOMER NUMBER
IDA000020311



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20338-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602
WARREN, NJ 07059-0602

CUSTOMER NUMBER
IDA000020362



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20362-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20362-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AXIS REINSURANCE COMPANY
11680 GREAT OAKS WAY, SUITE 500
ALPHARETTA, GA 30022

CUSTOMER NUMBER
IDA000020370



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20397-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20397-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PROSELECT NATIONAL INSURANCE COMPANY, INC.
ONE FINANCIAL CENTER, P.O. BOX 55178
BOSTON, MA 02205-5178

CUSTOMER NUMBER
IDA000020400



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20400-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-20400-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20419-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: BB&A AND OTHER TAXES - 28S
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANI
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, ILLINOIS 60604

CUSTOMER NUMBER
IDA000020427



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: BB&A AND OTHER TAXES - 28S
CONTINENTAL CASUALTY COMPANY
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, ILLINOIS 60604

CUSTOMER NUMBER
IDA000020443



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20443-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20443-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ATTN: BB&A AND OTHER TAXES - 28S
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, ILLINOIS 60604

CUSTOMER NUMBER
IDA000020478



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20478-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: BB&A AND OTHER TAXES - 28S
TRANSPORTATION INSURANCE COMPANY
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, ILLINOIS 60604

CUSTOMER NUMBER
IDA000020494



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20494-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ATTN: BB&A AND OTHER TAXES - 28S
VALLEY FORGE INSURANCE COMPANY
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, ILLINOIS 60604

CUSTOMER NUMBER
IDA000020508



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20508-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EULER HERMES NORTH AMERICA INSURANCE COMPANY
800 RED BROOK BLVD
OWINGS MILLS, MD 21117

CUSTOMER NUMBER
IDA000020516



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20516-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CLARENDON NATIONAL INSURANCE COMPANY
411 FIFTH AVENUE, 5TH FLOOR
NEW YORK, NY 10016

CUSTOMER NUMBER
IDA000020532



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20532-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20532-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA
199 WATER STREET, SUITE 2100
NEW YORK, NY 10038-3526

CUSTOMER NUMBER
IDA000020559



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-20559-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	7,500.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: TAX DEPT. - ASSESSMENT
SPARTA INSURANCE COMPANY
185 ASYLUM STREET, CITYPLACE II
HARTFORD, CONNECTICUT 06103

CUSTOMER NUMBER

IDA000020613



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20613-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20613-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: TAX DEPT. - ASSESSMENT
LAMORAK INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MASSACHUSETTS 02021-1030

CUSTOMER NUMBER
IDA000020621



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20621-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20621-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: TAX DEPT. - ASSESSMENT
EMPLOYERS' FIRE INSURANCE COMPANY, THE
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MASSACHUSETTS 02021-1030

CUSTOMER NUMBER

IDA000020648



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20648-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20699-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20710-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY PREMIER INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MICHIGAN 49501-2450

CUSTOMER NUMBER
IDA000020796



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20796-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20796-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ATLANTA INTERNATIONAL INSURANCE COMPANY
746 ALEXANDER RD
PRINCETON, NE 08540

CUSTOMER NUMBER
IDA000020931



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-20931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-20931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-20990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21008-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GLOBAL REINSURANCE CORPORATION OF AMERICA
125 BROAD STREET
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000021032



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FINANCIAL AMERICAN PROPERTY AND CASUALTY IC
PO BOX 77-0250
MIAMI, FL 33177-0250

CUSTOMER NUMBER
IDA000021075



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21075-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

KATHLEEN MACKEY
NORTH RIVER INSURANCE COMPANY, THE
SR. TAX ACCOUNT
305 MADISON AVENUE
MORRISTOWN, NEW JERSEY 07962

CUSTOMER NUMBER
IDA000021105



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

KATHLEEN MACKEY
UNITED STATES FIRE INSURANCE COMPANY
SR. TAX ACCOUNTANT
305 MADISON AVENUE
MORRISTOWN, NEW JERSEY 07962

CUSTOMER NUMBER
IDA000021113



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21113-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21113-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
VANLINER INSURANCE COMPANY
ONE PREMIER DRIVE
ST. LOUIS, MO 63026

CUSTOMER NUMBER
IDA000021172



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000021253



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ALTERRA AMERICA INSURANCE COMPANY
TEN PARKWAY NORTH
DEERFIELD, VA 60015

CUSTOMER NUMBER
IDA000021296



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21296-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21296-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
EMPIRE FIRE AND MARINE INSURANCE COMPANY
1400 AMERICAN LANE, TOWER 2, FL 20
SCHAUMBURG, ILLINOIS 60196

CUSTOMER NUMBER
IDA000021326



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21326-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21326-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21407-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21415-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
EMPLOYERS INSURANCE COMPANY OF WAUSAU
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000021458



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21458-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21482-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MIKE APPLETON
FARMERS INSURANCE COMPANY OF ARIZONA
18444 NORTH 25TH AVENUE
PHOENIX, ARIZONA 85023

CUSTOMER NUMBER
IDA000021598



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-21598-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	750.00
HCA18-21598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,950.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FARMERS INSURANCE EXCHANGE
P.O. BOX 4402
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000021652



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIRE INSURANCE EXCHANGE
P.O. BOX 4402
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000021660



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MID-CENTURY INSURANCE COMPANY
P.O. BOX 4402
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000021687



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21687-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21687-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TRUCK INSURANCE EXCHANGE
P.O. BOX 4402
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000021709



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21709-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21709-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ESURANCE INSURANCE COMPANY OF NEW JERSEY
650 DAVIS STREET
SAN FRANCISCO, CA 94111-1904

CUSTOMER NUMBER
IDA000021741



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.
4820 LAKE BROOK DRIVE
GLEN ALLEN, VA 23060-9233

CUSTOMER NUMBER
IDA000021784



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
INFINITY CASUALTY INSURANCE COMPANY
P.O. 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
FRA18-21792-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NEW ENGLAND INSURANCE COMPANY
100 HIGH STREET, SUITE 800
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000021830



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21849-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21849-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21857-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ASSOCIATED INDEMNITY CORPORATION
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, CA 60606-3484

CUSTOMER NUMBER
IDA000021865



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21865-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIREMAN'S FUND INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, CA 60606-3484

CUSTOMER NUMBER
IDA000021873



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21881-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21881-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-21903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SAN FRANCISCO REINSURANCE COMPANY
1465 NORTH MCDOWELL BLVD., SUITE 100
PETALUMA, CA 94954

CUSTOMER NUMBER
IDA000021911



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-21911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

CORY ASSESSMENT
PENNSYLVANIA INSURANCE COMPANY
P O BOX 3646
OMAHA, NEBRASKA 68103

CUSTOMER NUMBER
IDA000021962



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: TAX DEPT.- ASSESSMENT
BEDIVERE INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MASSACHUSETTS 02021-1030

CUSTOMER NUMBER
IDA000021970



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-21970-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22063-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22098-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
REPUBLIC INDEMNITY COMPANY OF AMERICA
15821 VENTURA BOULEVARD, SUITE 370
ENCINO, CA 91436

CUSTOMER NUMBER
IDA000022179



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FREEDOM SPECIALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000022209



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY PREFERRED INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MICHIGAN 49501-2450

CUSTOMER NUMBER
IDA000022225



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22225-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MEDMARC CASUALTY INSURANCE COMPANY
14280 PARK MEADOW DRIVE SUITE 300
CHANTILLY, VA 20151

CUSTOMER NUMBER
IDA000022241



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BLUESHORE INSURANCE COMPANY
76 SAINT PAUL STREET, SUITE 500
BURLINGTON, VT 05401-4477

CUSTOMER NUMBER
IDA000022250



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
3024 HARNEY STREET
OMAHA, NE 68131-3580

CUSTOMER NUMBER
IDA000022276



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
HANOVER INSURANCE COMPANY, THE
THE HANOVER INSURANCE GRP, STATISTICAL DEPT, S-436
440 LINCOLN STREET
WORCESTER, MASSACHUSETTS 01653

CUSTOMER NUMBER
IDA000022292



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
MASSACHUSETTS BAY INSURANCE COMPANY
THE HANOVER INSURANCE GRP, STATISTICAL DEPT S-436
440 LINCOLN STREET
WORCESTER, MASSACHUSETTS 01653

CUSTOMER NUMBER
IDA000022306



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENTS
HARTFORD ACCIDENT AND INDEMNITY COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CONNECTICUT 06155

CUSTOMER NUMBER
IDA000022357



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MENDAKOTA INSURANCE COMPANY
150 PIERCE ROAD, SUITE 600
ITASCA, MN 60143-1222

CUSTOMER NUMBER
IDA000022454



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22454-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SECURA INSURANCE, A MUTUAL COMPANY
P.O. BOX 819
APPLETON, WI 54912-0819

CUSTOMER NUMBER
IDA000022543



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MITSUMI 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
FRA18-22551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22667-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22667-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22683-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22683-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
R&Q REINSURANCE COMPANY
2 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
FRA18-22705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CATHERINE - ASSESSMENT
ALLIED WORLD INSURANCE COMPANY
STATE REPORTING ANALYST
3024 HARNEY STREET
OMAHA, NEBRASKA 68131

CUSTOMER NUMBER

IDA000022730



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22748-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-22748-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
AGCS MARINE INSURANCE COMPANY
777 SAN MARIN DRIVE
NEVADA, CALIFORNIA 94998

CUSTOMER NUMBER
IDA000022837



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22837-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CATHY MADDEN
ECONOMY FIRE & CASUALTY COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RHODE ISLAND 02886

CUSTOMER NUMBER
IDA000022926



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-22950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SEQUOIA INSURANCE COMPANY
PO BOX 1510
MONTEREY, CA 93942

CUSTOMER NUMBER
IDA000022985



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-22985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
LIBERTY MUTUAL FIRE INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000023035



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23035-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23035-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
LIBERTY MUTUAL INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000023043



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23043-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NEW MEXICO FOUNDATION INSURANCE COMPANY
PO BOX 27825
ALBUQUERQUE, NM 87125

CUSTOMER NUMBER
IDA000023051



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLI
P.O. BOX 10800, 702 OBERLIN ROAD
RALEIGH, NC 27605-0800

CUSTOMER NUMBER
IDA000023248




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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23248-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN EUROPEAN INSURANCE COMPANY
2250 CHAPEL AVENUE WEST, SUITE 200
CHERRY HILL, NJ 08002

CUSTOMER NUMBER
IDA000023337



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

SARA ANDERSON
MID-CONTINENT CASUALTY COMPANY
P.O. BOX 1409
TULSA, OKLAHOMA 74101

CUSTOMER NUMBER
IDA000023418



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23418-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23434-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23469-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23469-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23574-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HARLEYSVILLE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, PA 43215-2220

CUSTOMER NUMBER
IDA000023582



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23582-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MIDWEST EMPLOYERS CASUALTY COMPANY
14755 NORTH OUTER FORTY DRIVE, SUITE 300
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA000023612



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23612-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23612-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
IRONSHORE INDEMNITY INC.
P.O. BOX 3407
NEW YORK, NY 10008

CUSTOMER NUMBER
IDA000023647



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23728-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DIRECT NATIONAL INSURANCE COMPANY
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217

CUSTOMER NUMBER
IDA000023736



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23736-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GREYHAWK INSURANCE COMPANY
212 MAPLE AVENUE
RED BANK, NJ 07701

CUSTOMER NUMBER
IDA000023752



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23752-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONWIDE GENERAL INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000023760



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23760-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000023779



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONWIDE MUTUAL INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000023787



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23787-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23787-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
GRANITE STATE INSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TENNESSEE 37250

CUSTOMER NUMBER
IDA000023809



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23809-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23809-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
ILLINOIS NATIONAL INSURANCE CO.
451N AMERICAN GENERAL CENTER
NASHVILLE, TENNESSEE 37250

CUSTOMER NUMBER
IDA000023817



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23825-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
NEW HAMPSHIRE INSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TENNESSEE 37250

CUSTOMER NUMBER
IDA000023841



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-23841-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23841-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-23876-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-23876-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24015-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SURETY BONDING COMPANY OF AMERICA
333 S. WABASH AVE
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000024047



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
AMERICAN FIRE AND CASUALTY COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000024066



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24066-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
OHIO CASUALTY INSURANCE COMPANY, THE
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000024074



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24074-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24074-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
OHIO SECURITY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000024082



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
OLD REPUBLIC GENERAL INSURANCE CORPORATION
133 OAKLAND AVENUE
PO BOX 789
GREENSBURG, PENNSYLVANIA 15601-0789

CUSTOMER NUMBER
IDA000024139




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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24139-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OLD REPUBLIC INSURANCE COMPANY
P O BOX 789
GREENSBURG, PA 15601-0789

CUSTOMER NUMBER

IDA000024147



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24147-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
NETHERLANDS INSURANCE COMPANY, THE
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000024171



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24171-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
PEERLESS INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000024198



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24201-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PROVIDENCE WASHINGTON INSURANCE COMPANY
475 KILVERT STREET, SUITE 330
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000024295



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24295-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SPINNAKER INSURANCE COMPANY
221 MAIN STREET, SUITE 2
CHESTER, NJ 07930

CUSTOMER NUMBER
IDA000024376



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24376-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GENERAL CASUALTY COMPANY OF WISCONSIN
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000024414



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24414-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
REGENT INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000024449



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24449-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24449-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WESTERN NATIONAL ASSURANCE COMPANY
PO BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000024465



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24465-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24465-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

BOB EELLS
CATLIN INDEMNITY COMPANY
1800 MARKET STREET, SUITE 1616
PHILADELPHIA, PENNSYLVANIA 19103

CUSTOMER NUMBER
IDA000024503



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24503-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
REPUBLIC UNDERWRITERS INSURANCE COMPANY
POST OFFICE BOX 809076
DALLAS, TX 75380-9076

CUSTOMER NUMBER
IDA000024538



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24554-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

LINDA STRONG
ARROWOOD INDEMNITY COMPANY
P.O. BOX 1000
3600 ARCO CORPORATE DRIVE
CHARLOTTE, NORTH CAROLINA 28201-1000

CUSTOMER NUMBER
IDA000024678



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24678-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24678-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
FIRST NATIONAL INSURANCE COMPANY OF AMERICA
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000024724



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
GENERAL INSURANCE COMPANY OF AMERICA
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000024732



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24732-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
SAFECO INSURANCE COMPANY OF AMERICA
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000024740



