



NOTICE OF ASSESSMENT

Arizona Department of Insurance and Financial Institutions

100 North 15th Avenue, Suite 261, Phoenix, AZ 85007-2630

Phone: (602) 364-3100 | Web: <https://insurance.az.gov>

This document contains FY 2021 assessment invoices for all insurance companies and service companies.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010004



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CERITY INSURANCE COMPANY
PO BOX 1389
AUSTIN, TX 78767

CUSTOMER NUMBER

IDA000010006



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010007



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010014



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010030



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010051



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10051-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010052



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010054



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ENCOMPASS INSURANCE COMPANY OF AMERICA
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000010071



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10071-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ENCOMPASS PROPERTY AND CASUALTY COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000010072



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010103



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010111



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10111-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10111-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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July 13, 2020

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

CUSTOMER NUMBER

IDA000010117



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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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
FRA21-10127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10127-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010130



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010155



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10155-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010166



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010178



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010200



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010204



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010212



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010216



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10219-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010226



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010227



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010235



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010239



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010243



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10243-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-10287-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	4,500.00
FRA21-10287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			5,550.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010336



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10336-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010346



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010348



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010351



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10351-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10367-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10367-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010386



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010391



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10391-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010393



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010464



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010472



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COREPOINTE INSURANCE COMPANY
P.O. BOX 812319
BOCA RATON, FL 33181-2319

CUSTOMER NUMBER

IDA000010499



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CAROLINA CASUALTY INSURANCE COMPANY
PO 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
FRA21-10510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010640



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10640-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010641

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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:

**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010642



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010646



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10646-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010669



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10669-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010671



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-10672-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-10672-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MOBILITAS GENERAL INSURANCE COMPANY
P.O. BOX 23392
OAKLAND, CA 94623-0392

CUSTOMER NUMBER
IDA000010675

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for Fraud Unit Assessment and Financial Surveillance Fund, and a total assessment amount of 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):

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010676



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10676-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-10676-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	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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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010677



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10677-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10677-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010682



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010690



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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OR

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

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010693

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-10693-ACT, HCA21-10693-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010724



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010730



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-10738-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-10738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010749



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010758



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010759



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010783



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10783-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010799



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010800



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FORTRESS INSURANCE COMPANY
6133 N. RIVER ROAD, SUITE 650
ROSEMONT, IL 60018

CUSTOMER NUMBER

IDA000010801



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTINENTAL WESTERN INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA 50306-9190

CUSTOMER NUMBER

IDA000010804



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACCC INSURANCE COMPANY
390 BENMAR DR
HOUSTON, TX 77060

CUSTOMER NUMBER

IDA000010807



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10807-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010814

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-10814-ACT and FSF21-10814-ACT, and a total assessment amount of 3,300.00.

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

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010815



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010817



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010836



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10847-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010872



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010885



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10885-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010891



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10891-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010895



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010900



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010906

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with a value of 1,050.00.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010909



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10909-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010914



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10914-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010915



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010916



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010921



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010925



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000010936



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010945

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-10945-ACT, HCA21-10945-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010946

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10946-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10946-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010952



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-10952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-10957-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000010974



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-10974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011000



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TOWER HILL PRIME INSURANCE COMPANY
7201 N.W. 11TH PLACE
GAINSVILLE, FL 32605

CUSTOMER NUMBER
IDA000011027



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11027-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-11030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-11042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011044



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011050



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FLETCHER REINSURANCE COMPANY
6000 MIDLANTIC DRIVE, 3RD FL, S TOWER
MOUNT LAUREL, NJ 08054

CUSTOMER NUMBER
IDA000011054



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011062



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011075



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011089



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011090

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a total assessment amount row.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GLOBAL LIBERTY INSURANCE COMPANY OF NEW YORK
953 AMERICAN LANE, 3RD FLOOR
SCHAUMBURG, IL 60173

CUSTOMER NUMBER

IDA000011092



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11092-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011118



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11118-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11118-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011121

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for Fraud Unit Assessment and Health Care Appeals Fund, and a total assessment amount of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011123



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11123-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-11126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011127

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11127-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011134



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11134-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11134-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011150



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11150-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF THE SOUTH
10151 DEERWOOD PARK BOULEVARD, BUILDING 100, SUITE
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000011162

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11162-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011163



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-11163-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-11163-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11163-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011177



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011185



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11185-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011198



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-11206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011215



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11215-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011231



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011232



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN BUILDERS INSURANCE COMPANY
2410 PACES FERRY ROAD, SUITE 300
ATLANTA, GA 30339-1802

CUSTOMER NUMBER

IDA000011240



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011242



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HORNBEAM INSURANCE COMPANY
471 WEST MAIN STREET, SUITE 302
LOUISVILLE, KY 40202

CUSTOMER NUMBER

IDA000011245



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011255



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011258



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011347



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011371



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CGB INSURANCE COMPANY
800 MARKET STREET, SUITE 1500A
ST. LOUIS, MO 62650

CUSTOMER NUMBER

IDA000011445



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011452



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11452-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011499



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011512

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011523



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11523-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011551



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11551-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-11555-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011558



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11558-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011573

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11573-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-11592-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011595



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011600



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011630



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011665



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011673

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-11673-ACT, HCA21-11673-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011681

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for Fraud Unit Assessment and Financial Surveillance Fund, and a total assessment amount of 5,550.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011702



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011738



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11738-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011746



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11746-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011770



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011800



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11800-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011805



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-11805-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-11805-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011811



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11811-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011835



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11835-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11835-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011843

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011851



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11851-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-11853-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011855

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011860



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN DIGITAL TITLE INSURANCE COMPANY
4949 SOUTH SYRACUSE STREET, SUITE 540
DENVER, CO 80237

CUSTOMER NUMBER

IDA000011865



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011878



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11878-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011908



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011932



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000011967



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMROCK TITLE INSURANCE COMPANY
5910 N. CENTRAL EXPRESSWAY, STE 1445
DALLAS, TX 75206

CUSTOMER NUMBER

IDA000011974



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL CASUALTY COMPANY
ONE WEST NATIONWIDE BLVD, 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000011991



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11991-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000011997



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-11997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-11997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-12041-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012151



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMPWEST INSURANCE COMPANY
200 N. GRAND AVENUE
LANSING, MI 49833

CUSTOMER NUMBER

IDA000012177



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TREXIS INSURANCE CORPORATION
P.O. BOX 11000
MONTGOMERY, AL 36191-0001

CUSTOMER NUMBER

IDA000012188



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012190



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN LIBERTY INSURANCE COMPANY, INC.
100 LAKE STREET WEST
WAYZATA, UT 55391

CUSTOMER NUMBER

IDA000012200



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012217



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-12217-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-12217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GLENCAR INSURANCE COMPANY
500 PARK BLVD STE 805
ITASCA, FL 60143

CUSTOMER NUMBER
IDA000012254



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12254-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012256



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012260



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012262



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012287



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012294



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-12294-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-12297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12297-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012304



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012305



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012309



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012311



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PHILADELPHIA REINSURANCE CORPORATION
350 10TH AVENUE, SUITE 1450
SAN DIEGO, CA 92101

CUSTOMER NUMBER
IDA000012319



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12319-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN CONTINENTAL INSURANCE COMPANY
1021 REAMS FLEMING BLVD.
FRANKLIN, TN 37067

CUSTOMER NUMBER
IDA000012321



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12321-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CM REGENT INSURANCE COMPANY
300 STERLING PARKWAY, SUITE 100
MECHANICSBURG, PA 17050

CUSTOMER NUMBER
IDA000012356

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12356-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012416



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012484



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12484-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012504



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012508



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012515

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012521



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AGENTS NATIONAL TITLE INSURANCE COMPANY
1207 WEST BROADWAY, SUITE C
COLUMBIA, MO 65203

CUSTOMER NUMBER

IDA000012522



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012528



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012533

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-12533-ACT, HCA21-12533-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012536

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012548



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO
9700 HEALTH CARE LANE MN017-E900
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000012567



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12567-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12567-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012572



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-12575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-12599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012645



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012718



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12718-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012741



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-12741-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-12747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012750



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEDICUS INSURANCE COMPANY
P.O. BOX 2080
MECHANICSBURG, PA 17055

CUSTOMER NUMBER

IDA000012754



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012777



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12777-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012831



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12831-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12831-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
T.H.E. INSURANCE COMPANY
10451 GULF BLVD.
TREASURE ISLAND, FL 33706-4814

CUSTOMER NUMBER

IDA000012866



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-12870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012873



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012879



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012890



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000012902

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12902-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-12902-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012964



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12964-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000012966



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-12966-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013019



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013021



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13021-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013026



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013043



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-13043-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-13043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013056



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-13056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013070



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013100



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-13100-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013126



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013137



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013161



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013175



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13175-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-13175-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013183



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-13183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013188



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013209



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-13209-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013210



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-13210-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-13234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-13234-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ZENITH INSURANCE COMPANY
21255 CALIFA STREET
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER

IDA000013269



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-13285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013293



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13293-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-13307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY
471 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000013331



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-13331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013412



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013420



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-13420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BROTHERHOOD MUTUAL INSURANCE COMPANY
P.O. BOX 2227
FORT WAYNE, IN 46801

CUSTOMER NUMBER
IDA000013528

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-13528-ACT, HCA21-13528-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013544



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13544-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-13559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-13562-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-13562-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ECOLE INSURANCE COMPANY
18835 N THOMPSON PEAK PKWY STE 210
SCOTTSDALE, AZ 85255

CUSTOMER NUMBER
IDA000013601



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-13601-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PAN-AMERICAN ASSURANCE COMPANY INT'L, INC. (U.S.BRAN
P.O. BOX 1051
GRAND CAYMAN, UN 11102

CUSTOMER NUMBER
IDA000013602



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013625



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13625-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ESSENT GUARANTY, INC.
TWO RADNOR CORPORATE CENTER - 100 MATSONFORD RD.,
RADNOR, PA 19087

CUSTOMER NUMBER
IDA000013634



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013692



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13692-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-13694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL MORTGAGE INSURANCE CORPORATION
2100 POWELL STREET, 12TH FLOOR
EMERYVILLE, CA 94608

CUSTOMER NUMBER

IDA000013695



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013703

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PHARMACISTS MUTUAL INSURANCE COMPANY
PO BOX 370
ALGONA, IA 50511

CUSTOMER NUMBER

IDA000013714



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRIMEONE INSURANCE COMPANY
29899 AGOURA RD., SUITE 110
AGOURA HILLS, CA 91301

CUSTOMER NUMBER

IDA000013721



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13721-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
KNIGHTBROOK INSURANCE COMPANY
4751 WILSHIRE BLVD, #111
LOS ANGELES, CA 90010

CUSTOMER NUMBER
IDA000013722



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-13722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013730

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013751



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-13751-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-13751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013773



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA
6785 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

CUSTOMER NUMBER

IDA000013897



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013928



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-13928-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-13928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000013929



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-13929-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-13929-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMMONWEALTH CASUALTY COMPANY
2500 NORTH 24TH STREET
PHOENIX, AZ 85008

CUSTOMER NUMBER
IDA000013930



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-13930-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-13930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FEDERATED MUTUAL INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060

CUSTOMER NUMBER

IDA000013935



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-13935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-13978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000013986



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST COMMUNITY INSURANCE COMPANY
P.O. BOX 15707
ST. PETERSBURG, FL 33733

CUSTOMER NUMBER

IDA000013990



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-13990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CRUSADER INSURANCE COMPANY
26050 MUREAU ROAD
CALABASAS, CA 91302

CUSTOMER NUMBER

IDA000014010



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-14010-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STONEGATE INSURANCE COMPANY
7400 NORTH CALDWELL AVENUE
NILES, IL 60714

CUSTOMER NUMBER
IDA000014012



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMPIRE BONDING & INSURANCE COMPANY
293 FOXHURST ROAD
OCEANSIDE, NY 11572

CUSTOMER NUMBER
IDA000014051

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERIGROUP INSURANCE COMPANY
4425 CORPORATION LANE
VIRGINIA BEACH, VA 23462

CUSTOMER NUMBER

IDA000014078



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-14078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-14133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014137



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014138



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014139



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000014164



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000014184



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-14184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OBI NATIONAL INSURANCE COMPANY
605 HIGHWAY 169 NORTH, SUITE 800
PLYMOUTH, MN 55441

CUSTOMER NUMBER

IDA000014190



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000014216

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for Fraud Unit Assessment and Financial Surveillance Fund, and a total assessment amount of 23,550.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014240



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FOUNDERS INSURANCE COMPANY
1350 EAST TOUHY AVENUE, SUITE 200W
DES PLAINES, IL 60018-3303

CUSTOMER NUMBER
IDA000014249

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FALCON INSURANCE COMPANY
724 ENTERPRISE DRIVE
OAK BROOK, IL 60523

CUSTOMER NUMBER

IDA000014254



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000014257



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014265



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014354



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14354-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BUILD AMERICA MUTUAL ASSURANCE COMPANY
200 LIBERTY ST., 27TH FLOOR
NEW YORK, NY 10281

CUSTOMER NUMBER

IDA000014380



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014406



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-14406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EYEMED INSURANCE COMPANY
4000 LUXOTTICA PLACE
MASON, OH 45040

CUSTOMER NUMBER
IDA000014421



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-14421-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	4,500.00
FRA21-14421-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-14421-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			5,750.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000014460

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014494



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014508



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-14559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-14641-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-14641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
U.S. LEGAL SERVICES, INC.
8133 BAYMEADOWS WAY
JACKSONVILLE, FL 32256

CUSTOMER NUMBER

IDA000014689



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000014702



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-14702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MUTUAL OF ENUMCLAW INSURANCE COMPANY
1460 WELLS STREET
ENUMCLAW, WA 98022

CUSTOMER NUMBER

IDA000014761



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14761-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014788



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000014974



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000014990



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-14990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-14990-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-15032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-15032-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STEWARD HEALTH CHOICE, INC.
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
FSF21-15081-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-15081-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000015105



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ENCOMPASS INDEMNITY COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000015130



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000015238



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-15238-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-15238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-15238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000015261



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000015305



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000015313



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15313-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000015350



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15350-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000015377

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15377-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ONECIS INSURANCE COMPANY
1601 SAWGRASS CORPORATE PARKWAY, SUITE 400
FORT LAUDERDALE, FL 33323-2827

CUSTOMER NUMBER

IDA000015385



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15385-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000015474



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CLEAR SPRING PROPERTY AND CASUALTY 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
FRA21-15563-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-15563-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ILLINOIS CASUALTY COMPANY
P.O. BOX 5018
ROCK ISLAND, IL 61204

CUSTOMER NUMBER

IDA000015571



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15571-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000015590