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24740-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
SAFECO NATIONAL INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000024759



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24775-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24791-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24791-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BALBOA INSURANCE COMPANY
P.O. BOX 19702
IRVINE, CA 92623-9702

CUSTOMER NUMBER
IDA000024813



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24813-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24813-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MERITPLAN INSURANCE COMPANY
P.O. BOX 19702
IRVINE, CA 92623-9702

CUSTOMER NUMBER
IDA000024821



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24821-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24821-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NEWPORT INSURANCE COMPANY
P.O. BOX 19702
IRVINE, CA 92623-9702

CUSTOMER NUMBER
IDA000024848



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24848-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-24848-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-24899-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EVERSPAN FINANCIAL GUARANTEE CORP.
ONE STATE STREET PLAZA
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000024961



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-24961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SENTRY INSURANCE A MUTUAL 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
FRA18-24988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-24988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CATHY MAXIN
WESCO INSURANCE COMPANY
5800 LIMARDO CTR, SUITE 200
CLEVELAND, OHIO 44131

CUSTOMER NUMBER

IDA000025011



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25011-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25011-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COAST NATIONAL INSURANCE COMPANY
900 S. PINE ISLAND RD. SUITE 600
PLANTATION, FL 33324

CUSTOMER NUMBER
IDA000025089



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

BETH JOEL MILLER, FIN MGR
STATE FARM FIRE AND CASUALTY COMPANY
ONE STATE FARM PLAZA, STAR D-2
BLOOMINGTON, ILLINOIS 61710-0001

CUSTOMER NUMBER
IDA000025143



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25143-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

BETH JOEL MILLER, FIN MGR
STATE FARM GENERAL INSURANCE COMPANY
ONE STATE FARM PLAZA, STAR D-2
BLOOMINGTON, ILLINOIS 61710-0001

CUSTOMER NUMBER
IDA000025151



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25151-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

BETH JOEL MILLER, FIN MGR
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
ONE STATE FARM PLAZA, STAR D-2
BLOOMINGTON, ILLINOIS 61710

CUSTOMER NUMBER
IDA000025178



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25178-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENTS
STILLWATER INSURANCE COMPANY
P. O. BOX 45126
JACKSONVILLE, FLORIDA 32232-5126

CUSTOMER NUMBER
IDA000025180



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY ADVANTAGE INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MICHIGAN 49501-2450

CUSTOMER NUMBER
IDA000025232



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NAU COUNTRY INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, MN 53596

CUSTOMER NUMBER
IDA000025240



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

CATHY MADDEN
METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURAN
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RHODE ISLAND 02886

CUSTOMER NUMBER
IDA000025321



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25364-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25364-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

FAB GARCIA
EMPLOYERS ASSURANCE COMPANY
P.O. BOX 88806
NORTH PALM BEACH, FLORIDA 33408-8806

CUSTOMER NUMBER
IDA000025402



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25405-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ATRAIUS TRADE CREDIT INSURANCE, INC.
230 SCHILLING CIRCLE, SUITE 240
HUNT VALLEY, MD 21031

CUSTOMER NUMBER
IDA000025422



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25422-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
IRONSHORE SPECIALTY INSURANCE COMPANY
P.O. BOX 3407
NEW YORK, NY 10008

CUSTOMER NUMBER
IDA000025445



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-25445-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
FRA18-25445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			23,550.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONWIDE INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000025453



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

EVETTE ASSESSMENT
STARSTONE NATIONAL INSURANCE COMPANY
HARBORSIDE FINANCIAL CENTER
PLAZA 5, SUITE 2600
JERSEY CITY, NEW JERSEY 07311

CUSTOMER NUMBER
IDA000025496



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25496-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: STATUTORY DEPT ASSESSMENT
TIG INSURANCE COMPANY
250 COMMERCIAL STREET
MANCHESTER, NEW HAMPSHIRE 03101

CUSTOMER NUMBER
IDA000025534



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
INDEMNITY COMPANY OF CALIFORNIA
P. O. BOX 19725
IRVINE, CA 92623-9725

CUSTOMER NUMBER
IDA000025550



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
WATFORD INSURANCE COMPANY
THE HANOVER INSURANCE GRP, STATISTICAL DEPT S-436
440 LINCOLN STREET
WORCESTER, MASSACHUSETTS 01653

CUSTOMER NUMBER
IDA000025585



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25585-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25585-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25658-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25666-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ESURANCE INSURANCE COMPANY
650 DAVIS STREET
SAN FRANCISCO, CA 94111-1904

CUSTOMER NUMBER
IDA000025712



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNIGARD INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000025747



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PEACHTREE CASUALTY INSURANCE COMPANY
350 10TH AVENUE, STE 1400
SAN DIEGO, CA 92101

CUSTOMER NUMBER
IDA000025755



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25755-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNIGARD INDEMNITY COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000025798



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25798-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

LOREE ROBINSON
UNION INSURANCE COMPANY
ATTN: FINANCIAL REPORTING
P. O. BOX 1594
DES MOINES, IOWA 50306-1594

CUSTOMER NUMBER
IDA000025844



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25844-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25887-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25933-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED SERVICES AUTOMOBILE ASSOCIATION
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000025941



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ATTN: ASSESSMENTS - D-03-W, EXTERNAL REP
USAA CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TEXAS 78288

CUSTOMER NUMBER
IDA000025968



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-25968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-25976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-25976-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
WAUSAU UNDERWRITERS INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER

IDA000026042



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-26042-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RESPONSE WORLDWIDE INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 1500
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000026050



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
WAUSAU BUSINESS INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000026069



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WARNER INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 1500
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000026085



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26085-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000026093



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-26093-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
YOSEMITE INSURANCE COMPANY
PO BOX 159
EVANSVILLE, IN 47701-0159

CUSTOMER NUMBER
IDA000026220



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-26220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-26247-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CATHY MADDEN
METROPOLITAN PROPERTY AND CASUALTY INSURANCE COM
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RHODE ISLAND 02886

CUSTOMER NUMBER

IDA000026298



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26344-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26379-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-26379-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WESTERN HOME INSURANCE COMPANY
PO BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000026395



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

PAMELA D LONGSON
HARCO NATIONAL INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH, NORTH CAROLINA 27605

CUSTOMER NUMBER
IDA000026433



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OHIO INDEMNITY COMPANY
250 E. BROAD 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
FRA18-26565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-26581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JOHN T. ATTN: STATUTORY DEPT
HAMILTON INSURANCE COMPANY
600 COLLEGE ROAD EAST, SUITE 3500
PRINCETON, NEW JERSEY 08540

CUSTOMER NUMBER
IDA000026611



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-26611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JONLEE M BROWN
GREAT NORTHWEST INSURANCE COMPANY
332 MINNESOTA STREET, SUITE W 1800
ST. PAUL, MINNESOTA 55101

CUSTOMER NUMBER
IDA000026654



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26654-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MARILYN BEYER
MILWAUKEE CASUALTY INSURANCE CO.
5210 BELFORT ROAD, STE 120
JACKSONVILLE, FLORIDA 32256

CUSTOMER NUMBER
IDA000026662



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
INSURANCE COMPANY OF ILLINOIS
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000026700



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-26700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PLANS' LIABILITY INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181

CUSTOMER NUMBER
IDA000026794



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26794-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-26905-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EVEREST REINSURANCE COMPANY
P.O. BOX 830
LIBERTY CORNER, NJ 07938-0830

CUSTOMER NUMBER
IDA000026921



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-26921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED GUARANTY MORTGAGE INDEMNITY COMPANY
POST OFFICE BOX 20597
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000026999



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-26999-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27081-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
TRUMBULL INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CONNECTICUT 06155

CUSTOMER NUMBER
IDA000027120




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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-27120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-27120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-27138-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: TAX DEPT. - ASSESSMENT
ATLANTIC SPECIALTY INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MASSACHUSETTS 02021-1030

CUSTOMER NUMBER
IDA000027154



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-27154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-27154-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PMI MORTGAGE INSURANCE CO.
2025 NORTH THIRD STREET, SUITE 260
PHOENIX, AZ 85004-1487

CUSTOMER NUMBER
IDA000027251



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-27251-REH	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	7,500.00
TOTAL ASSESSMENT AMOUNT			7,500.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WESTERN GENERAL INSURANCE COMPANY
5230 LAS VIRGENES ROAD SUITE 100
CALABASAS, CA 91302

CUSTOMER NUMBER
IDA000027502



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-27502-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIRSTCOMP INSURANCE COMPANY
TEN PARKWAY NORTH
DEERFIELD, NE 60015

CUSTOMER NUMBER
IDA000027626



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-27626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NORTH POINTE INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000027740



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-27740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27812-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-27812-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-27855-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27871-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-27871-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMEX ASSURANCE COMPANY
PO BOX 53701
PHOENIX, AZ 85072-9872

CUSTOMER NUMBER
IDA000027928



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-27928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-27928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
NATIONAL INSURANCE ASSOCIATION
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000027944



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-27944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-27998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
ROCKHILL INSURANCE COMPANY
700 WEST 47TH STREET, SUITE 350
KANSAS CITY, MISSOURI 64112

CUSTOMER NUMBER
IDA000028053



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-28053-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	4,500.00
FRA18-28053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-28053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			5,700.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ANTHEM INSURANCE COMPANIES, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204-4903

CUSTOMER NUMBER
IDA000028207



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-28207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-28207-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000028223



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-28223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-28304-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GATEWAY INSURANCE COMPANY
150 NORTHWEST POINT BVD, 3RD FLOOR
ELK GROVE VILLAGE, IL 60007

CUSTOMER NUMBER
IDA000028339



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-28339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28401-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-28401-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-28460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28497-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-28665-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

KEN SIFFORD
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
702 OBERLIN ROAD
C/O IAT REINSURANCE COMP LTD
RALEIGH, NORTH CAROLINA 27605

CUSTOMER NUMBER
IDA000028886



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-28886-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-28932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-29017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-29033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-29033-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
IDS PROPERTY CASUALTY INSURANCE COMPANY
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
FRA18-29068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-29068-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
ARCH MORTGAGE ASSURANCE COMPANY
3003 OAK ROAD, PMI PLAZA
C/O PMI GROUP INC
WALNUT CREEK, CALIFORNIA 94597-2098

CUSTOMER NUMBER
IDA000029114



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29114-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED WISCONSIN INSURANCE COMPANY
P.O. BOX 3026
MILWAUKEE, WI 53201-3026

CUSTOMER NUMBER
IDA000029157



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-29157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENTS
HARTFORD CASUALTY INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CONNECTICUT 06155

CUSTOMER NUMBER
IDA000029424




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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-29424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPA
PO BOX 1348
LARAMIE, WY 82070

CUSTOMER NUMBER
IDA000029440



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
TWIN CITY FIRE INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CONNECTICUT 06155

CUSTOMER NUMBER
IDA000029459




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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-29459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-29513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AXA ART INSURANCE CORPORATION
3 WEST 35TH STREET
NEW YORK, NY 10001-2204

CUSTOMER NUMBER
IDA000029530



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

LOREE ROBINSON
BERKLEY REGIONAL INSURANCE COMPANY
ATTN: FINANCIAL REPORTING
P. O. BOX 1594
DES MOINES, IOWA 50306-1594

CUSTOMER NUMBER
IDA000029580



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-29599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-29599-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, ILLINOIS 60010-9300

CUSTOMER NUMBER
IDA000029688



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-29688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NORTH AMERICAN ELITE INSURANCE COMPANY
P.O. BOX 2991
OVERLAND PARK, KS 66202-1391

CUSTOMER NUMBER
IDA000029700



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-29700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-29742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-29793-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-29858-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NORTH AMERICAN SPECIALTY INSURANCE COMPANY
P.O. BOX 2991
OVERLAND PARK, KS 66202-1391

CUSTOMER NUMBER
IDA000029874



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29874-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-29874-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-29890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-29980-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
UPPER HUDSON NATIONAL INSURANCE COMPANY
444 BRICKELL AVENUE, # 701
MIAMI, FLORIDA 33131

CUSTOMER NUMBER
IDA000029998



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-29998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SCOR REINSURANCE COMPANY
199 WATER STREET, SUITE 2100
NEW YORK, NY 10038-3526

CUSTOMER NUMBER
IDA000030058



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-30058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENTS
HARTFORD UNDERWRITERS INSURANCE COMPANY
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CONNECTICUT 06155

CUSTOMER NUMBER
IDA000030104



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-30104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-30104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-30120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-30180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ESURANCE PROPERTY AND CASUALTY INSURANCE COMPAN
650 DAVIS STREET
SAN FRANCISCO, CA 94111-1904

CUSTOMER NUMBER
IDA000030210



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-30210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BOSTON INDEMNITY COMPANY, INC.
PO BOX 6
FLORHAM PARK, MA 07932

CUSTOMER NUMBER
IDA000030279



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-30279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ZALE INDEMNITY COMPANY
P.O. BOX 152762
IRVING, TX 75015-2762

CUSTOMER NUMBER
IDA000030325



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-30325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-30830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RADIAN MORTGAGE ASSURANCE INC.
1601 MARKET STREET
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000030872



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-30872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-30945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TRI-STATE INSURANCE COMPANY OF MINNESOTA
PO BOX 9190
DES MOINES, IA 50306-9190

CUSTOMER NUMBER
IDA000031003



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-31003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-31003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-31089-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	7,500.00
FRA18-31089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-31089-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			8,700.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-31119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-31119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-31135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-31194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-31194-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OAKWOOD INSURANCE COMPANY
628 HEBRON AVENUE, SUITE 106
GLASTONBURY, CT 06033-5018

CUSTOMER NUMBER
IDA000031208



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-31208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-31208-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WORK FIRST CASUALTY COMPANY
1100 EAST 6600 SOUTH, SUITE 260
SALT LAKE CITY, UT 84121

CUSTOMER NUMBER
IDA000031232



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-31232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-31325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

KATHLEEN MACKEY
CRUM & FORSTER INDEMNITY COMPANY
SR. TAX ACCOUNTANT
305 MADISON AVENUE
MORRISTOWN, NEW JERSEY 07962

CUSTOMER NUMBER
IDA000031348



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-31348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-31380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-31453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-31470-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-31470-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-31534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-31550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COFACE NORTH AMERICA INSURANCE COMPANY
50 MILLSTONE ROAD; BLDG100; SUITE 360
EAST WINDSOR, NJ 08520-1419