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15590-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AXIS SPECIALTY INSURANCE COMPANY
10000 AVALON BOULEVARD , SUITE 200
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA000015610



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-15610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MG INSURANCE COMPANY
10181 SCRIPPS GATEWAY CENTER
SAN DEIGO, CA 92131

CUSTOMER NUMBER

IDA000015613



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-15613-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-15613-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-15613-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OBI AMERICA INSURANCE COMPANY
605 HIGHWAY 169 NORTH, SUITE 800
PLYMOUTH, MN 55441

CUSTOMER NUMBER

IDA000015645



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000015679



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000015691



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Row 1: FRA21-15742-ACT, Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al], 7/13/2020, 1,050.00. Row 2: TOTAL ASSESSMENT AMOUNT, 1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RADNOR SPECIALTY INSURANCE COMPANY
1170 DEVON PARK DRIVE, P.O. BOX 6670
WAYNE, PA 19087

CUSTOMER NUMBER

IDA000015756



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RADIAN MORTGAGE GUARANTY INC.
1500 MARKET STREET
PHILADELPHIA, PA 19102

CUSTOMER NUMBER

IDA000015843



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000015865



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, NC 27420

CUSTOMER NUMBER

IDA000015873



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000015895



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-15895-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-15895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000015911



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AETNA BETTER HEALTH OF OKLAHOMA INC.
1425 UNION MEETING ROAD, U23S
BLUE BELL, PA 19422

CUSTOMER NUMBER
IDA000015919

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL PROSPERITY LIFE AND HEALTH INSURANCE COMP
5120 WOODWAY DR STE 10025
HOUSTON, TX 77056

CUSTOMER NUMBER
IDA000015952



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-15952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000015954



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15954-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000015963



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-15963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-15963-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NEW HORIZON INSURANCE COMPANY
1137 KEY STREET
HOUSTON, TX 77009

CUSTOMER NUMBER
IDA000016014

Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LEMONADE INSURANCE COMPANY
5 CROSBY STREET FLOOR 3
NEW YORK, NY 10013

CUSTOMER NUMBER

IDA000016023



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FEDERATED RESERVE INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060

CUSTOMER NUMBER
IDA000016024



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16024-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16024-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-16044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-16045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANNER HEALTH AND AETNA HEALTH INSURANCE COMPANY
4500 E. COTTON BOULEVARD
PHOENIX, AZ 85040

CUSTOMER NUMBER
IDA000016058



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-16058-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	4,500.00
HCA21-16058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			5,750.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANNER HEALTH AND AETNA HEALTH PLAN INC.
4500 EAST COTTON CENTER BOULEVARD
PHOENIX, AZ 85040

CUSTOMER NUMBER
IDA000016059



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-16059-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000016063



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CRONUS INSURANCE COMPANY
370 LAS COLINAS BOULEVARD W.
IRVING, TX 75039

CUSTOMER NUMBER

IDA000016070



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STARR SPECIALTY INSURANCE COMPANY
399 PARK AVENUE, 3RD FLOOR
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA000016109



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000016116



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BRIGHT HEALTH COMPANY OF ARIZONA
219 N 2ND ST, SUITE 310
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER
IDA000016122



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-16122-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	2,250.00
FRA21-16122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STATES TITLE INSURANCE COMPANY
1151 MISSION STREET, 2ND FLOOR
SAN FRANCISCO, CA 94103

CUSTOMER NUMBER
IDA000016137



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-16137-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-16137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VAULT RECIPROCAL EXCHANGE
199 WATER STREET
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000016186



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
METROMILE INSURANCE COMPANY
690 FOLSOM STREET, SUITE 200
SAN FRANCISCO, CA 94107

CUSTOMER NUMBER
IDA000016187

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-16187-ACT, HCA21-16187-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CM SELECT INSURANCE COMPANY
P.O. BOX 357
MERRILL, WI 54452

CUSTOMER NUMBER

IDA000016203



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMP
PO BOX 3199
WINSTON-SALEM, NC 27102

CUSTOMER NUMBER

IDA000016217



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH PLANS OF ARIZONA, INC.
8735 HENDERSON ROAD
TAMPA, FL 33634

CUSTOMER NUMBER
IDA000016253



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-16253-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MIDWEST FAMILY ADVANTAGE INSURANCE COMPANY
P.O. BOX 9425
MINNEAPOLIS, MN 55440-9425

CUSTOMER NUMBER

IDA000016262



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NEXT INSURANCE US COMPANY
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

CUSTOMER NUMBER

IDA000016285



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BRIDGEWAY HEALTH SOLUTIONS OF ARIZONA, INC.
1870 WEST RIO SALADO PARKWAY
TEMPE, AZ 85281

CUSTOMER NUMBER
IDA000016310



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-16310-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-16310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OSCAR HEALTH PLAN, INC.
75 VARICK STREET, 5TH FLOOR
NEW YORK, NY 10013

CUSTOMER NUMBER
IDA000016337



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-16337-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-16337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
IMPERIAL INSURANCE COMPANIES, INC.
600 SOUTH LAKE AVENUE, SUITE 308
PASADENA, CA 91106

CUSTOMER NUMBER

IDA000016348



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CHIRON INSURANCE COMPANY
P.O. BOX 370
ALGONA, IA 50511

CUSTOMER NUMBER

IDA000016356



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16356-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
JET INSURANCE COMPANY
11440 CARMEL COMMONS BOULEVARD, SUITE 207
CHARLOTTE, NC 28226

CUSTOMER NUMBER

IDA000016379



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16379-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MOBILITAS INSURANCE COMPANY
2550 WEST UNION HILLS DRIVE, SUITE 350
PHOENIX, AZ 85027

CUSTOMER NUMBER

IDA000016392



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16392-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-16392-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	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):

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTFIELD CHAMPION INSURANCE COMPANY
P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000016447



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTFIELD TOUCHSTONE INSURANCE COMPANY
P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000016448



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16448-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16448-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTFIELD SUPERIOR INSURANCE COMPANY
P.O. 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000016449



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16449-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16449-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTFIELD PREMIER INSURANCE COMPANY
P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000016450

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-16450-ACT, HCA21-16450-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NOBLR RECIPROCAL EXCHANGE
ONE UNION STREET, SUITE 210
SAN FRANCISCO, CA 94111

CUSTOMER NUMBER
IDA000016461



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16461-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BEAZLEY AMERICA INSURANCE COMPANY, INC.
30 BATTERSON PARK ROAD
FARMINGTON, CT 06032

CUSTOMER NUMBER
IDA000016510



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CLEARCOVER INSURANCE COMPANY
33 WEST MONROE STREET, SUITE 500
CHICAGO, IL 60603

CUSTOMER NUMBER

IDA000016524



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16524-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000016535



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16535-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DIGITAL EDGE INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER

IDA000016561



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16561-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STILLWATER PROPERTY AND CASUALTY INSURANCE COMPA
4905 BELFORT RD.
SUITE 110
JACKSONVILLE, FL 32256

CUSTOMER NUMBER

IDA000016578



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MOBILITAS INSURANCE COMPANY OF ARIZONA
P.O. BOX 23392
OAKLAND, CA 94623-0392

CUSTOMER NUMBER

IDA000016599



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000016608



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SOLSTICE HEALTHPLANS OF ARIZONA, INC.
7901 SW 6TH COURT, SUITE 400
PLANTATION, FL 33324

CUSTOMER NUMBER
IDA000016610



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-16610-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
HCA21-16610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DEVOTED HEALTH PLAN OF ARIZONA, INC.
221 CRESCENT STREET, SUITE 202
WALTHAM, MA 02453

CUSTOMER NUMBER
IDA000016614



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16614-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLIED WORLD SPECIALTY INSURANCE COMPANY
199 WATER STREET
NEW YORK, NY 10038

CUSTOMER NUMBER

IDA000016624



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL BUILDERS INSURANCE COMPANY
2410 PACES FERRY ROAD, SUITE 300
ATLANTA, GA 30339-1802

CUSTOMER NUMBER

IDA000016632



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
JUST AUTO INSURANCE, INC.
12011 SAN VICENTE BOULEVARD # 330
LOS ANGELES, CA 90049

CUSTOMER NUMBER

IDA000016648



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED GUARANTY COMMERCIAL INSURANCE COMPANY OF N
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
FRA21-16659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANNER HEALTH INSURANCE GROUP, INC.
2901 NORTH CENTRAL AVENUE, SUITE 160
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA000016663



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16663-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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OR

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

**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANNER HEALTH PLAN, INC.
2901 NORTH CENTRAL AVENUE, SUITE 160
PHOENIX, AZ 85012

CUSTOMER NUMBER

IDA000016664



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16664-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENWORTH MORTGAGE INSURANCE CORPORATION OF N C
8325 SIX FORKS ROAD
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000016675



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000016691

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-16691-ACT, HCA21-16691-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE OF THE SOUTHWEST, INC.
8735 HENDERSON ROAD
TAMPA, FL 33634

CUSTOMER NUMBER
IDA000016692



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16692-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-16692-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DEALERS ASSURANCE COMPANY
15920 ADDISON ROAD
ADDISON, TX 75001

CUSTOMER NUMBER

IDA000016705



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BUCKEYE STATE MUTUAL INSURANCE COMPANY, THE
ONE HERITAGE PLACE
PIQUA, OH 45356

CUSTOMER NUMBER

IDA000016713



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PALOMAR EXCESS AND SURPLUS INSURANCE COMPANY
7979 IVANHOE AVENUE, SUITE 500
LA JOLLA, CA 92037

CUSTOMER NUMBER

IDA000016754



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-16802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN MERCURY INSURANCE COMPANY
P.O. BOX 728847
OKLAHOMA CITY, OK 73172-8847

CUSTOMER NUMBER

IDA000016810



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MMIC INSURANCE, INC.
7701 FRANCE AVENUE SOUTH, SUITE 500
MINNEAPOLIS, MN 55435-5288

CUSTOMER NUMBER

IDA000016942



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-16942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOMESITE INSURANCE COMPANY
ONE FEDERAL STREET, SUITE 400
BOSTON, MA 02110-2003

CUSTOMER NUMBER
IDA000017221



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-17221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-17221-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000017230



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-17230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-17230-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NAUTILUS INSURANCE COMPANY
7233 EAST BUTHERUS DRIVE
SCOTTSDALE, AZ 85260-2410

CUSTOMER NUMBER
IDA000017370



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-17370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-17370-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD GUARD INSURANCE COMPANY
P.O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000017558



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-17558-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-17558-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-17965-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-17965-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STAR INSURANCE COMPANY
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034

CUSTOMER NUMBER
IDA000018023



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-18023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TOPA INSURANCE COMPANY
24025 PARK SORRENTO, SUITE 300
CALABASAS, CA 91302

CUSTOMER NUMBER

IDA000018031



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000018058



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-18058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER

IDA000018139



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANKERS STANDARD INSURANCE COMPANY
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER

IDA000018279



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-18279-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASSURED GUARANTY MUNICIPAL CORP.
1633 BROADWAY
NEW YORK, NY 10019

CUSTOMER NUMBER

IDA000018287



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PEERLESS INDEMNITY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000018333



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18333-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INDEMNITY NATIONAL INSURANCE COMPANY
238 BEDFORD WAY
FRANKLIN, TN 37064

CUSTOMER NUMBER
IDA000018468



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18468-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
USAA GENERAL INDEMNITY COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER

IDA000018600



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PLATTE RIVER INSURANCE COMPANY
P.O. BOX 5900
MADISON, WI 53705-0900

CUSTOMER NUMBER
IDA000018619



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18619-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREAT MIDWEST INSURANCE COMPANY
800 GESSNER, SUITE 600
HOUSTON, TX 77024

CUSTOMER NUMBER
IDA000018694



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-18694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-18708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARCH MORTGAGE GUARANTY COMPANY
POST OFFICE BOX 20597
GREENSBORO, AZ 27420

CUSTOMER NUMBER

IDA000018732



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MGIC INDEMNITY CORPORATION
P.O. BOX 756
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000018740



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MERIT HEALTH INSURANCE COMPANY
15880 NORTH GREENWAY HAYDEN LOOP, SUITE A-130
SCOTTSDALE, AZ 85260

CUSTOMER NUMBER
IDA000018750



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-18750-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CHURCH MUTUAL INSURANCE COMPANY, S.I.
P. O. BOX 357
MERRILL, WI 54452

CUSTOMER NUMBER
IDA000018767



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-18767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED HERITAGE PROPERTY & CASUALTY COMPANY
PO BOX 5555
MERIDIAN, ID 83680-5555

CUSTOMER NUMBER

IDA000018939



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CSE SAFEGUARD INSURANCE COMPANY
2121 NORTH CALIFORNIA BOULEVARD
WALNUT CREEK, CA 94596

CUSTOMER NUMBER

IDA000018953



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18953-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-18961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AUTO-OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909-8160

CUSTOMER NUMBER
IDA000018988



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-18988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-18988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY AND SURETY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000019038



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19038-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19038-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000019046



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19046-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
**AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE
ONE TOWER SQUARE
HARTFORD, CT 06183**

CUSTOMER NUMBER
IDA000019062



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19062-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STANDARD FIRE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000019070



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19070-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-19100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL UNITY INSURANCE COMPANY
15303 HUEBNER ROAD, BLDG. #1
SAN ANTONIO, TX 78248

CUSTOMER NUMBER
IDA000019119



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SOUTHERN GUARANTY INSURANCE COMPANY
13600 ICOT BLVD., BLDG. A.
CLEARWATER, FL 33760-3703

CUSTOMER NUMBER
IDA000019178



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19178-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-19216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ST. PAUL PROTECTIVE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000019224

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-19224-ACT, HCA21-19224-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLSTATE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000019232



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLSTATE INDEMNITY COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000019240



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19240-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000019259

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with a value of 1,050.00.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000019275



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

CUSTOMER NUMBER

IDA000019283



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN HOME ASSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000019380



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AIU INSURANCE COMPANY
175 WATER STREET, 24TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000019399



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AIG PROPERTY CASUALTY COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER

IDA000019402



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19402-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMMERCE AND INDUSTRY INSURANCE COMPANY
175 WATER STREET ,18TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER

IDA000019410



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, TH
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000019429



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURG
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000019445



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANSATLANTIC REINSURANCE COMPANY
ONE LIBERTY PLAZA, 165 BROADWAY
NEW YORK, NY 10006

CUSTOMER NUMBER
IDA000019453



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19453-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000019488



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED FIRE & INDEMNITY COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000019496



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-19518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UFG SPECIALTY INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER

IDA000019526



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19526-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HALLMARK NATIONAL INSURANCE COMPANY
5420 LYNDON B JOHNSON FRWY, SUITE 1100
DALLS, TX 75240-2345