CUSTOMER NUMBER
IDA000031887



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-31887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-31895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FALLS LAKE NATIONAL INSURANCE COMPANY
6131 FALLS OF NEUSE RD., SUITE 306
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000031925



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-31925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-31925-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MERASTAR INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 1500
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000031968



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-31968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HERITAGE CASUALTY INSURANCE COMPANY
7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS 66210-2082

CUSTOMER NUMBER
IDA000032077



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-32077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-32077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
REPUBLIC MORTGAGE INSURANCE COMPANY OF FLORIDA
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
FRA18-32174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-32190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-32190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY NORTH AMERICA INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MICHIGAN 49501-2450

CUSTOMER NUMBER
IDA000032220



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-32220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-32220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COMMERCIAL CASUALTY INSURANCE COMPANY
746 ALEXANDER RD
PRINCETON, IN 08540

CUSTOMER NUMBER
IDA000032280



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-32280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-32280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-32301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-32301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
LM PROPERTY AND CASUALTY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000032352



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-32352-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-32352-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-32387-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-32433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ALPS PROPERTY & CASUALTY INSURANCE COMPANY
PO BOX 9169
MISSOULA, MT 59807

CUSTOMER NUMBER
IDA000032450



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-32450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-32603-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-32603-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-32620-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-32700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WASHINGTON INTERNATIONAL INSURANCE COMPANY
475 NORTH MARTINGALE ROAD
SCHAUMBURG, KS 60173

CUSTOMER NUMBER
IDA000032778



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-32778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-32778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-32786-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-32832-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
FRA18-32832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			23,550.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

BARB HALLAR
PENN-AMERICA INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PENNSYLVANIA 19004

CUSTOMER NUMBER
IDA000032859



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-32859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-32867-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-32921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
TRANSPORT INSURANCE COMPANY
101 SUMMER STREET, 5TH FLOOR
BOSTON, MASSACHUSETTS 02110

CUSTOMER NUMBER
IDA000033014



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-33014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AXA INSURANCE COMPANY
125 BROAD STREET
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000033022



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33022-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-33022-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-33162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NORCAL MUTUAL INSURANCE COMPANY
560 DAVIS STREET, SUITE 200
SAN FRANCISCO, CA 94111-1966

CUSTOMER NUMBER
IDA000033200



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIRST PROFESSIONALS INSURANCE COMPANY, INC.
1301 N. HAGADORN ROAD
EAST LANSING, FL 48823

CUSTOMER NUMBER
IDA000033383



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-33391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DORINCO REINSURANCE COMPANY
1320 WALDO AVENUE, SUITE 200
MIDLAND, MI 48642

CUSTOMER NUMBER
IDA000033499



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
FIRST LIBERTY INSURANCE CORPORATION, THE
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000033588



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33588-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-33588-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
LM INSURANCE CORPORATION
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000033600



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-33600-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MENDOTA INSURANCE COMPANY
150 PIERCE ROAD, SUITE 600
ITASCA, MN 60143-1222

CUSTOMER NUMBER
IDA000033650



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-33715-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-33723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-33723-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RADIAN GUARANTY INC.
1601 MARKET STREET
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000033790



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AEGIS SECURITY INSURANCE COMPANY
P.O. BOX 3153
HARRISBURG, PA 17105

CUSTOMER NUMBER
IDA000033898



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-33898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ADM INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000033987



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-33987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-33987-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	7,500.00
HCA18-33987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			8,700.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-34002-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-34002-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HALLMARK INSURANCE COMPANY
777 MAIN STREET SUITE 1000
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000034037



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34037-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-34037-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	7,500.00
HCA18-34037-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			8,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-34274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-34274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-34312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

CATHY MADDEN
METROPOLITAN GROUP PROPERTY AND CASUALTY INSURAN
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RHODE ISLAND 02886

CUSTOMER NUMBER
IDA000034339



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-34347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

STEPHEN ASSESSMENT
MAIDSTONE INSURANCE COMPANY
155 MINEOLA BOULEVARD
MINEOLA, NEW YORK 11501

CUSTOMER NUMBER
IDA000034460



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-34495-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-34495-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-34525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OAK RIVER INSURANCE COMPANY
1314 DOUGLAS STREET
OMAHA, NE 68102

CUSTOMER NUMBER
IDA000034630



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CENTRE INSURANCE COMPANY
4 WORLD TRADE CENTER, 53 FLOOR
150 GREENWICH STREET
NEW YORK, NY 10007-2366

CUSTOMER NUMBER
IDA000034649



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-34649-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTF
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CONNECTICUT 06155

CUSTOMER NUMBER
IDA000034690



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-34690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COMPUTER 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
FRA18-34711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ARAG INSURANCE COMPANY
400 LOCUST STREET, SUITE 480
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000034738



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SUNZ INSURANCE COMPANY
1301 6TH AVENUE WEST, 3RD FLOOR
BRADENTON, FL 34205

CUSTOMER NUMBER
IDA000034762



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY CENTENNIAL INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MICHIGAN 49501-2450

CUSTOMER NUMBER

IDA000034789



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-34789-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AIOI NISSAY DOWA INSURANCE COMPANY OF AMERICA
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602
WARREN, NJ 07059-0602

CUSTOMER NUMBER
IDA000034886



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34886-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
TRENWICK AMERICA REINSURANCE CORPORATION
1499 POST ROAD 2ND FLOOR
FAIRFIELD, CONNECTICUT 06824

CUSTOMER NUMBER
IDA000034894



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-34894-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-34924-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FINANCIAL CASUALTY & SURETY, INC.
3131 EASTSIDE, SUITE 600
HOUSTON, TX 77098

CUSTOMER NUMBER
IDA000035009



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-35009-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-35157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: TAX DEPT TAX DEPT
EXECUTIVE RISK INDEMNITY INC.
15 MOUNTAIN VIEW ROAD
WARREN, NEW JERSEY 07059

CUSTOMER NUMBER
IDA000035181



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-35181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: BB&A AND OTHER TAXES - 28S
CONTINENTAL INSURANCE COMPANY, THE
C/O CNA INSURANCE GROUP
333 S WABASH
CHICAGO, ILLINOIS 60604

CUSTOMER NUMBER
IDA000035289



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-35289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-35289-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-35408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-35424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-35483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OHIC INSURANCE COMPANY
PO BOX 2900
NAPA, CA 94558

CUSTOMER NUMBER
IDA000035602



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-35602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-35602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-35769-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35882-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-35882-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-35955-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36064-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED CASUALTY AND SURETY INSURANCE COMPANY
1250 HANCOCK STREET, SUITE 803N
QUINCY, MA 02169

CUSTOMER NUMBER
IDA000036226



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-36226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TITAN INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000036269



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-36269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
LM GENERAL INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER

IDA000036447



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-36447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-36447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE NORTHBROOK INDEMNITY COMPANY
51 W HIGGINS RD # T2A
SOUTH BARRINGTON, ILLINOIS 60010-9300

CUSTOMER NUMBER
IDA000036455



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-36455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-36455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-36463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COLISEUM REINSURANCE COMPANY
125 BROAD STREET
NEW YORK, NY 10004

CUSTOMER NUMBER
IDA000036552



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-36552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SERVICE INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH, NC 27605-0800

CUSTOMER NUMBER
IDA000036560



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-36560-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY NATIONAL INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MICHIGAN 49501-2450

CUSTOMER NUMBER
IDA000036587



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-36587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-36587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
GUARANTEE COMPANY OF NORTH AMERICA USA, THE
ONE TOWNE SQUARE, SUITE 1470
SOUTHFIELD, MICHIGAN 48076

CUSTOMER NUMBER
IDA000036650



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-36650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RIVERPORT INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA 50306-9190

CUSTOMER NUMBER
IDA000036684



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-36684-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-36684-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-36781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-36897-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COLONY SPECIALTY INSURANCE COMPANY
P.O. BOX 469012
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000036927



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-36927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-36951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WINDHAVEN NATIONAL INSURANCE COMPANY
8550 NW 33RD ST, STE 400
DORAL, FL 33122

CUSTOMER NUMBER
IDA000037001



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37001-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-37060-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-37060-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GENWORTH FINANCIAL ASSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000037095



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LANDCAR CASUALTY COMPANY
9350 SOUTH 150 EAST, SUITE 990
SANDY, UT 84070

CUSTOMER NUMBER
IDA000037109



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WESTERN HERITAGE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000037150



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-37150-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	4,500.00
HCA18-37150-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			5,700.00

This consolidated assessment notice contains one or more assessments that your 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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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-37206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
AMERICAN STATES PREFERRED INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000037214



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

KAREN STEWART
PRAETORIAN INSURANCE COMPANY
STATUTORY ACCOUNTING
88 PINE ST, WALL ST PLAZA 16FL
NEW YORK, NEW YORK 10005

CUSTOMER NUMBER
IDA000037257



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-37257-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

This consolidated assessment notice contains one or more assessments that your 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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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AXIS INSURANCE COMPANY
11680 GREAT OAKS WAY, STE. 500
ALPHARETTA, GA 30022

CUSTOMER NUMBER
IDA000037273



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-37273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE MIDWEST
TAX DEPARTMENT
ONE HARTFORD PLAZA
HARTFORD, CONNECTICUT 06155

CUSTOMER NUMBER
IDA000037478



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-37540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-37540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TOYOTA MOTOR INSURANCE COMPANY
19001 SOUTH WESTERN AVENUE, NF22
TORRANCE, CA 90501

CUSTOMER NUMBER
IDA000037621



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37621-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-37648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-37710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-37770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
KOOKMIN BEST INSURANCE CO., LTD.(U.S.BRANCH)
400 KELBY STREET, 15TH FLOOR
FORT LEE, NJ 07024

CUSTOMER NUMBER
IDA000037800



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-37834-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PACIFIC SPECIALTY INSURANCE COMPANY
2200 GENG ROAD, SUITE 200
PALO ALTO, CA 94303

CUSTOMER NUMBER
IDA000037850



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-37869-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPA
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000037877



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37877-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-37877-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-37885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ATTN: RESIDUAL MARKETS UNIT
ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY
51 W HIGGINS RD # 72A
SOUTH BARRINGTON, ILLINOIS 60010-9300

CUSTOMER NUMBER
IDA000037907



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37907-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-37907-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: TAX DEPT. - ASSESSMENT
ESSENTIA INSURANCE COMPANY
C/O ONEBEACON INSURANCE
ONE BEACON LANE
CANTON, MASSACHUSETTS 02021-1030

CUSTOMER NUMBER
IDA000037915



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GEICO MARINE INSURANCE COMPANY
880 SOUTH PICKETT STREET
ALEXANDRIA, VA 22304-4606

CUSTOMER NUMBER
IDA000037923



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37923-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN FARMERS & RANCHERS INSURANCE COMPANY
P.O. BOX 24000
OKLAHOMA CITY, OK 73124-4000

CUSTOMER NUMBER
IDA000037931



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-37931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-37940-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN EMPIRE INSURANCE COMPANY
P.O. BOX 5370
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000037990



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-37990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

CATHY MADDEN
ECONOMY PREFERRED INSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RHODE ISLAND 02886

CUSTOMER NUMBER
IDA000038067



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-38067-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38245-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANC
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
FRA18-38300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
STARR INDEMNITY & LIABILITY COMPANY
3333 LEE PARKWAY, STE 200
DALLAS, TEXAS 75219

CUSTOMER NUMBER
IDA000038318



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-38318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38318-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GENWORTH MORTGAGE INSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000038458



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-38458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38490-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-38490-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	750.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RAMPART INSURANCE COMPANY
1880 JFK BLVD, SUITE 801
PHILADELPHIA, NY 19103-7443

CUSTOMER NUMBER
IDA000038512



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-38512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PARTNER REINSURANCE COMPANY OF THE U.S.
ONE GREENWICH PLAZA
GREENWICH, CT 06830-6352

CUSTOMER NUMBER

IDA000038636



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-38636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38660-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38733-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SIRIUS AMERICA INSURANCE COMPANY
140 BROADWAY - 32ND FLOOR
NEW YORK, NY 10005-1108

CUSTOMER NUMBER
IDA000038776



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-38776-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38776-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CALIFORNIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER
IDA000038865



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-38865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38865-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BERKLEY NATIONAL INSURANCE COMPANY
PO BOX 9190
DES MOINES, IL 50306-9190

CUSTOMER NUMBER

IDA000038911



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-38911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38962-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-38970-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38970-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SOMPO AMERICA FIRE & MARINE INSURANCE COMPANY
11405 NORTH COMMUNITY HOUSE RD, STE 600
CHARLOTTE, NC 28277

CUSTOMER NUMBER
IDA000038997



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-38997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-38997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
SAFECO INSURANCE COMPANY OF ILLINOIS
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000039012



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the **TOTAL ASSESSMENT AMOUNT** by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RURAL COMMUNITY INSURANCE COMPANY
3501 THURSTON AVENUE
ANOKA, MN 55303

CUSTOMER NUMBER
IDA000039039



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-39098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN HEALTHCARE INDEMNITY COMPANY
PO BOX 2900
NAPA, CA 94558

CUSTOMER NUMBER
IDA000039152



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
QBE INSURANCE CORPORATION
ONE GENERAL DRIVE
SUN PRAIRIE, NY 53596

CUSTOMER NUMBER
IDA000039217



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-39217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
1400 AMERICAN LANE, TOWER 2, 20TH FLOOR
SCHAUMBURG, ILLINOIS 60196-1056

CUSTOMER NUMBER
IDA000039306



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GENERAL SECURITY NATIONAL INSURANCE COMPANY
199 WATER STREET, SUITE 2100
NEW YORK, NY 10038-3526

CUSTOMER NUMBER
IDA000039322



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-39322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HERITAGE INDEMNITY COMPANY
7125 WEST JEFFERSON AVENUE, SUITE 200
LAKEWOOD, CO 80235

CUSTOMER NUMBER
IDA000039527



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39527-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CONTINENTAL HERITAGE INSURANCE COMPANY
6140 PARKLAND BLVD, STE 321
MAYFIELD HEIGHTS, OH 44124

CUSTOMER NUMBER
IDA000039551



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-39608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-39608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-39616-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-39616-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WESTPORT INSURANCE CORPORATION
P.O. BOX 2991
OVERLAND PARK, KS 66202-1391

CUSTOMER NUMBER
IDA000039845



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-39845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GOLDEN BEAR INSURANCE COMPANY
P. O. BOX 271
STOCKTON, CA 95201

CUSTOMER NUMBER
IDA000039861



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39861-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-39926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-39942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