CUSTOMER NUMBER
IDA000019530



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-19530-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	2,250.00
FRA21-19530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19530-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN RELIABLE INSURANCE COMPANY
8667 EAST HARTFORD DRIVE, SUITE 225
SCOTTSDALE, AZ 85258

CUSTOMER NUMBER
IDA000019615

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-19615-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
FRA21-19615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19615-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000019623



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19623-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN ROAD INSURANCE COMPANY, THE
ONE AMERICAN ROAD, MD 7600
DEARBORN, MI 48126-2701

CUSTOMER NUMBER

IDA000019631



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19631-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BRISTOL WEST INSURANCE COMPANY
900 S. PINE ISLAND RD. SUITE 600
PLANTATION, FL 33324

CUSTOMER NUMBER

IDA000019658



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000019682



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN ECONOMY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000019690



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN STATES INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000019704

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-19704-ACT, HCA21-19704-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN STATES INSURANCE COMPANY OF TEXAS
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000019712



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19712-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN ALTERNATIVE INSURANCE CORPORATION
555 COLLEGE ROAD EAST - P.O. BOX 5241
PRINCETON, NJ 08543

CUSTOMER NUMBER
IDA000019720



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SPECIALTY RISK OF AMERICA
401 FAYETTE AVENUE
SPRINGFIELD, IL 62704

CUSTOMER NUMBER
IDA000019780



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARGONAUT INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019801



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19801-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARGONAUT-MIDWEST INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

CUSTOMER NUMBER
IDA000019828



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FINANCIAL INDEMNITY COMPANY
POST OFFICE BOX 223687
DALLAS, TX 75222-3687

CUSTOMER NUMBER
IDA000019852

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-19852-ACT, HCA21-19852-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARGONAUT GREAT CENTRAL INSURANCE COMPANY
P.O. BOX 469011
SAN ANTONIO, TX 78246

CUSTOMER NUMBER

IDA000019860



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000019879



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRINITY UNIVERSAL INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258

CUSTOMER NUMBER

IDA000019887



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIBERTY INSURANCE UNDERWRITERS INC.
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000019917



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19917-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19917-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000019941



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19941-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000019976



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACIG INSURANCE COMPANY
2600 N. CENTRAL EXPRESSWAY, SUITE 800
RICHARDSON, TX 75080

CUSTOMER NUMBER

IDA000019984



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN SELECT INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER

IDA000019992



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-19992-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-19992-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1300
OMAHA, NE 68102-1944

CUSTOMER NUMBER

IDA000020044



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000020052

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL INDEMNITY COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000020087

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-20087-ACT, HCA21-20087-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BITCO GENERAL INSURANCE CORPORATION
3700 MARKET SQUARE CIRCLE
DAVENPORT, IA 52807

CUSTOMER NUMBER
IDA000020095

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Row 1: FRA21-20095-ACT, Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al], 7/13/2020, 1,050.00. Row 2: TOTAL ASSESSMENT AMOUNT, 1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BITCO NATIONAL INSURANCE COMPANY
3700 MARKET SQUARE CIRCLE
DAVENPORT, IA 52807

CUSTOMER NUMBER
IDA000020109



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY INDEMNITY EXCHANGE
P. O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER

IDA000020117



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-20125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000020141



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALL AMERICA INSURANCE COMPANY
P.O. BOX 351
VAN WERT, OH 45891-0351

CUSTOMER NUMBER
IDA000020222



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTRAL MUTUAL INSURANCE COMPANY
P.O. BOX 351
VAN WERT, OH 45891-0351

CUSTOMER NUMBER

IDA000020230



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000020260



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CEDAR INSURANCE COMPANY
628 HEBRON AVE.
SUITE 106
GLASTONBURY, CT 06033

CUSTOMER NUMBER
IDA000020273



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-20281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20281-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000020303



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20303-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SYNCORA GUARANTEE INC.
485 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000020311



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PALOMAR SPECIALTY INSURANCE COMPANY
7979 IVANHOE AVENUE, SUITE 500
LA JOLLA, CA 92037

CUSTOMER NUMBER

IDA000020338



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20338-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000020346



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602
WARREN, NJ 07059-0602

CUSTOMER NUMBER
IDA000020362



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20362-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20362-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-20370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000020397



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20397-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20397-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CIMARRON INSURANCE COMPANY, INC.
4312 STOURTON LANE,
CHARLOTTE, NC 28226

CUSTOMER NUMBER
IDA000020400



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-20400-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-20400-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20400-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOMESITE INDEMNITY COMPANY
ONE FEDERAL STREET, SUITE 400
BOSTON, MA 02110-2003

CUSTOMER NUMBER

IDA000020419



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20419-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000020427



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTINENTAL CASUALTY COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000020443



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20443-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20443-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000020478



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20478-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANSPORTATION INSURANCE COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000020494



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20494-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VALLEY FORGE INSURANCE COMPANY
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000020508



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20508-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-20516-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CLARENDON NATIONAL INSURANCE COMPANY
411 FIFTH AVENUE 5TH FLOOR
NEW YORK, NY 10016

CUSTOMER NUMBER
IDA000020532



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20532-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20532-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-20559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-20559-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
XL REINSURANCE AMERICA INC.
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000020583



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SPARTA INSURANCE COMPANY
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT 06032

CUSTOMER NUMBER

IDA000020613



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20613-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20613-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LAMORAK INSURANCE COMPANY
1880 JFK BOULEVARD, STE 801
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000020621



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20621-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20621-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMPLOYERS' FIRE INSURANCE COMPANY, THE
1880 JFK BOULEVARD, STE 801
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000020648



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20648-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACE PROPERTY AND CASUALTY INSURANCE COMPANY
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000020699

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20699-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000020702



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTURY INDEMNITY COMPANY
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER

IDA000020710



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20710-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
21ST CENTURY PREMIER INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER

IDA000020796



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20796-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-20796-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WELLFLEET NEW YORK INSURANCE COMPANY
5814 REED ROAD
FORT WAYNE, IN 46835-3568

CUSTOMER NUMBER
IDA000020931

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-20931-ACT, HCA21-20931-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COUNTRY CASUALTY INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER
IDA000020982



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COUNTRY MUTUAL INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER
IDA000020990



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-20990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COUNTRY PREFERRED INSURANCE COMPANY
P.O. BOX 2100
BLOOMINGTON, IL 61702-2100

CUSTOMER NUMBER
IDA000021008



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21008-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GLOBAL REINSURANCE CORPORATION OF AMERICA
TWO LOGAN SQUARE SUITE 600
PHILADELPHIA, PA 19103

CUSTOMER NUMBER

IDA000021032



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANSVERSE INSURANCE COMPANY
155 VILLAGE BOULEVARD, SUITE 205
PRINCETON, NJ 08540

CUSTOMER NUMBER
IDA000021075

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-21075-ACT, HCA21-21075-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTH RIVER INSURANCE COMPANY, THE
305 MADISON AVENUE
MORRISTOWN, NJ 07960

CUSTOMER NUMBER
IDA000021105



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED STATES FIRE INSURANCE COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 07960

CUSTOMER NUMBER
IDA000021113



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21113-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21113-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DAIRYLAND INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER

IDA000021164



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VANLINER INSURANCE COMPANY
ONE PREMIER DRIVE
ST. LOUIS, MO 63026

CUSTOMER NUMBER
IDA000021172



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SENTRY SELECT INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000021180