CATHY MADDEN
METROPOLITAN GENERAL INSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RHODE ISLAND 02886

CUSTOMER NUMBER
IDA000039950



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-39950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40029-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-40029-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
STARNET INSURANCE COMPANY
PO BOX 9190
DES MOINES, CT 50306-9190

CUSTOMER NUMBER
IDA000040045



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-40045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-40142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

CATHY MADDEN
METROPOLITAN CASUALTY INSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RHODE ISLAND 02886

CUSTOMER NUMBER
IDA000040169



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
AIG ASSURANCE COMPANY
451N AMERICAN GENERAL CENTER
NASHVILLE, TENNESSEE 37250

CUSTOMER NUMBER
IDA000040258



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
ARCH MORTGAGE INSURANCE COMPANY
3003 OAK ROAD, PMI PLAZA
C/O PMI GROUP INC
WALNUT CREEK, CALIFORNIA 94597-2098

CUSTOMER NUMBER
IDA000040266



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-40282-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PIONEER SPECIALTY INSURANCE COMPANY
PO BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000040312



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ASHMERE INSURANCE COMPANY
401 E. LAS OLAS BLVD., SUITE 1540
FORT LAUDERDALE, FL 33301

CUSTOMER NUMBER
IDA000040398



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40398-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-40398-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40436-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-40460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-40479-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-40479-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ADVANTAGE WORKERS COMPENSATION INSURANCE COMPA
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
FRA18-40517-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED GUARANTY CREDIT INSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, NC 27420

CUSTOMER NUMBER
IDA000040525



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

CATHY MADDEN
ECONOMY PREMIER ASSURANCE COMPANY
CONSOLIDATED ASSESSMENT STATEMENT
700 QUAKER LANE, FMR AREA 3D
WARWICK, RHODE ISLAND 02886

CUSTOMER NUMBER
IDA000040649



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MARILYN - ASSESSMENT
UNITRIN SAFEGUARD INSURANCE COMPANY
5210 BELFORT ROAD, STE 120
JACKSONVILLE, FLORIDA 32256

CUSTOMER NUMBER
IDA000040703



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-40827-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-40827-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPAN
PREMIUM TAX DEPT. T 2/20
1400 AMERICAN LANE
SCHAUMBURG, ILLINOIS 60196-1056

CUSTOMER NUMBER
IDA000040843



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DENTISTS INSURANCE COMPANY, THE
P.O. BOX 1582
SACRAMENTO, CA 95812-1582

CUSTOMER NUMBER
IDA000040975



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-40975-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS INSURANCE COMPANY
PREMIUM TAX DEPT. T 2/20
1400 AMERICAN LANE
SCHAUMBURG, ILLINOIS 60196-1056

CUSTOMER NUMBER
IDA000041181



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-41181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-41181-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TRITON INSURANCE COMPANY
P.O. BOX 2548
FORT WORTH, TX 76113

CUSTOMER NUMBER
IDA000041211



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-41211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-41211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

JEFFREY SIEFKER
SCOTTSDALE INSURANCE COMPANY
1-04-701
ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215

CUSTOMER NUMBER
IDA000041297



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-41297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

BARB HALLAR
CITY NATIONAL INSURANCE COMPANY
THREE BALA PLAZA, EAST, SUITE 300
BALA CYNWYD, PENNSYLVANIA 19004

CUSTOMER NUMBER
IDA000041335



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-41335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-41343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
BENCHMARK INSURANCE COMPANY
775 PRAIRIE CENTER DRIVE, STE 420
EDEN PRAIRIE, MINNESOTA 55344

CUSTOMER NUMBER
IDA000041394



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-41394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-41394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-41424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-41483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41491-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-41513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RED SHIELD INSURANCE COMPANY
P.O. BOX 3736
SEATTLE, OR 98124-3736

CUSTOMER NUMBER
IDA000041580



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-41580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NEW ENGLAND REINSURANCE CORPORATION
100 HIGH STREET, SUITE 800
BOSTON, MA 02110

CUSTOMER NUMBER
IDA000041629



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-41629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

DAVID DELONG
MILBANK INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OHIO 43215-3976

CUSTOMER NUMBER

IDA000041653



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-41653-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-41653-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN - CORP TAX
COLORADO CASUALTY INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000041785



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-41785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
THE HANOVER INSURANCE GRP, STATISTICAL DEPT S-436
440 LINCOLN STREET
WORCESTER, MASSACHUSETTS 01653

CUSTOMER NUMBER
IDA000041840




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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-41840-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-41840-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-41998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

BARB HALLAR
DIAMOND STATE INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PENNSYLVANIA 19004

CUSTOMER NUMBER
IDA000042048



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-42048-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-42048-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-42129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-42226-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MOUNTAINPOINT INSURANCE COMPANY
3030 N. 3RD ST.
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000042242



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-42242-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-42242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NAVIGATORS INSURANCE COMPANY
400 ATLANTIC STREET, 8TH FLOOR
STAMFORD, CT 06901

CUSTOMER NUMBER
IDA000042307



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-42307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-42307-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CATHY - ASSESSMENT
TECHNOLOGY INSURANCE COMPANY, INC.
5800 LOMBARDO CTR, SUITE 200
CLEVELAND, OHIO 44131

CUSTOMER NUMBER
IDA000042376



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-42376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-42390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
LIBERTY INSURANCE CORPORATION
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000042404



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-42404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-42552-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000042579



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-42579-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DEPOSITORS INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000042587



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-42587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-42722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42757-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CENTURION CASUALTY COMPANY
800 WALNUT STREET
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000042765



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-42765-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-42765-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42803-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
VICTORIA FIRE & CASUALTY COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000042889



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-42889-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN SERVICE INSURANCE COMPANY, INC.
150 NORTHWEST POINT BLVD., 3RD FLOOR
ELK GROVE VILLAGE, IL 60007

CUSTOMER NUMBER
IDA000042897



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-42897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-42978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-42986-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-42994-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RESPONSE INSURANCE COMPANY
ONE EAST WACKER DRIVE, SUITE 1500
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000043044



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-43044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-43117-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	4,500.00
FRA18-43117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			5,550.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

KIM ASSESSMENT
ASPEN AMERICAN INSURANCE COMPANY
175 CAPITAL BOULEVARD
ROCKY HILL, CONNECTICUT 06067

CUSTOMER NUMBER
IDA000043460



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-43460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-43460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS
777 MAIN STREET SUITE 1000
FORT WORTH, TX 76102

CUSTOMER NUMBER
IDA000043494



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-43494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-43575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-43575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-43699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
15821 VENTURA BOULEVARD, SUITE 370
ENCINO, CA 91436

CUSTOMER NUMBER
IDA000043753



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-43753-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-43915-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	750.00
FRA18-43915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

FARMERS GRAND RAPIDS COMPLIANCE
21ST CENTURY INDEMNITY INSURANCE COMPANY
P O BOX 2450, LOCATION 1415
GRAND RAPIDS, MICHIGAN 49501-2450

CUSTOMER NUMBER
IDA000043974



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-43974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-43974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ADMIRAL INDEMNITY COMPANY
301 ROUTE 17 NORTH
RUTHERFORD, NJ 07070

CUSTOMER NUMBER
IDA000044318



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-44318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-44369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

HELEN VALE
WEST AMERICAN INSURANCE COMPANY
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000044393



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-44393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-44695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-44768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-44768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-45934-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-47012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-47012-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-47012-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.
1571 SAWGRASS CORPORATE PARKWAY SUITE 140
SUNRISE, FL 33323

CUSTOMER NUMBER
IDA000047013



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-47013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-47013-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-47013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED DENTAL CARE OF ARIZONA, INC.
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MO 02481

CUSTOMER NUMBER
IDA000047708



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-47708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-47708-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-47708-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-50016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-50020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PREMIER LAND TITLE INSURANCE COMPANY
P.O. BOX 199000
DALLAS, TX 75219

CUSTOMER NUMBER
IDA000050026



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-50026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-50050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-50083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-50121-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

LORA L. OSTERLOH
NORTH AMERICAN TITLE INSURANCE COMPANY
1855 GATEWAY BOULEVARD, SUITE 600
CONCORD, CALIFORNIA 94520

CUSTOMER NUMBER
IDA000050130



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-50130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-50229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-50369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
REAL ADVANTAGE TITLE INSURANCE COMPANY
1551 N. TUSTIN AVE 3RD FLOOR
SANTA ANA, CA 92705

CUSTOMER NUMBER
IDA000050440



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-50440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-50520-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-50814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-51020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MICHELE MARTIN
WFG NATIONAL TITLE INSURANCE COMPANY
7401 CARMEL EXECUTIVE PARK DRIVE, SUITE 105
CHARLOTTE, NORTH CAROLINA 28226-8403

CUSTOMER NUMBER

IDA000051152



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-51152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN GUARANTY TITLE INSURANCE COMPANY
400 SECOND AVENUE SOUTH
MINNEAPOLIS, OK 55401

CUSTOMER NUMBER
IDA000051411



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-51411-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMTRUST TITLE INSURANCE COMPANY
59 MAIDEN LANE, 43RD FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER

IDA000051578



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-51578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-51586-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-51624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ENTITLE INSURANCE COMPANY
3 SUMMIT PARK DRIVE, SUITE 525
INDEPENDENCE, OH 44131

CUSTOMER NUMBER
IDA000051632



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-51632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.
2111 E. HIGHLAND SUITE 250
PHOENIX, AZ 85016

CUSTOMER NUMBER
IDA000052120



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-52120-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-52120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-52120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EMPLOYERS DENTAL SERVICES, INC.
3430 N 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
FSF18-53090-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-53090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-53090-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.
POST OFFICE BOX 13466
PHOENIX, AZ 85002

CUSTOMER NUMBER
IDA000053589



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-53589-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
FRA18-53589-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-53589-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			23,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-53597-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	2,250.00
FRA18-53597-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-53597-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			3,450.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
THRIVENT FINANCIAL FOR LUTHERANS
625 FOURTH AVENUE SOUTH MS-REG FINANCIAL
MINNEAPOLIS, MN 55415-1624

CUSTOMER NUMBER
IDA000056014



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-56014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONAL MUTUAL BENEFIT
6522 GRAND TETON PLAZA
MADISON, WI 53719

CUSTOMER NUMBER
IDA000056073



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-56073-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GLEANER 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
FRA18-56154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56332-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,
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
FRA18-56340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56707-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-56782-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SERB NATIONAL FEDERATION
615 IRON CITY DRIVE, SUITE 302
PITTSBURGH, PA 15205

CUSTOMER NUMBER
IDA000056936



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-56936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DEGREE OF HONOR PROTECTIVE ASSOCIATION
P.O. BOX 7420
ST. PAUL, MN 55107-0420

CUSTOMER NUMBER
IDA000057088



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-57088-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57541-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-57991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-58033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

KEN DEETH
INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)
789 DON MILLS ROAD, FINANCIAL REPORTING 16TH FLOOR
TORONTO, ONTARIO M3C -1T9, CANADA

CUSTOMER NUMBER
IDA000058068



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-58068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-58181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JOHN RECANATINI
PARK AVENUE LIFE INSURANCE COMPANY
7 HANOVER SQUARE H17M
NEW YORK, NEW YORK 10004

CUSTOMER NUMBER
IDA000060003



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-60003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60117-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NORTH AMERICAN NATIONAL RE INSURANCE COMPANY
8400 EAST PRENTICE AVENUE, SUITE 1250
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000060118



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-60118-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	750.00
FRA18-60118-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60118-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,950.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
S.USA LIFE INSURANCE COMPANY, INC.
P.O. BOX 1050
NEWARK, NJ 07101-1050

CUSTOMER NUMBER
IDA000060183



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-60183-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-60183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

REX BORDERS, PROJ MGR
ALLSTATE LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, ILLINOIS 60062

CUSTOMER NUMBER

IDA000060186



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-60186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60186-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SUPERIOR VISION INSURANCE, INC.
939 ELRIDGE LANDING ROAD, SUITE #200
LINTHICUM, MD 21090

CUSTOMER NUMBER
IDA000060188



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-60188-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	750.00
FRA18-60188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60188-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,950.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LOMBARD INTERNATIONAL LIFE ASSURANCE COMPANY
1650 MARKET STREET, 54TH FLOOR
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000060232



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-60232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60237-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ACE LIFE INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, CT 19106

CUSTOMER NUMBER
IDA000060348



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-60348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBU
1932 WYNNNTON ROAD
COLUMBUS, GA 03199-9001

CUSTOMER NUMBER
IDA000060380



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-60380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60410-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60488-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN HEALTH AND LIFE INSURANCE COMPANY
P. O. BOX 2548
FORT WORTH, TX 76113

CUSTOMER NUMBER
IDA000060518



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-60518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENTS
AMERICAN HERITAGE LIFE INSURANCE COMPANY
3075 SANDERS ROAD, STE H2D
NORTHBROOK, ILLINOIS 60062

CUSTOMER NUMBER
IDA000060534



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-60534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60542-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60542-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60577-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60577-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
WILTON REASSURANCE LIFE COMPANY OF NEW YORK
20 GLOVER AVENUE, 4TH FLOOR
NORWALK, CONNECTICUT 06850

CUSTOMER NUMBER
IDA000060704



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-60704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60739-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60739-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60801-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-60895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60895-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CAROL M COX
COMPBENEFITS INSURANCE COMPANY
P. O. BOX 740036
LOUISVILLE, KENTUCKY 40201-7436

CUSTOMER NUMBER
IDA000060984



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-60984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-60984-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ANTHEM LIFE INSURANCE COMPANY
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000061069



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61069-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61115-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AURORA NATIONAL LIFE ASSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA000061182



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61182-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61239-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61263-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61271-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

GINGER VANDERLINDE
AMERITAS LIFE INSURANCE CORP.
1876 WAYCROSS ROAD
CINCINNATI, OHIO 45240

CUSTOMER NUMBER
IDA000061301



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61360-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61360-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61395-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONAL BENEFIT LIFE INSURANCE COMPANY
ONE COURT SQUARE
LONG ISLAND CITY, NY 11120-0001

CUSTOMER NUMBER
IDA000061409



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61409-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61409-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61425-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61425-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61476-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61476-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61492-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RESOURCE LIFE INSURANCE COMPANY
175 W. JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000061506



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CAPITOL LIFE INSURANCE COMPANY, THE
1605 LBJ FREEWAY SUITE 710
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000061581



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61689-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AME
P.O. BOX 30381
LANSING, MI 48909

CUSTOMER NUMBER
IDA000061700



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
CENTRAL RESERVE LIFE INSURANCE COMPANY
11200 LAKELINE BOULEVARD, # 100
AUSTIN, TEXAS 78717-5964

CUSTOMER NUMBER
IDA000061727



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61727-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61727-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT CONTACT
CENTRAL SECURITY LIFE INSURANCE COMPANY
2175 NORTH GLENVILLE DRIVE
RICHARDSON, TEXAS 75082-4329

CUSTOMER NUMBER
IDA000061735



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61735-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61735-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61751-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61832-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
CHRISTIAN FIDELITY LIFE INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, ARIZONA 85004-1172

CUSTOMER NUMBER
IDA000061859



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61859-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61875-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61875-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MANHATTANLIFE ASSURANCE COMPANY OF AMERICA
10777 NORTHWEST FREEWAY
HOUSTON, TX 77092

CUSTOMER NUMBER

IDA000061883



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-61883-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61883-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-61999-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-61999-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62049-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62049-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

SHIRL MORTON
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK
PO BOX 21008
GREENSBORO, NORTH CAROLINA 27420

CUSTOMER NUMBER
IDA000062057



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-62057-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62057-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62103-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COMBINED INSURANCE COMPANY OF AMERICA
510 WALNUT STREET
WB06D
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000062146



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-62146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62146-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62235-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GOLDEN RULE INSURANCE COMPANY
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278

CUSTOMER NUMBER
IDA000062286



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-62286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62308-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62324-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62324-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CONSTITUTION LIFE INSURANCE COMPANY
PO BOX 958465
LAKE MARY, FL 32795-8465

CUSTOMER NUMBER
IDA000062359



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-62359-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62359-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

SHARON MATONIS MZ01-78-5370
CONSUMERS LIFE INSURANCE COMPANY
2060 EAST 9TH STREET
CLEVELAND, OHIO 44115

CUSTOMER NUMBER
IDA000062375



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-62375-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62375-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CENTURION LIFE INSURANCE COMPANY
800 WALNUT STREET
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000062383



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-62383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62383-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

DONNA TAXES - 28S
WILCAC LIFE INSURANCE COMPANY
F/K/A CONTINENTAL ASSURANCE COMPANY
20 GLOVER AVENUE, 4TH FLOOR
NORWALK, CONNECTICUT 06850

CUSTOMER NUMBER
IDA000062413



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-62413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62553-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62553-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNION FIDELITY LIFE INSURANCE COMPANY
7101 COLLEGE BOULEVARD SUITE 1400
OVERLAND PARK, KS 66210

CUSTOMER NUMBER
IDA000062596



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-62596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CMFG LIFE INSURANCE COMPANY
POST OFFICE BOX 391
MADISON, WI 53701

CUSTOMER NUMBER
IDA000062626



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-62626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
DELAWARE AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 1591
HOUSTON, TEXAS 77251

CUSTOMER NUMBER
IDA000062634



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-62634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62634-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62790-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62863-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62863-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AXA EQUITABLE 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
FRA18-62880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-62928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AXA EQUITABLE 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
FRA18-62944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62944-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EQUITABLE LIFE & CASUALTY 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
FRA18-62952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-62952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-63053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-63088-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63088-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FARMERS NEW WORLD LIFE INSURANCE COMPANY
3003 77TH AVENUE SOUTHEAST
MERCER ISLAND, WA 98040-2837

CUSTOMER NUMBER
IDA000063177



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-63177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63177-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-63223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63223-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-63258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIDELITY & GUARANTY LIFE INSURANCE COMPANY
1001 FLEET STREET
BALTIMORE, MD 21202

CUSTOMER NUMBER
IDA000063274



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-63274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-63290-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63290-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GREAT AMERICAN LIFE INSURANCE COMPANY
POST OFFICE BOX 5420
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000063312



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-63312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63312-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ACCENDO INSURANCE COMPANY
2211 SANDERS ROAD
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000063444



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-63444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-63487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63487-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MAURICE S JANUS
FORESTERS LIFE INSURANCE AND ANNUITY COMPANY
110 WALL STREET, 4TH FLOOR
NEW YORK, NEW YORK 10005-3830

CUSTOMER NUMBER
IDA000063495



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-63495-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63495-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
GARDEN STATE LIFE INSURANCE COMPANY
2450 SOUTH SHORE BOULEVARD, SUITE 401
LEAGUE CITY, TEXAS 77573-2997

CUSTOMER NUMBER
IDA000063657



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-63657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GENERAL AMERICAN LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000063665



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-63665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63665-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-63762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63762-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITY FINANCIAL LIFE INSURANCE COMPANY
P.O. BOX 625700
CINCINNATI, OH 45241-5700

CUSTOMER NUMBER
IDA000063819



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-63819-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-63967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63967-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-63983-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-63983-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-64017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GREAT FIDELITY LIFE INSURANCE COMPANY
PO BOX 9510
WICHITA, KS 67277

CUSTOMER NUMBER
IDA000064076



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-64076-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64076-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-64149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64149-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-64211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GUARANTY INCOME LIFE INSURANCE COMPANY
P.O. BOX 2231
BATON ROUGE, LA 70821-2231

CUSTOMER NUMBER
IDA000064238



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-64238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JOHN RECANATINI
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE
7 HANOVER SQUARE H17M
NEW YORK, NEW YORK 10004

CUSTOMER NUMBER

IDA000064246



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-64246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64246-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HARLEYSVILLE LIFE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000064327



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-64327-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64327-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-64343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
HERITAGE LIFE INSURANCE COMPANY
227 WEST MONROE STREET, SUITE 3775
CHICAGO, ILLINOIS 60606

CUSTOMER NUMBER
IDA000064394



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-64394-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
FRA18-64394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			23,700.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
WELL CARE HEALTH INSURANCE COMPANY OF KENTUCKY, IN
8735 HENDERSON ROAD
TAMPA, FLORIDA 33634

CUSTOMER NUMBER
IDA000064467



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-64467-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64467-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-64505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64505-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-64513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-64580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
INDEPENDENCE LIFE AND ANNUITY COMPANY
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER
IDA000064602



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-64602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-64688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-64696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

REX BORDERS
INTRAMERICA LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, ILLINOIS 60062

CUSTOMER NUMBER
IDA000064831



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-64831-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64831-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

W R BERKELY COMPANY
BERKLEY LIFE AND HEALTH INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CONNECTICUT 06830

CUSTOMER NUMBER
IDA000064890



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-64890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64890-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-64904-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-64904-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65005-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65005-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
JOHN ALDEN LIFE INSURANCE COMPANY
P. O. BOX 3050
MILWAUKEE, WI 53201-3050

CUSTOMER NUMBER
IDA000065080



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CAROL M COX
KANAWHA INSURANCE COMPANY
P. O. BOX 740036
LOUISVILLE, KENTUCKY 40201-7436

CUSTOMER NUMBER
IDA000065110



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65110-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65110-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65242-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65269-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

HELEN WENTWORTH
LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
9450 SEWARD ROAD
FAIRFIELD, OHIO 45014

CUSTOMER NUMBER
IDA000065315



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65315-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65315-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LIBERTY NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 2612
BIRMINGHAM, AL 35202

CUSTOMER NUMBER
IDA000065331



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LIFE INSURANCE COMPANY OF NORTH AMERICA
TWO LIBERTY PLACE, 1601 CHESTNUT STREET, TL14A
PHILADELPHIA, PA 19192-2362

CUSTOMER NUMBER
IDA000065498



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

REX BORDERS
LINCOLN BENEFIT LIFE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, ILLINOIS 60062

CUSTOMER NUMBER
IDA000065595



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE
100 NORTH GREENE STREET
GREENSBORO, IN 27401

CUSTOMER NUMBER
IDA000065676



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65676-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65676-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN MODERN LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098

CUSTOMER NUMBER
IDA000065811



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65811-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65811-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
P.O. BOX 111
BOSTON, MA 02111-0111

CUSTOMER NUMBER
IDA000065838



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65838-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65838-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WILCO LIFE INSURANCE COMPANY
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER
IDA000065900



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65900-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65927-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
CORP TAX DEPT E410
1295 STATE STREET
SPRINGFIELD, MASSACHUSETTS 01111-0001

CUSTOMER NUMBER
IDA000065935



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MERIT LIFE INSURANCE CO.
P.O. BOX 39
EVANSVILLE, IN 47701-0039

CUSTOMER NUMBER
IDA000065951



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-65951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65951-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65960-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65960-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-65978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-65978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN BENEFIT LIFE INSURANCE COMPANY
1605 LBJ FREEWAY, SUITE 710
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000066001



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-66001-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66001-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MIDLAND NATIONAL LIFE INSURANCE COMPANY
4350 WESTOWN 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
FRA18-66044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180

CUSTOMER NUMBER
IDA000066087



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-66087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-66109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
WILTON REASSURANCE COMPANY
20 GLOVER AVENUE, 4TH FLOOR
NORWALK, CONNECTICUT 06850

CUSTOMER NUMBER

IDA000066133



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-66133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66133-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENTS
HEALTH NET LIFE INSURANCE COMPANY
21650 OXNARD STREET, 25TH FLOOR
WOODLAND HILLS, CALIFORNIA 91367

CUSTOMER NUMBER
IDA000066141



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-66141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66141-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-66168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66168-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-66214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66214-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-66230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499

CUSTOMER NUMBER
IDA000066281



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-66281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66281-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MUNICH AMERICAN REASSURANCE COMPANY
56 PERIMETER CENTER EAST, N.E.
ATLANTA, GA 30346-2290

CUSTOMER NUMBER
IDA000066346



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-66346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MONY LIFE INSURANCE COMPANY
5788 WIDEWATERS PARKWAY, 2ND FLOOR
SYRACUSE, NY 13214

CUSTOMER NUMBER
IDA000066370



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-66370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-66427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-66540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-66583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-66680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONAL WESTERN LIFE INSURANCE COMPANY
850 EAST ANDERSON LANE
AUSTIN, TX 78752

CUSTOMER NUMBER
IDA000066850



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-66850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONWIDE LIFE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000066869



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-66869-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66869-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ATTN: GEORGE
NEW YORK LIFE INSURANCE COMPANY
ATTN: TAX DEPARTMENT
51 MADISON AVENUE, ROOM 352
NEW YORK, NEW YORK 10010

CUSTOMER NUMBER
IDA000066915



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-66915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66915-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURAN
4350 WESTOWN 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
FRA18-66974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-66974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY
411 W. CHAPEL HILL STREET
DURHAM, NC 27701-3616

CUSTOMER NUMBER
IDA000067032



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-67032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67032-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67059-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MANHATTAN NATIONAL LIFE INSURANCE COMPANY
POST OFFICE BOX 5420
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000067083



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-67083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67083-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67091-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67091-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67172-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OHIO STATE LIFE INSURANCE COMPANY, THE
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000067180



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-67180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67199-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67199-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67253-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CIGNA HEALTH AND LIFE INSURANCE COMPANY
1601 CHESTNUT ST., TL14A
PHILADELPHIA, CT 19192

CUSTOMER NUMBER
IDA000067369



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-67369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67369-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67393-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
UBS LIFE INSURANCE COMPANY USA
915 STATE STREET
ERIE, PENNSYLVANIA 16501

CUSTOMER NUMBER

IDA000067423



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-67423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67423-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67466-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67466-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67539-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67539-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67601-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

MARK DENNING
PEKIN LIFE INSURANCE COMPANY
2505 COURT STREET
PEKIN, ILLINOIS 61558-0001

CUSTOMER NUMBER
IDA000067628



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-67628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67628-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67644-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67644-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY
100 NORTH GREENE STREET
GREENSBORO, IN 27401

CUSTOMER NUMBER
IDA000067652



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-67652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PENNSYLVANIA LIFE INSURANCE COMPANY
2211 SANDERS ROAD
NORTHBROOK, IL 60062

CUSTOMER NUMBER
IDA000067660



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-67660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67660-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67679-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67814-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY
11200 LAKELINE BOULEVARD, # 100
AUSTIN, TEXAS 78717-5964

CUSTOMER NUMBER
IDA000067903



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-67903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67903-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-67911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

MATTHEW F MCGUIRE
AMERICAN MEMORIAL LIFE INSURANCE COMPANY
P.O. BOX 2730
440 MOUNT RUSHMORE ROAD
RAPID CITY, SOUTH DAKOTA 57709-2730

CUSTOMER NUMBER
IDA000067989



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-67989-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-67989-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68047-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CARLA - ASSESSMENT
PROTECTIVE LIFE INSURANCE COMPANY
P.O. BOX 2606
BIRMINGHAM, ALABAMA 35202

CUSTOMER NUMBER
IDA000068136



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-68136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68195-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PYRAMID LIFE INSURANCE COMPANY, THE
P. O. BOX 958465
LAKE MARY, FL 32795-8465

CUSTOMER NUMBER
IDA000068284



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-68284-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68284-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ATTN: PREMIUM & OTHER TAX
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
8515 EAST ORCHARD ROAD 7T2
GREENWOOD VILLAGE, COLORADO 80111

CUSTOMER NUMBER
IDA000068322



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-68322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JOHN W SAWULA
AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY
1290 AVENUE OF THE AMERICAS, 12TH FLOOR
NEW YORK, NEW YORK 10104

CUSTOMER NUMBER
IDA000068365



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-68365-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

NICOLE FULMORE
RELIANCE STANDARD LIFE INSURANCE COMPANY
2001 MARKET STREET, SUITE 1500
PHILADELPHIA, PENNSYLVANIA 19103

CUSTOMER NUMBER
IDA000068381



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-68381-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68381-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LONGEVITY INSURANCE COMPANY
600 DRESHER ROAD
HORSHAM, PA 19044

CUSTOMER NUMBER
IDA000068446



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-68446-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68446-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68462-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68462-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

AMY REIN
CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, T
6604 W BROAD STREET
RICHMOND, VIRGINIA 23230

CUSTOMER NUMBER
IDA000068500



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-68500-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68500-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LIBERTY BANKERS LIFE INSURANCE COMPANY
1605 LBJ FREEWAY, SUITE 710
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000068543



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-68543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68543-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68594-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68632-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68675-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SECURITY LIFE OF DENVER INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000068713



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-68713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SENTINEL SECURITY LIFE INSURANCE COMPANY
1405 WEST 2200 SOUTH
SALT LAKE CITY, UT 84119