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER

IDA000021253



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ELECTRIC INSURANCE COMPANY
75 SAM FONZO DRIVE
BEVERLY, MA 01915-1000

CUSTOMER NUMBER
IDA000021261



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PINNACLE NATIONAL INSURANCE COMPANY
1900 L. DON DODSON DRIVE
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA000021296

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for Fraud Unit Assessment and Health Care Appeals Fund, and a total assessment amount of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMPIRE FIRE AND MARINE INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000021326



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21326-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21326-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMCASCO INSURANCE COMPANY
P. O. BOX 712
DES MOINES, IA 50306-0712

CUSTOMER NUMBER

IDA000021407



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21407-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMPLOYERS MUTUAL CASUALTY COMPANY
P. O. BOX 712
DES MOINES, IA 50306-0712

CUSTOMER NUMBER

IDA000021415



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21415-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNION INSURANCE COMPANY OF PROVIDENCE
PO BOX 712
DES MOINES, IA 50306-0712

CUSTOMER NUMBER

IDA000021423



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMPLOYERS INSURANCE COMPANY OF WAUSAU
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000021458

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21458-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000021482



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21482-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FARMERS INSURANCE COMPANY OF ARIZONA
P.O. BOX 4402
WOODLAND HILLS, AZ 91365

CUSTOMER NUMBER
IDA000021598

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-21598-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
HCA21-21598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-21652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-21660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MID-CENTURY INSURANCE COMPANY
P.O. BOX 4402
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER
IDA000021687

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-21687-ACT, HCA21-21687-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-21709-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21709-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-21741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-21784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-21792-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN PROPERTY INSURANCE COMPANY
4 INDUSTRIAL WAY WEST, SUITE 102
EATONTOWN, NJ 07724

CUSTOMER NUMBER
IDA000021806



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21806-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-21830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN AUTOMOBILE INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000021849



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21849-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21849-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN INSURANCE COMPANY, THE
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000021857



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21857-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASSOCIATED INDEMNITY CORPORATION
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000021865



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21865-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-21873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL SURETY CORPORATION
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000021881



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21881-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21881-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROCENTURY INSURANCE COMPANY
550 POLARIS PARKWAY
WESTERVILLE, OH 43082

CUSTOMER NUMBER
IDA000021903

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLIANZ REINSURANCE AMERICA, INC.
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
FRA21-21911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-21911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PENNSYLVANIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER

IDA000021962



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BEDIVERE INSURANCE COMPANY
1880 JFK BOULEVARD, STE 801
PHILADELPHIA, PA 19103

CUSTOMER NUMBER

IDA000021970



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-21970-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CIM INSURANCE CORPORATION
500 WOODWARD AVE, 14TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER

IDA000022004



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MOTORS INSURANCE CORPORATION
500 WOODWARD AVE, 14TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER
IDA000022012



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENERAL REINSURANCE CORPORATION
120 LONG RIDGE ROAD
STAMFORD, CT 06902-1843

CUSTOMER NUMBER
IDA000022039



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000022055



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000022063

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-22063-ACT, HCA21-22063-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GRAIN DEALERS MUTUAL INSURANCE COMPANY
55 WEST STREET
KEENE, NH 03431

CUSTOMER NUMBER
IDA000022098



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22098-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREAT AMERICAN INSURANCE COMPANY OF NEW YORK
301 E FOURTH STREET
CINCINNATI, OH 45202

CUSTOMER NUMBER

IDA000022136



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-22179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000022187



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-22209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRISURA INSURANCE COMPANY
210 PARK AVENUE
SUITE 1400
OKLAHOMA CITY, OK 73102

CUSTOMER NUMBER
IDA000022225



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22225-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SELECT INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000022233



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEDMARC CASUALTY INSURANCE COMPANY
4795 MEADOW WOOD LANE
CHANTILLY, VA 20151

CUSTOMER NUMBER

IDA000022241



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BLUESHORE INSURANCE COMPANY
1720 WEST RIO SALADO PARKWAY
TEMPE, AZ 85281

CUSTOMER NUMBER

IDA000022250



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000022268



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000022276



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HANOVER INSURANCE COMPANY, THE
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000022292



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MASSACHUSETTS BAY INSURANCE COMPANY
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER

IDA000022306



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RSUI INDEMNITY COMPANY
945 E. PACES FERRY RD, SUITE 1800
ATLANTA, GA 30326-1160

CUSTOMER NUMBER

IDA000022314



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREENWICH INSURANCE COMPANY
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000022322



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HARTFORD ACCIDENT AND INDEMNITY COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000022357



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MENDAKOTA INSURANCE COMPANY
3343 PERIMETER HILL
SUITE 214
NASHVILLE, TN 37211

CUSTOMER NUMBER
IDA000022454

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with value 1,050.00.

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-22543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MITSUI SUMITOMO INSURANCE USA INC.
15 INDEPENDENCE BOULEVARD, P.O. BOX 4602
WARREN, NJ 07059-0602

CUSTOMER NUMBER

IDA000022551



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HORACE MANN INSURANCE COMPANY
#1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

CUSTOMER NUMBER

IDA000022578



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ATLANTIC STATES INSURANCE COMPANY
1195 RIVER ROAD
MARIETTA, PA 17547-0302

CUSTOMER NUMBER
IDA000022586



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22586-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000022594



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000022608

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000022667



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22667-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22667-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TEACHERS INSURANCE COMPANY
#1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000022683

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22683-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22683-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-22705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF NORTH AMERICA
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000022713



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLIED WORLD INSURANCE COMPANY
199 WATER STREET
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000022730

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PACIFIC EMPLOYERS INSURANCE COMPANY
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000022748



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22748-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-22748-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HORACE MANN PROPERTY & CASUALTY INSURANCE COMPAN
#1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

CUSTOMER NUMBER

IDA000022756



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INTEGON INDEMNITY CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000022772



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CHICAGO INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000022810



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AGCS MARINE INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER

IDA000022837



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22837-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACA FINANCIAL GUARANTY CORPORATION
555 THEODORE FREMD AVE., SUITE C-205
RYE, NY 10580

CUSTOMER NUMBER

IDA000022896



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO
P.O. BOX 305054
NASHVILLE, TN 37230-5054

CUSTOMER NUMBER
IDA000022906



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ECONOMY FIRE & CASUALTY COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000022926



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACSTAR INSURANCE COMPANY
30 SOUTH ROAD
FARMINGTON, CT 06032

CUSTOMER NUMBER

IDA000022950



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SEQUOIA INSURANCE COMPANY
PO BOX 1510
MONTEREY, CA 93942

CUSTOMER NUMBER

IDA000022985



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-22985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000023035



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23035-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23035-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000023043



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23043-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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OR

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

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-23051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
R.V.I. AMERICA INSURANCE COMPANY
201 BROAD STREET, SIXTH FLOOR
STAMFORD, CT 06901

CUSTOMER NUMBER
IDA000023132

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-23132-ACT, HCA21-23132-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-23248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23248-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INLAND INSURANCE COMPANY
P.O. BOX 80468
LINCOLN, NE 68501

CUSTOMER NUMBER

IDA000023264



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000023280



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN EUROPEAN INSURANCE COMPANY
2250 CHAPEL AVE WEST
CHERRY HILL, NJ 08002

CUSTOMER NUMBER

IDA000023337



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MERIDIAN SECURITY INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000023353