CUSTOMER NUMBER
IDA000068802



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-68802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68810-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-68985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-68985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69000-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69019-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69116-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY
132 TURNPIKE ROAD, SUITE 210
SOUTHBOROUGH, MA 01772

CUSTOMER NUMBER
IDA000069140



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-69140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69140-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SUNSET LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 219139
KANSAS CITY, MO 64121-9139

CUSTOMER NUMBER
IDA000069272



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-69272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69272-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

REX BORDERS
SURETY LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H2D
NORTHBROOK, ILLINOIS 60062

CUSTOMER NUMBER

IDA000069310



Please enter your CUSTOMER
NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-69310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69310-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69329-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69329-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY
10308 METCALF AVENUE
PMB #275
OVERLAND PARK, KANSAS 66212-1800

CUSTOMER NUMBER
IDA000069337



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-69337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69337-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69345-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TIME INSURANCE COMPANY
P. O. BOX 3050
MILWAUKEE, WI 53201-3050

CUSTOMER NUMBER

IDA000069477



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-69477-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69477-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69485-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69485-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69566-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69566-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

CARMELA CAMINO
ALLIANZ LIFE AND ANNUITY COMPANY
C/O ALLIANZ LIFE & ANNUITY
PO BOX 1344
MINNEAPOLIS, MINNESOTA 55440-1344

CUSTOMER NUMBER
IDA000069604



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-69604-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OPTUM INSURANCE OF OHIO, INC.
1600 MCCONNOR PARKWAY
SCHAUMBURG, CA 60173-6801

CUSTOMER NUMBER
IDA000069647



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-69647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ATTN: ASSESSMENTS - D-03-W, EXTERNAL REP
USAA LIFE INSURANCE COMPANY
9800 FREDERICKSBURG ROAD, C-3-W
SAN ANTONIO, TEXAS 78288-3051

CUSTOMER NUMBER

IDA000069663



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-69663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69663-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69698-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69698-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNION LABOR LIFE INSURANCE COMPANY, THE
8403 COLESVILLE ROAD
SILVER SPRING, DC 20910

CUSTOMER NUMBER
IDA000069744



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-69744-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69744-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69868-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69868-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69892-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69892-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69922-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-69930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69930-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED LIFE INSURANCE COMPANY
PO BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000069973



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-69973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-69973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70025-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70025-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70106-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70122-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE
2929 ALLEN PARKWAY, A6-20
HOUSTON, TEXAS 77019-7100

CUSTOMER NUMBER
IDA000070238



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-70238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70319-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CARLA TAVEL 1-3 CA
WEST COAST LIFE INSURANCE COMPANY
ATTN: CARLA TAVEL 1-3 CA
P. O. BOX 2606
BIRMINGHAM, ALABAMA 35202

CUSTOMER NUMBER

IDA000070335



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-70335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70335-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNION SECURITY INSURANCE COMPANY
PO BOX 419052
KANSAS CITY, MO 64141-6052

CUSTOMER NUMBER
IDA000070408



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-70408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
MML BAY STATE LIFE INSURANCE COMPANY
CORP TAX E382
1295 STATE STREET
SPRINGFIELD, MASSACHUSETTS 01111-0001

CUSTOMER NUMBER
IDA000070416



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-70416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SAVINGS BANK LIFE INSURANCE COMPANY OF MA., THE
ONE LINSCOTT ROAD
WOBURN, MA 01801

CUSTOMER NUMBER
IDA000070435



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-70435-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70670-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70670-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

DELAINÉ BERKEL
PACIFICARE LIFE AND HEALTH INSURANCE COMPANY
5995 PLAZA DRIVE
MS CA 112-0267
CYPRESS, CALIFORNIA 90630

CUSTOMER NUMBER
IDA000070785



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-70785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-70815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ALLSTATE ASSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000070866



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-70866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GERBER LIFE INSURANCE COMPANY
1311 MAMARONECK AVENUE
WHITE PLAINS, NY 10605

CUSTOMER NUMBER
IDA000070939



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-70939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-70939-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSI
7700 FORSYTH BLVD.
ST. LOUIS, MO 63105

CUSTOMER NUMBER

IDA000071013



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DEARBORN NATIONAL LIFE INSURANCE COMPANY
1020 WEST 31ST STREET
DOWNERS GROVE, IL 60515-5591

CUSTOMER NUMBER
IDA000071129



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HARTFORD LIFE AND ANNUITY INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000071153



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71161-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ZALE LIFE INSURANCE COMPANY
P.O. BOX 152762
IRVING, TX 75015-2762

CUSTOMER NUMBER
IDA000071323



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-71323-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-71323-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71323-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CAREAMERICA LIFE INSURANCE COMPANY
50 BEALE STREET
SAN FRANCISCO, CA 94105-0000

CUSTOMER NUMBER
IDA000071331



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PURITAN LIFE INSURANCE COMPANY OF AMERICA
1720 W. RIO SALADO PARKWAY, SUITE A
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA000071390



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
CONTINENTAL GENERAL INSURANCE COMPANY
6201 JOHNSON DRIVE
MISSION, KANSAS 66202

CUSTOMER NUMBER
IDA000071404



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71404-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71412-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71439-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FINANCIAL AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 77-0250
MIAMI, FL 33177-0250

CUSTOMER NUMBER
IDA000071455



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71471-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71471-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GREAT WESTERN INSURANCE COMPANY
P O BOX 3428
OGDEN, UT 84409-1428

CUSTOMER NUMBER
IDA000071480



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LEWER LIFE INSURANCE COMPANY
P.O. BOX 32395
KANSAS CITY, MO 64171-5395

CUSTOMER NUMBER
IDA000071595



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JOHN RECANATINI
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
7 HANOVER SQUARE H17M
NEW YORK, NEW YORK 10004

CUSTOMER NUMBER
IDA000071714



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71714-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HM HEALTH INSURANCE COMPANY
120 FIFTH AVENUE SUITE 924
PITTSBURGH, PA 15222

CUSTOMER NUMBER
IDA000071768



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71773-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71854-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71854-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-71870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
BANKERS FIDELITY ASSURANCE COMPANY
4370 PEACHTREE ROAD, NE
ATLANTA, GEORGIA 30319

CUSTOMER NUMBER
IDA000071919



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-71919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-71919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

STEVEN BOLTON
AETNA HEALTH INSURANCE COMPANY
980 JOLLY ROAD, U11S
BLUE BELL, PENNSYLVANIA 19422

CUSTOMER NUMBER
IDA000072052



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-72052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-72052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-72125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-72125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-72222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-72850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-72850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CANYON STATE LIFE INSURANCE COMPANY
312 E. ALVARADO ROAD
PHOENIX, AZ 85004

CUSTOMER NUMBER
IDA000072958



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-72958-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-72958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-72958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-73288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-73288-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-73474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-73474-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-73504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-73504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JOHN RECANATINI
FAMILY SERVICE LIFE INSURANCE COMPANY
7 HANOVER SQUARE H17M
NEW YORK, NEW YORK 10004

CUSTOMER NUMBER
IDA000074004



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-74004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-74209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-74209-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-74780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-74780-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA
TWO BRIDGE AVE, SUITE 111
RED BANK, NJ 07701

CUSTOMER NUMBER
IDA000074900



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-74900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-74900-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-76007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-76007-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	2,250.00
HCA18-76007-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			3,450.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-76023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-76023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OXFORD LIFE INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ 85004

CUSTOMER NUMBER
IDA000076112



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-76112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-76112-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
HCA18-76112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			23,700.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-76236-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-76236-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
550 CONGRESSIONAL BOULEVARD, SUITE 200
CARMEL, IN 46032

CUSTOMER NUMBER
IDA000076325



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-76325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-76325-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LONDON 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
FRA18-76694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-76694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JOHN RECANATINI
SENTINEL AMERICAN LIFE INSURANCE COMPANY
7 HANOVER SQUARE H17M
NEW YORK, NEW YORK 10004

CUSTOMER NUMBER
IDA000077119



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-77119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-77119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-77399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-77399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
TOWN & COUNTRY LIFE INSURANCE COMPANY
P.O. BOX 58769
SALT LAKE CITY, UTAH 84158-0769

CUSTOMER NUMBER
IDA000077674



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-77674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-77674-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-77690-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-77690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-77690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-77720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-77720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-77828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-77828-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-77879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-77879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-77968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-77968-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MONY LIFE INSURANCE COMPANY OF AMERICA
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
FRA18-78077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-78077-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
HCA18-78077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			23,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FINANCIAL ASSURANCE LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000078093



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-78093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CORVESTA LIFE INSURANCE COMPANY
4818 STARKEY ROAD
ROANOKE, VA 24018

CUSTOMER NUMBER
IDA000078301



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-78301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-78301-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-78301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-78611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-78611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-78662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-78662-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-78700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-78700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-78743-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-78743-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

JOHN RECANATINI
GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE
7 HANOVER SQUARE H17M
NEW YORK, NEW YORK 10004

CUSTOMER NUMBER
IDA000078778



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-78778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-78778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SAFEHEALTH LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, CA 33647

CUSTOMER NUMBER
IDA000079014



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-79014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-79014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499

CUSTOMER NUMBER
IDA000079022



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-79022-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-79022-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SOUTHLAND NATIONAL INSURANCE CORPORATION
POST OFFICE BOX 1520
TUSCALOOSA, AL 35403

CUSTOMER NUMBER
IDA000079057



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-79057-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-79057-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-79065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-79065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-79227-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
FRA18-79227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-79227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			23,700.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

CLAIRE GONZALES
UNITEDHEALTHCARE INSURANCE COMPANY
48 MONROE TURNPIKE
TRUMBULL, CONNECTICUT 06611

CUSTOMER NUMBER
IDA000079413



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-79413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-79413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-79987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-79987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MOUNTAIN LIFE INSURANCE COMPANY
P. O. BOX 240
ALCOA, TN 37701

CUSTOMER NUMBER
IDA000080020



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-80020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80020-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SMART INSURANCE COMPANY
P.O. BOX 535966
GRAND PRAIRIE, TX 75053-5966

CUSTOMER NUMBER
IDA000080055



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-80055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
FSF18-80055-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-80055-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNICARE LIFE & HEALTH INSURANCE COMPANY
233 S. WACKER DRIVE, SUITE 3700
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000080314



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-80314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80314-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-80578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

PREMIUM TAX & OTHER ASSESSMENTS
CANADA LIFE ASSURANCE COMPANY, THE
8515 E ORCHARD RD 7T2
GREENWOOD VILLAGE, COLORADO 80111

CUSTOMER NUMBER
IDA000080659



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-80659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80659-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

PREMIUM TAX & OTHER ASSESSMENTS
GREAT-WEST LIFE ASSURANCE COMPANY
8515 EAST ORCHARD RD # 7T2
GREENWOOD VILLAGE, COLORADO 80111

CUSTOMER NUMBER
IDA000080705



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-80705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CELTIC INSURANCE COMPANY
77 W. WACKER DRIVE, SUITE 1200
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000080799



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-80799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80799-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-80802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CENTRE LIFE INSURANCE COMPANY
4 WORLD TRADE CENTER, 53RD FLOOR
NEW YORK, NY 10007-2366

CUSTOMER NUMBER
IDA000080896



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-80896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80896-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-80926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80926-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
VOYA INSURANCE AND ANNUITY COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000080942



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-80942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80942-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-80985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-80985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BANKERS LIFE INSURANCE COMPANY
P.O. BOX 15707
ST. PETERSBURG, FL 33733

CUSTOMER NUMBER
IDA000081043



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-81043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-81043-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-81108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-81108-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-81132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-81132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN MATURITY LIFE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000081213



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-81213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-81213-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-81264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-81264-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENTS
NYLIFE INSURANCE COMPANY OF ARIZONA
ATTN: TAX DEPARTMENT
51 MADISON AVENUE, ROOM 352
NEW YORK, NEW YORK 10010

CUSTOMER NUMBER
IDA000081353



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-81353-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	4,500.00
FRA18-81353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-81353-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			5,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-81396-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-81396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COMMERCIAL TRAVELERS MUTUAL 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
HCA18-81426-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-81426-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MONITOR LIFE INSURANCE COMPANY OF NEW YORK
P.O. BOX 16708
JACKSON, NY 39236

CUSTOMER NUMBER
IDA000081442



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-81442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-81442-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDEN
P O BOX 30685
EDMOND, OK 73003-0012

CUSTOMER NUMBER
IDA000081779



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-81779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-81779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COVENTRY HEALTH AND LIFE INSURANCE COMPANY
6720B ROCKLEDGE DRIVE, SUITE 700
BETHESDA, MD 20817

CUSTOMER NUMBER

IDA000081973



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-81973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-81973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-82082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-82082-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-82252-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ALL SAVERS INSURANCE COMPANY
7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278-1719

CUSTOMER NUMBER
IDA000082406



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-82406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-82406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-82538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-82538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-82627-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-82627-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-82880-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-82880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-83160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-83232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-83445-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	7,500.00
FRA18-83445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-83445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			8,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GUGGENHEIM LIFE AND ANNUITY COMPANY
401 PENNSYLVANIA PARKWAY, SUITE 300
INDIANAPOLIS, IN 46280

CUSTOMER NUMBER
IDA000083607



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-83607-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-83607-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-84174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-84174-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

DELAINE BERKEL
PACIFICARE LIFE ASSURANCE COMPANY
5995 PLAZA DRIVE
MS CA 112-0267
CYPRESS, CALIFORNIA 90630

CUSTOMER NUMBER
IDA000084506



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-84506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-84506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-84522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-84522-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
U.S. FINANCIAL LIFE INSURANCE COMPANY
525 WASHINGTON BOULEVARD - CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ 07310

CUSTOMER NUMBER
IDA000084530



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-84530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CONSOLIDATED ASSESSMENT
SYMPHONIX HEALTH INSURANCE, INC.
ONE AMERICAN ROAD, MD 7600
DEARBORN, MICHIGAN 48126

CUSTOMER NUMBER
IDA000084549



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-84549-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-84549-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-84697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-84697-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COLORADO BANKERS LIFE INSURANCE COMPANY
5990 GREENWOOD PLAZA BOULEVARD, #325
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000084786



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-84786-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-84786-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY
132 TURNPIKE ROAD, SUITE 210
SOUTHBOROUGH, MA 01772

CUSTOMER NUMBER

IDA000084824



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-84824-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-84824-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-85189-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-85189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MIKE SPEEDY
FRESENIUS HEALTH PLANS INSURANCE COMPANY
120 MONUMENT CIRCLE
INDIANAPOLIS, INDIANA 46204