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000023396



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MID-CONTINENT CASUALTY COMPANY
P.O. BOX 1409
TULSA, OK 74101

CUSTOMER NUMBER

IDA000023418



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23418-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MIDDLESEX INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000023434



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23434-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PATRIOT GENERAL INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000023442

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER

IDA000023450



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN MODERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER

IDA000023469



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23469-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23469-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000023540



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MIDWEST FAMILY MUTUAL INSURANCE COMPANY
P.O. BOX 9425
MINNEAPOLIS, MN 55440-9425

CUSTOMER NUMBER

IDA000023574



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23574-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HARLEYSVILLE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER

IDA000023582



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23582-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MIDWEST EMPLOYERS CASUALTY COMPANY
14755 NORTH OUTER FORTY DRIVE, SUITE 300
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA000023612



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23612-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23612-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
IRONSHORE INDEMNITY INC.
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000023647

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-23647-ACT, HCA21-23647-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL AMERICAN INSURANCE COMPANY
P.O. BOX 9
CHANDLER, OK 74834

CUSTOMER NUMBER

IDA000023663



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT 06032

CUSTOMER NUMBER
IDA000023671

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

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ODYSSEY REINSURANCE COMPANY
300 FIRST STAMFORD PLACE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000023680



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000023728

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with value 1,050.00.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DIRECT NATIONAL INSURANCE COMPANY
PO BOX 3199
WINSTON-SALEM, NC 27102

CUSTOMER NUMBER

IDA000023736



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23736-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASCOT INSURANCE COMPANY
55 WEST 46TH STREET 26TH FLOOR
NEW YORK, NY 10036

CUSTOMER NUMBER
IDA000023752



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23752-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-23760-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-23779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-23787-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23787-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GRANITE STATE INSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER

IDA000023809



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23809-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23809-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ILLINOIS NATIONAL INSURANCE CO.
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER

IDA000023817



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION
1 MANHATTANVILLE ROAD, SUITE 301
PURCHASE, NY 10577-2100

CUSTOMER NUMBER

IDA000023825



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23825-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NEW HAMPSHIRE INSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER

IDA000023841



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23841-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23841-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000023876



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-23876-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-23876-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTHLAND INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000024015



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24015-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTHLAND CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000024031



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SURETY BONDING COMPANY OF AMERICA
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER

IDA000024047



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN FIRE AND CASUALTY COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024066



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24066-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OHIO CASUALTY INSURANCE COMPANY, THE
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024074



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24074-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24074-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OHIO SECURITY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024082



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OHIO FARMERS INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000024104



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTFIELD INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000024112



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTFIELD NATIONAL INSURANCE COMPANY
P. O. BOX 5001
WESTFIELD CENTER, OH 44251-5001

CUSTOMER NUMBER
IDA000024120

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-24120-ACT, HCA21-24120-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD REPUBLIC GENERAL INSURANCE CORPORATION
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000024139



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24139-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD REPUBLIC INSURANCE COMPANY
631 EXCEL DRIVE, SUITE 200
MT. PLEASANT, PA 15666

CUSTOMER NUMBER
IDA000024147



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24147-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NETHERLANDS INSURANCE COMPANY, THE
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024171



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24171-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000024198



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE
2505 COURT STREET
PEKIN, IL 61558-0001

CUSTOMER NUMBER

IDA000024201



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24201-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PEKIN INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL 61558-0001

CUSTOMER NUMBER

IDA000024228



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000024260



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000024279



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROVIDENCE WASHINGTON INSURANCE COMPANY
411 5TH AVENUE, 5TH FLOOR
NEW YORK, NY 10016

CUSTOMER NUMBER

IDA000024295



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24295-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SPINNAKER INSURANCE COMPANY
1 PLUCKEMIN WAY, SUITE 102
BEDMINSTER TOWNSHIP, NJ 07921

CUSTOMER NUMBER

IDA000024376



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24376-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-24414-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-24449-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24449-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000024465

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-24465-ACT, HCA21-24465-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CATLIN INDEMNITY COMPANY
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000024503



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24503-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-24538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
XL INSURANCE AMERICA, INC.
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000024554



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24554-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARROWOOD INDEMNITY COMPANY
3600 ARCO CORPORATE DRIVE
CHARLOTTE, NC 28273

CUSTOMER NUMBER
IDA000024678



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24678-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24678-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST NATIONAL INSURANCE COMPANY OF AMERICA
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000024724



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENERAL INSURANCE COMPANY OF AMERICA
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000024732



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24732-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000024740



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24740-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000024759



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ST. PAUL FIRE AND MARINE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024767



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ST. PAUL GUARDIAN INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024775



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24775-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ST. PAUL MERCURY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000024791



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24791-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24791-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-24813-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24813-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-24821-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24821-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-24848-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-24848-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALEA NORTH AMERICA INSURANCE COMPANY
5 BATTERSON PARK RD., 3RD FLOOR
FARMINGTON, CT 06032

CUSTOMER NUMBER

IDA000024899



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-24899-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EVERSPAN INSURANCE COMPANY
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
FRA21-24961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-24988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-24988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESCO INSURANCE COMPANY
59 MAIDEN LANE, 43RD FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000025011



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25011-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25011-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HUDSON INSURANCE COMPANY
100 WILLIAM STREET, 5TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000025054



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COAST NATIONAL INSURANCE COMPANY
900 S. PINE ISLAND RD. SUITE 600
PLANTATION, FL 33324

CUSTOMER NUMBER

IDA000025089



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000025127



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STATE AUTOMOBILE MUTUAL INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000025135



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STATE FARM FIRE AND CASUALTY COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

CUSTOMER NUMBER

IDA000025143



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25143-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STATE FARM GENERAL INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000025151



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25151-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

CUSTOMER NUMBER

IDA000025178



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25178-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STILLWATER INSURANCE COMPANY
P. O. BOX 45126
JACKSONVILLE, FL 32232-5126

CUSTOMER NUMBER

IDA000025180



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMC PROPERTY & CASUALTY COMPANY
P.O. BOX 712
DES MOINES, IA 50306-0712

CUSTOMER NUMBER

IDA000025186



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
21ST CENTURY ADVANTAGE INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER
IDA000025232

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-25240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURAN
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000025321



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SWISS REINSURANCE AMERICA CORPORATION
175 KING STREET
ARMONK, NY 10504-1606

CUSTOMER NUMBER
IDA000025364



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25364-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25364-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000025402



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAFE AUTO INSURANCE COMPANY
4 EASTON OVAL
COLUMBUS, OH 43219

CUSTOMER NUMBER
IDA000025405



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25405-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ATRADIUS 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
FRA21-25422-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
IRONSHORE SPECIALTY INSURANCE COMPANY
175 BERKLEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000025445



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-25445-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-25453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STARSTONE NATIONAL INSURANCE COMPANY
P.O. BOX 100165
COLUMBIA, SC 29202-3165

CUSTOMER NUMBER
IDA000025496



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25496-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TIG INSURANCE COMPANY
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101

CUSTOMER NUMBER
IDA000025534



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-25550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WATFORD INSURANCE COMPANY
445 SOUTH STREET, SUITE 220, P.O. BOX 1950
MORRISTOWN, NJ 07962-1950

CUSTOMER NUMBER
IDA000025585



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25585-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25585-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CHARTER OAK FIRE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025615



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PHOENIX INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025623