CUSTOMER NUMBER
IDA000085286



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-85286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-85286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-85472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MAPFRE LIFE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570

CUSTOMER NUMBER
IDA000085561



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-85561-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-85561-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-85766-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	2,250.00
HCA18-85766-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-85766-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			3,450.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MEMBERS LIFE INSURANCE COMPANY
POST OFFICE BOX 391
MADISON, WI 53701

CUSTOMER NUMBER
IDA000086126



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-86126-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-86126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TRANSAMERICA LIFE INSURANCE COMPANY
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499

CUSTOMER NUMBER
IDA000086231



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-86231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-86231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-86258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-86258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-86355-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-86355-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CLOVER INSURANCE COMPANY
HARBORSIDE PLAZA TEN, 3 SECOND STREET
JERSEY CITY, NJ 07311

CUSTOMER NUMBER
IDA000086371



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-86371-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-86371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-86509-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-86509-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

SUSAN BREGMAN
PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION
C/O PRUDENTIAL INS CO OF AMERICA
751 BROAD STREET
NEWARK, NEW JERSEY 07102

CUSTOMER NUMBER
IDA000086630



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-86630-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
FRA18-86630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-86630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			23,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SCOR GLOBAL LIFE REINSURANCE COMPANY OF DELAWARE
101 SOUTH TRYON STREET
CHARLOTTE, NC 28280

CUSTOMER NUMBER
IDA000087017



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-87017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-87017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-87394-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-87394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-87394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

MARGARET ANN MCCONNELL
SCOTTISH RE (U.S.), INC.
14120 BALLANTYNE CORPORATE PLACE, SUITE 300
CHARLOTTE, NORTH CAROLINA 28277

CUSTOMER NUMBER
IDA000087572



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-87572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-87572-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-87645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-87645-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BRIGHTHOUSE LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000087726



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-87726-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-87726-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-87963-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-87963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HARTFORD LIFE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000088072



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-88072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-88072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OMAHA HEALTH INSURANCE COMPANY
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
HCA18-88080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-88080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-88099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-88099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COLONIAL LIFE INSURANCE COMPANY OF TEXAS
PO BOX 2543
FORT WORTH, TX 76113-2543

CUSTOMER NUMBER
IDA000088153



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-88153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-88153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-88366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-88366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-88536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-88536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EMPHEYS 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
FRA18-88595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-88595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-88668-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-88668-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-89087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-89087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
STERLING INVESTORS LIFE INSURANCE COMPANY
5085 WEST PARK BOULEVARD, SUITE 700
PLANO, TEXAS 75093

CUSTOMER NUMBER
IDA000089184



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-89184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-89184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-89206-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-89206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN LABOR LIFE INSURANCE COMPANY
8 MARTICVILLE ROAD
LANCASTER, AZ 17603

CUSTOMER NUMBER
IDA000089427



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-89427-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-89427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-89427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-89958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-89958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-90212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-90212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PHARMACISTS LIFE INSURANCE COMPANY, THE
P O BOX 370
ALGONA, IA 50511

CUSTOMER NUMBER
IDA000090247



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-90247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
3200 HIGHLAND AVENUE
DOWNERS GROVE, IL 60515

CUSTOMER NUMBER
IDA000090328



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-90328-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-90328-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ZURICH AMERICAN LIFE INSURANCE COMPANY
ONE LIBERTY PLAZA AT 165 BROADWAY
NEW YORK, NY 10006-1404

CUSTOMER NUMBER
IDA000090557



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-90557-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-90557-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-90581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-90581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

CARMELA CAMINO
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
P.O. BOX 1344
MINNEAPOLIS, MINNESOTA 55440-1344

CUSTOMER NUMBER
IDA000090611



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-90611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-90611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
BEST LIFE AND HEALTH INSURANCE COMPANY
17701 MITCHELL NORTH
IRVINE, CALIFORNIA 92614

CUSTOMER NUMBER
IDA000090638



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-90638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-90638-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
3700 S. STONEBRIDGE DRIVE
MCKINNEY, OK 75070

CUSTOMER NUMBER
IDA000091472



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-91472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-91472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNIMERICA INSURANCE COMPANY
9700 HEALTH CARE LANE
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000091529



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-91529-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-91529-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ATTN: GEORGE
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
ATTN: TAX DEPARTMENT
51 MADISON AVENUE, ROOM 352
NEW YORK, NEW YORK 10010

CUSTOMER NUMBER
IDA000091596



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-91596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-91596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NEW ENGLAND LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000091626



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-91626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-91626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FORETHOUGHT LIFE INSURANCE COMPANY
300 NORTH MERIDIAN ST STE. 1800
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000091642



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-91642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-91642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-91693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-91693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EQUITABLE NATIONAL LIFE INSURANCE COMPANY, INC.
P. O. BOX 5056
HARTFORD, UT 06102-5056

CUSTOMER NUMBER
IDA000091785



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-91785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-91785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-91898-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
HCA18-91898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-91898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			23,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-91910-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	2,250.00
HCA18-91910-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-91910-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			3,450.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LANDCAR LIFE INSURANCE COMPANY
351 WEST OPPORTUNITY WAY, SUITE 220
DRAPER, UT 84020

CUSTOMER NUMBER
IDA000092274



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-92274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-92274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-92444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-92444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-92525-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-92525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-92622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-92622-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY
P.O. BOX 9510
WICHITA, KS 67277-0510

CUSTOMER NUMBER
IDA000092649



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-92649-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	2,250.00
HCA18-92649-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-92649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			3,450.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000092657



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-92657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-92657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-92703-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-92703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HCC LIFE INSURANCE COMPANY
225 TOWNPARK DRIVE, NW 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
HCA18-92711-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-92711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
PO BOX 71216
DES MOINES, IA 50325

CUSTOMER NUMBER
IDA000092738



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-92738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TIER ONE INSURANCE COMPANY
1932 WYNNNTON ROAD
COLUMBUS, GA 31999-0001

CUSTOMER NUMBER
IDA000092908



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-92908-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-92908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-92916-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-92916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-93262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-93262-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT
C.M. LIFE INSURANCE COMPANY
CORP TAX E382
1295 STATE STREET
SPRINGFIELD, MASSACHUSETTS 01111-0001

CUSTOMER NUMBER
IDA000093432



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-93432-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-93432-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-93440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-93440-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-93459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-93459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GENERAL FIDELITY LIFE INSURANCE COMPANY
150 N. COLLEGE STREET, NC1-028-22-01
CHARLOTTE, NC 28255

CUSTOMER NUMBER
IDA000093521



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-93521-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-93521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-93548-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-93548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RG A 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
HCA18-93572-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-93572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ROSALIE M NEARIS
JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY
Z-13-041
601 CONGRESS STREET
BOSTON, MASSACHUSETTS 02210

CUSTOMER NUMBER
IDA000093610



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-93610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-93610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-93629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-93629-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ANNUITY INVESTORS LIFE INSURANCE COMPANY
POST OFFICE BOX 5423
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000093661



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-93661-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-93661-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-93688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-93688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY
100 SALEM STREET, O2N
SMITHFIELD, RI 02917

CUSTOMER NUMBER
IDA000093696



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-93696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-93696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PHOENIX 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
FRA18-93734-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-93734-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-93742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-93742-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PAVONIA LIFE INSURANCE COMPANY OF MICHIGAN
180 MOUNT AIRY ROAD
BASKING RIDGE, NJ 07920

CUSTOMER NUMBER
IDA000093777



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-93777-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-93777-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PACIFIC CENTURY LIFE INSURANCE CORPORATION
2700 NORTH THIRD STREET, SUITE 3050
PHOENIX, AZ 85004-4620

CUSTOMER NUMBER
IDA000093815



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-93815-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	7,500.00
FRA18-93815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-93815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			8,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SECURITAS FINANCIAL LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NC 13902-1381

CUSTOMER NUMBER
IDA000094072



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-94072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-94072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-94218-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-94218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-94250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-94250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-94358-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-94358-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-94498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-94498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MEMBERS HEALTH INSURANCE COMPANY
P.O. BOX 1801
COLUMBIA, AZ 38402-1801

CUSTOMER NUMBER
IDA000094587



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-94587-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	750.00
HCA18-94587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-94587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,950.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AETNA HEALTH INC.
1425 UNION MEETING ROAD, U23S
BLUE BELL, PA 19422

CUSTOMER NUMBER
IDA000095109



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-95109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-95109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-95125-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	4,500.00
FRA18-95125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-95125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			5,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HEALTH NET OF ARIZONA, INC.
1230 WEST WASHINGTON ST, SUITE 401
TEMPE, AZ 85281-1245

CUSTOMER NUMBER
IDA000095206



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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-95206-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	7,500.00
HCA18-95206-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-95206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			8,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-95224-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
HCA18-95224-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-95224-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-95330-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-95330-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ALPHA DENTAL OF ARIZONA, INC.
100 FIRST STREET
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER
IDA000095366



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-95366-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	375.00
FRA18-95366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-95366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,575.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-95434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-95434-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

DELAINE WHITEHEAD
PACIFICARE OF ARIZONA, INC.
5995 PLAZA DRIVE
MS CA 112-0267
CYPRESS, CALIFORNIA 90630

CUSTOMER NUMBER
IDA000095617



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-95617-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	4,500.00
FRA18-95617-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-95617-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			5,700.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-95710-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-95710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

ATTN: ASSESSMENTS PAYABLE
HUMANA HEALTH PLAN, INC.
P.O. BOX 740036
LOUISVILLE, KENTUCKY 40201-7436

CUSTOMER NUMBER
IDA000095885



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-95885-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-95885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MEDISUN, INC.
2901 N CENTRAL AVE, SUITE 160
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000095982



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-95982-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	2,250.00
HCA18-95982-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-95982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			3,450.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANA MIJARES
UNITEDHEALTHCARE OF ARIZONA, INC.
5995 PLAZA DRIVE
MAIL STOP: CA112-0209
CYPRESS, CALIFORNIA 90630

CUSTOMER NUMBER
IDA000096016



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF18-96016-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	750.00
HCA18-96016-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-96016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,950.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-97136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-97136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-97152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-97152-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITEDHEALTHCARE LIFE INSURANCE COMPANY
9700 HEALTH CARE LANE, MN017-E900
MINNETONKA, WI 55343

CUSTOMER NUMBER
IDA000097179



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA18-97179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-97179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-97241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-97241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FSF18-97268-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/1/2017	22,500.00
HCA18-97268-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-97268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			23,700.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-97292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-97292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LIFE OF THE SOUTH INSURANCE COMPANY
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 330
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000097691



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-97691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-97691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-97705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-97705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
THRIVENT LIFE INSURANCE COMPANY
625 FOURTH AVENUE SOUTH MS-REG FINANCIAL
MINNEAPOLIS, MN 55415-1624

CUSTOMER NUMBER
IDA000097721



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-97721-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-97721-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

ANNUAL ASSESSMENT FINANCIAL CENTRE
IDEALIFE INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CONNECTICUT 06902

CUSTOMER NUMBER
IDA000097764



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-97764-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-97764-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-97772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-97772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LIFEMAP ASSURANCE COMPANY
100 SW MARKET STREET
PORTLAND, OR 97207

CUSTOMER NUMBER
IDA000097985



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-97985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
HCA18-97985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-98205-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-98205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-99724-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-99724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-99775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
HCA18-99937-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/1/2017	150.00
FRA18-99937-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,200.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
INTERSTATE NATIONAL DEALER SERVICES, INC.
6120 POWERS FERRY ROAD NW, SUITE 200
ATLANTA, GA 30339

CUSTOMER NUMBER
IDA049207143



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207144-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TWG HOME WARRANTY SERVICES, INC.
175 W JACKSON
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207145



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SERVICEPLAN, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207146



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SERVICE SAVER, INCORPORATED
175 W JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207147



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PABLO CREEK SERVICES, INC.
1776 AMERICAN HERITAGE LIFE DRIVE, BLDG B
JACKSONVILLE, FL 32224

CUSTOMER NUMBER
IDA049207148



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DEALER PERFORMANCE, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207149



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CONSUMER PROGRAM ADMINISTRATORS, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207150



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AUTOMOTIVE WARRANTY SERVICES OF FLORIDA, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207151



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN GUARDIAN WARRANTY SERVICES, INC.
4450 WEAVER PARKWAY, SUITE 200
WARRENVILLE, IL 60555

CUSTOMER NUMBER
IDA049207152



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN HOME GUARDIAN, INC.
1839 S ALMA SCHOOL ROAD, SUITE 350
MESA, AZ 85210

CUSTOMER NUMBER
IDA049207154



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OWNERSHIELD, INC.
851 INTERNATIONAL PARKWAY, SUITE 100
RICHARDSON, TX 75081

CUSTOMER NUMBER
IDA049207157



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207158-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207159-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
VEHICLE SERVICE ADMINISTRATOR, LLC
1670 FENPARK DRIVE
FENTON, MO 63026

CUSTOMER NUMBER
IDA049207161



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNIVERSAL UNDERWRITERS SERVICE CORPORATION
HARBORSIDE 5
185 HUDSON STREET, SUITE 2600
JERSEY CITY, NJ 07311

CUSTOMER NUMBER
IDA049207162



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED STATES WARRANTY CORP. OF FLORIDA (FN)
22 NE 22ND AVENUE
POMPANO BEACH, FL 33062

CUSTOMER NUMBER
IDA049207163



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207163-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FIRST AUTOMOTIVE SERVICE CORPORATION
PO BOX 30250
ALBUQUERQUE, NM 87190-0250

CUSTOMER NUMBER
IDA049207166



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CPP WARRANTIES, LLC
400 HIGHWAY 169 SOUTH, SUITE 110
ST LOUIS PARK, MN 55426

CUSTOMER NUMBER
IDA049207167



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207167-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ATHENS ADMINISTRATIVE, LLC
PO BOX 961
O'FALLON, IL 62269

CUSTOMER NUMBER
IDA049207170



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207171-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207173-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207175-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207176-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICA'S PREFERRED HOME WARRANTY, INC.
2727 SPRING ARBOR ROAD
JACKSON, MI 49203

CUSTOMER NUMBER
IDA049207178



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WYNN'S EXTENDED CARE, INC.
C/O PHOENIX AMERICAN
6303 BLUE LAGOON DR, STE 225
MIAMI, FL 33126-6004

CUSTOMER NUMBER
IDA049207179



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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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, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
STARR PROTECTION SOLUTIONS, LLC
399 PARK AVENUE, 8TH FLOOR
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA049207181



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PHOENIX AMERICAN WARRANTY CO., 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
FRA18-49207182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NORTHCOAST WARRANTY SERVICES, INC.
8995 WESTSIDE PKWY
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA049207184



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AUTO KNIGHT MOTOR CLUB, INC.
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 330
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA049207186



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMT WARRANTY CORP.
8995 WESTSIDE PKWY
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA049207187



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FEDERAL WARRANTY SERVICE CORP.
260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA 30339-2210

CUSTOMER NUMBER
IDA049207191



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207191-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ENDURANCE DEALER SERVICES, LLC
C/O MEENAN P.A.
325 W COLLEGE AVE
TALLAHASSEE, FL 32301

CUSTOMER NUMBER
IDA049207192



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207192-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ASURION WARRANTY SERVICES, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207193



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ASURION WARRANTY PROTECTION SERVICES, LLC
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207194



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ASURION TECHNOLOGY SERVICES, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207195



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ASURION SERVICE PLANS, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207196



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207196-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ASURION CONSUMER SOLUTIONS, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207197



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207197-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN RELIABLE INSURANCE COMPANY
3 BALA PLAZA, SUITE 300E
BALA CYNWYD, PA 19004-3406

CUSTOMER NUMBER
IDA049207198



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN MODERN HOME SERVICE COMPANY
PO BOX 5323
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA049207199



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207199-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AUTOGUARD ADVANTAGE CORPORATION
5500 FRANTZ ROAD, SUITE 100
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA049207200



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207202-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MPP CO., INC.
8500 SHAWNEE MISSION PARKWAY, SUITE 210
MERRIAM, KS 66202

CUSTOMER NUMBER
IDA049207205



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PLATINUM HOME PROTECTION, LLC
16211 N SCOTTSDALE ROAD, SUITE A6A-478
SCOTTSDALE, AZ 85254

CUSTOMER NUMBER
IDA049207207



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TMI SOLUTIONS, LLC
C/O COZEN O'CONNOR
1 N CLEMATIS ST, SUITE 510
W PALM BEACH, FL 33401

CUSTOMER NUMBER
IDA049207208



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WARRANTY GLOBAL GROUP, INC.
15920 ADDISON ROAD
ADDISON, TX 75001-3290

CUSTOMER NUMBER
IDA049207209



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ASURION SERVICES, LLC
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207210



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COMPLETE PRODUCT CARE CORP.
360 3RD STREET, 6TH FLOOR
SAN FRANCISCO, CA 94107

CUSTOMER NUMBER
IDA049207213



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ERJ INSURANCE GROUP, INC.
1776 AMERICAN HERITAGE LIFE DR, BUILDING B
JACKSONVILLE, FL 32224

CUSTOMER NUMBER
IDA049207215



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207215-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GLOBAL AUTO SOLUTIONS, INC.
425 METRO PLACE N, SUITE 500
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA049207217



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HOME WARRANTY OF AMERICA, INC.
1371 ABBOTT COURT, SUITE A
BUFFALO GROVE, IL 60089

CUSTOMER NUMBER
IDA049207219



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
IAS WARRANTY, INC.
10800 PECAN PARK BLVD, SUITE 410
AUSTIN, TX 78750

CUSTOMER NUMBER
IDA049207221



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONAL AUTO CARE CORPORATION
440 POLARIS PARKWAY, SUITE 250
WESTERVILLE, OH 43082

CUSTOMER NUMBER
IDA049207222



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONAL WARRANTY CORPORATION
PO BOX 7668
SPRINGFIELD, OR 97475

CUSTOMER NUMBER
IDA049207223



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OWNERGUARD CORPORATION
8995 WESTSIDE PARKWAY
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA049207225



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SAFEWARE, THE INSURANCE AGENCY, INC.
5700 PERIMETER DRIVE, SUITE E
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA049207227



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WEST COAST ASSURANCE COMPANY
22 NE 22ND AVENUE
POMPANO BEACH, FL 33062

CUSTOMER NUMBER
IDA049207228



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PROTECTIVE ADMINISTRATIVE SERVICES, INC.
PO BOX 790
DEERFIELD, IL 60015

CUSTOMER NUMBER
IDA049207235



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATION MOTOR CLUB, LLC
800 YAMATO ROAD, SUITE 100
BOCA RATON, FL 33431

CUSTOMER NUMBER
IDA049207237



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DENT ZONE COMPANIES, INC.
PO BOX 140185
IRVING, TX 75014

CUSTOMER NUMBER
IDA049207239



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN HOME SHIELD OF ARIZONA, INC.
889 RIDGE LAKE BLVD
MEMPHIS, TN 38120

CUSTOMER NUMBER
IDA049207240



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HOME WARRANTY ADMINISTRATOR OF ARIZONA, INC.
90 WASHINGTON VALLEY ROAD
BEDMINSTER, NJ 07921

CUSTOMER NUMBER
IDA049207241



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SELECT HOME WARRANTY, LLC
1 INTERNATIONAL BOULEVARD
MAHWAH, NJ 07495

CUSTOMER NUMBER
IDA049207243



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207244-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DENT DEFENSE GROUP, INC.
1108 WILLOW PASS COURT
CONCORD, CA 94520

CUSTOMER NUMBER
IDA049207247



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
3M COMPANY
3 M 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
FRA18-49207248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED STATES WARRANTY E.S.P. CORPORATION
6150 PARKLAND BLVD, SUITE 100
MAYFIELD HEIGHTS, OH 44124

CUSTOMER NUMBER
IDA049207249



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207251-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NATIONAL HOME WARRANTY, LLC
1675 S MOJAVE ROAD
LAS VEGAS, NV 89104

CUSTOMER NUMBER
IDA049207252



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207252-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ETHOS GROUP, INC.
5215 N O'CONNOR BLVD, SUITE 1200
IRVING, TX 75039

CUSTOMER NUMBER
IDA049207254



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DIMENSION SERVICE CORPORATION
5500 FRANTZ ROAD, SUITE 100
DUBLIN, OH 43017

CUSTOMER NUMBER
IDA049207255



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CNA WARRANTY SERVICES, INC.
333 S WABASH AVENUE
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207256



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CENTURY AUTOMOTIVE SERVICE CORPORATION
10555 MONTGOMERY BLVD NE, BLDG 2
ALBUQUERQUE, NM 87111

CUSTOMER NUMBER
IDA049207258



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ARIZONA AUTO FINANCE, INC.
7017 N 56TH AVENUE
GLENDALE, AZ 85301

CUSTOMER NUMBER
IDA049207259



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN WATER RESOURCES, LLC
1025 LAUREL OAK ROAD
VOORHEES, NJ 08043

CUSTOMER NUMBER
IDA049207260



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
DENT WIZARD INTERNATIONAL CORPORATION
4710 EARTH CITY EXPRESSWAY
BRIDGETON, MO 63044

CUSTOMER NUMBER
IDA049207261



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TOYOTA MOTOR INSURANCE SERVICES, INC.
19001 S WESTERN AVE, EF12
TORRANCE, CA 90501

CUSTOMER NUMBER
IDA049207263



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WARRANTY SOLUTIONS ADMINISTRATIVE SERVICES, INC.
7125 W JEFFERSON AVE, SUTIE 200
LAKEWOOD, CO 80235

CUSTOMER NUMBER
IDA049207264



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LANDMARK HOME WARRANTY, LLC
PO BOX 570
RIVERTON, UT 84065

CUSTOMER NUMBER
IDA049207265



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207267-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
LANDCAR AGENCY, INC.
351 W OPPORTUNITY WAY, SUITE 220
DRAPER, UT 84020

CUSTOMER NUMBER
IDA049207268



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MINNEHOMA AUTOMOBILE ASSOCIATION, INC.
8282 S MEMORIAL DR, SUITE 202
TULSA, OK 74133

CUSTOMER NUMBER
IDA049207269



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SUBARU OF AMERICA SERVICES, INC.
PO BOX 6000
CHERRY HILL, NJ 08034-6000

CUSTOMER NUMBER
IDA049207270



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207270-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UTILITY SERVICE PARTNERS PRIVATE LABEL, INC.
11 GRANDVIEW CIRCLE, SUITE 100
CANONSBURG, PA 15317

CUSTOMER NUMBER
IDA049207272



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HOMESURE OF AMERICA, INC.
PO BOX 551540
FT LAUDERDALE, FL 33355

CUSTOMER NUMBER
IDA049207273



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WESTERN SERVICE CONTRACT CORP.
2200 GENC ROAD SUITE 200
PALO ALTO, CA 94303

CUSTOMER NUMBER
IDA049207276



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WARRANTECH CONSUMER PRODUCT SERVICES, INC.
8995 WESTSIDE PARKWAY
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA049207277



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207277-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
WARRANTECH AUTOMOTIVE, INC.
8995 WESTSIDE PARKWAY
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA049207279



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ONEGUARD ARIZONA, LLC
20410 N 19TH AVENUE
PHOENIX, AZ 85027

CUSTOMER NUMBER
IDA049207280



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
MERCURY SELECT MANAGEMENT COMPANY, INC.
7301 NW EXPRESSWAY
OKLAHOMA CITY, OK 73132

CUSTOMER NUMBER
IDA049207281



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HOME SECURITY OF AMERICA, INC.
889 RIDGE LAKE BLVD
MEMPHIS, TN 38120

CUSTOMER NUMBER
IDA049207282



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GWC WARRANTY CORPORATION
PO BOX 7900
WILKES-BARRE, PA 18773-7900

CUSTOMER NUMBER
IDA049207283



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207284-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
BRIGHTSTAR DEVICE PROTECTION, LLC
2325 LAKEVIEW PARKWAY, SUITE 700
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA049207285



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
RED AUTO ADMINISTRATION, INC.
5350 COLLEGE BLVD
OVERLAND PARK, KS 66211

CUSTOMER NUMBER
IDA049207287



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TRANS CITY SERVICE CORPORATION
7500 E MCDONALD DRIVE, SUITE 720
SCOTTSDALE, AZ 85250-6000

CUSTOMER NUMBER
IDA049207289



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
COBB HOME WARRANTIES, LLC
5650 E 22ND STREET
TUCSON, AZ 85711

CUSTOMER NUMBER
IDA049207291



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207291-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
KAWASAKI MOTORS CORP., U.S.A.
9950 JERONIMO ROAD
IRVINE, CA 92618-2084

CUSTOMER NUMBER
IDA049207292



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN HONDA PROTECTION PRODUCTS CORPORATION
20800 MADRONA AVENUE, SUITE 2-D
TORRANCE, CA 90503

CUSTOMER NUMBER
IDA049207294



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ZCSC, LLC
901 W WALNUT HILL LANE
IRVING, TX 75038

CUSTOMER NUMBER
IDA049207295



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207295-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
4WARRANTY CORPORATION
10151 DEERWOOD PARK BLVD, BLDG 100, STE 330
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA049207296



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207296-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
UNITED SERVICE CONTRACT GROUP, LLC
14100 58TH ST N
CLEARWATER, FL 33760

CUSTOMER NUMBER
IDA049207297



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
PRCO, INC.
3690 MT. DIABLO BOULEVARD
LAFAYETTE, CA 94549

CUSTOMER NUMBER
IDA049207298



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207299-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
CARGUARD ADMINISTRATION, INC.
5350 COLLEGE BLVD
OVERLAND PARK, KS 66211

CUSTOMER NUMBER
IDA049207300



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SILVERROCK AUTOMOTIVE, INC.
4020 E INDIAN SCHOOL ROAD
PHOENIX, AZ 85018

CUSTOMER NUMBER
IDA049207301



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207302-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
ALPHA WARRANTY SERVICES, INC.
12166 S REDWOOD ROAD
RIVERTON, UT 84065

CUSTOMER NUMBER
IDA049207303



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	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).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
NORTH AMERICAN WARRANTY, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207304



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
EXTENDED PROTECTION ADMINISTRATION, INC.
4450 WEAVER PARKWAY, SUITE 200
WARRENVILLE, IL 60555

CUSTOMER NUMBER
IDA049207305



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SIGNET SERVICE PLANS, INC.
375 GHENT ROAD
AKRON, OH 44333

CUSTOMER NUMBER
IDA049207308



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GOPRO CARE, INC.
3000 CLEARVIEW WAY
SAN MATEO, CA 94402

CUSTOMER NUMBER
IDA049207310



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TOTAL HOME SHIELD OF ARIZONA, INC.
295 PIERSON AVE, SUITE 104
EDISON, NJ 08837

CUSTOMER NUMBER
IDA049207312



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
GLOBE HOME WARRANTY COMPANY
PO BOX 620395
ORLANDO, FL 32862-0395

CUSTOMER NUMBER
IDA049207313



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207313-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
SISKINE ENTERPRISES, INC.
2525 W BRIDGER ROAD
SALT LAKE CITY, UT 84104

CUSTOMER NUMBER
IDA049207315



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207315-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207316-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
TT OF FIRST MILE SERVICES, INC.
PO BOX 3948
WEST PALM BEACH, FL 33401

CUSTOMER NUMBER
IDA049207317



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207317-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
OMEGA VEHICLE SERVICES, LLC
1800 JOHN F KENNEDY BLVD, #300
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA049207318



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
FURNITURE CARE PROTECTION, INC.
609 S KELLY AVE, SUITE E8
EDMOND, OK 73003

CUSTOMER NUMBER
IDA049207319



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

Make sure we receive your payment by or before July 31, 2017.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

For questions concerning this assessment, call us at 602-364-2459.



ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-49207320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
2910 N 44th St, Suite 210
Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN ASSURANCE CORPORATION
PO BOX 1239
WHEAT RIDGE, CO 80034

CUSTOMER NUMBER
IDA049207321



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-49207321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AMERICAN WARRANTY CORPORATION
C/O DEALERS ASSURANCE CO.
15920 ADDISON ROAD
ADDISON, TX 75001

CUSTOMER NUMBER
IDA501106879



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-501106879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
AXIOM PRODUCT ADMINISTRATION, LLC
6311 RONALD REAGAN DRIVE, 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
FRA18-501130441-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85018-7269

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ARIZONA DEPARTMENT OF INSURANCE NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
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
FRA18-501400945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA DEPARTMENT OF INSURANCE
NOTICE OF ASSESSMENT

July 1, 2017

C/O STATE FEES AND ASSESSMENTS DEPT.
HOME SERVICE CLUB WARRANTY CORP.
305 BROADWAY, 9TH FLOOR
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA501515973



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA18-501515973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/1/2017	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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