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025658



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25658-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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OR

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

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY OF AMERICA, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000025666

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25666-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025674



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025682



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-25712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-25747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PEACHTREE CASUALTY INSURANCE COMPANY
8200 BECKET PARK DRIVE, SUITE 201
WEST CHESTER, OH 45069

CUSTOMER NUMBER

IDA000025755



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25755-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WILLIAMSBURG NATIONAL INSURANCE COMPANY
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034

CUSTOMER NUMBER

IDA000025780



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SUTTON NATIONAL INSURANCE COMPANY
1855 GRIFFIN ROAD
SUITE B390
DANIA BEACH, FL 33004

CUSTOMER NUMBER

IDA000025798



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25798-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNION INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA 50306-9190

CUSTOMER NUMBER

IDA000025844



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25844-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025879



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED STATES FIDELITY AND GUARANTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000025887



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-25887-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED STATES LIABILITY INSURANCE COMPANY
1190 DEVON PARK DRIVE, P.O. BOX 6700
WAYNE, PA 19087-8700

CUSTOMER NUMBER

IDA000025895



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNIVERSAL SURETY COMPANY
P.O. BOX 80468
LINCOLN, NE 68501

CUSTOMER NUMBER

IDA000025933



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25933-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED SERVICES AUTOMOBILE ASSOCIATION
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER

IDA000025941



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
USAA CASUALTY INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288

CUSTOMER NUMBER

IDA000025968



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-25968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UTICA MUTUAL INSURANCE COMPANY
POST OFFICE BOX 530
UTICA, NY 13503-0530

CUSTOMER NUMBER
IDA000025976

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-25976-ACT, HCA21-25976-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WAUSAU UNDERWRITERS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000026042



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-26042-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RESPONSE WORLDWIDE INSURANCE COMPANY
200 EAST RANDOLPH STREET
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000026050



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WAUSAU BUSINESS INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000026069



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LANCER INSURANCE COMPANY
P.O. BOX 9004
LONG BEACH, NY 11561-9004

CUSTOMER NUMBER

IDA000026077



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WARNER INSURANCE COMPANY
200 EAST RANDOLPH STREET,
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000026085



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26085-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-26093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-26093-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN MILLENNIUM INSURANCE COMPANY
1011 ROUTE 22 WEST
BRIDGEWATER, NJ 08807

CUSTOMER NUMBER
IDA000026140

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
YOSEMITE INSURANCE COMPANY
475 KILVERT STREET
SUITE 330
WARWICK, RI 02886

CUSTOMER NUMBER
IDA000026220



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-26220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000026247



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-26247-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
METROPOLITAN PROPERTY AND CASUALTY INSURANCE COM
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000026298



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000026301



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GRANITE RE, INC.
121 EAST PARK SQUARE
OWATONNA, MN 55060

CUSTOMER NUMBER

IDA000026310



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREAT AMERICAN ASSURANCE COMPANY
301 E FOURTH STREET
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000026344

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Row 1: FRA21-26344-ACT, Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al], 7/13/2020, 1,050.00. Row 2: TOTAL ASSESSMENT AMOUNT, 1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACCREDITED SURETY AND CASUALTY COMPANY, INC.
PO BOX 140855
ORLANDO, FL 32814

CUSTOMER NUMBER
IDA000026379

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-26379-ACT, HCA21-26379-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-26395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HARCO NATIONAL INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH, NC 27605-0800

CUSTOMER NUMBER

IDA000026433



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COURTESY INSURANCE COMPANY
500 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL 33442

CUSTOMER NUMBER

IDA000026492



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-26565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INDEPENDENCE AMERICAN INSURANCE COMPANY
485 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022-5872

CUSTOMER NUMBER
IDA000026581



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-26581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BLACKBOARD INSURANCE COMPANY
600 COLLEGE ROAD EAST, SUITE 3500
PRINCETON, NY 08540

CUSTOMER NUMBER
IDA000026611

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-26611-ACT, HCA21-26611-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREAT NORTHWEST INSURANCE COMPANY
445 MINNESOTA STREET, SUITE 730
ST. PAUL, MN 55101

CUSTOMER NUMBER
IDA000026654



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26654-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MILFORD CASUALTY INSURANCE COMPANY
P.O. BOX 650771
DALLAS, TX 75265-0771

CUSTOMER NUMBER
IDA000026662



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CASUALTY UNDERWRITERS INSURANCE COMPANY
PO BOX 9510
WICHITA, KS 67277

CUSTOMER NUMBER

IDA000026697



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER
IDA000026700



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-26700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with value 1,050.00.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

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

CUSTOMER NUMBER

IDA000026832



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTURY-NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000026905



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26905-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EVEREST REINSURANCE COMPANY
P.O. BOX 830
LIBERTY CORNER, NJ 07938-0830

CUSTOMER NUMBER
IDA000026921



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-26921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-26921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BOND SAFEGUARD INSURANCE COMPANY
10002 SHELBYVILLE ROAD, SUITE 100
LOUISVILLE, KY 40223-2979

CUSTOMER NUMBER

IDA000027081



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27081-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
YOUNG AMERICA INSURANCE COMPANY
1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936-4117

CUSTOMER NUMBER

IDA000027090



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRUMBULL INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000027120



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-27120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MIDVALE INDEMNITY COMPANY
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

CUSTOMER NUMBER
IDA000027138



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-27138-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ATLANTIC SPECIALTY INSURANCE COMPANY
605 HIGHWAY 169 NORTH, SUITE 800
PLYMOUTH, MN 55441

CUSTOMER NUMBER
IDA000027154

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-27154-ACT, HCA21-27154-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY
P. O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER

IDA000027464



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SOUTHWEST GENERAL INSURANCE COMPANY
P.O. BOX 1377
GALLUP, NM 87305

CUSTOMER NUMBER

IDA000027499



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTERN GENERAL INSURANCE COMPANY
5230 LAS VIRGENES ROAD SUITE 100
CALABASAS, CA 91302

CUSTOMER NUMBER

IDA000027502



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27502-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRSTCOMP INSURANCE COMPANY
10275 W. HIGGINS ROAD, SUITE 750
ROSEMONT, IL 60018

CUSTOMER NUMBER

IDA000027626



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTH POINTE INSURANCE COMPANY
ONE QBE WAY
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER

IDA000027740



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROGRESSIVE WEST INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER

IDA000027804



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLUMBIA INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER
IDA000027812



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27812-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-27812-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INSURANCE COMPANY OF THE WEST
P.O. BOX 509039
SAN DIEGO, CA 92150

CUSTOMER NUMBER
IDA000027847



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000027855



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-27855-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTERN AGRICULTURAL INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER
IDA000027871



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27871-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-27871-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-27928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-27928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL INSURANCE ASSOCIATION
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000027944



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000027998



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-27998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ROCKHILL INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000028053



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-28053-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	2,250.00
FRA21-28053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-28053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVCO INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000028188

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-28188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ANTHEM INSURANCE COMPANIES, INC.
220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000028207



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-28207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-28207-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-28223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTINENTAL INDEMNITY COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER

IDA000028258



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-28258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FEDERATED SERVICE INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060

CUSTOMER NUMBER
IDA000028304

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-28304-ACT, HCA21-28304-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
AMERICAN NATIONAL CENTER, 1949 EAST SUNSHINE
SPRINGFIELD, MO 65899-0001

CUSTOMER NUMBER

IDA000028401



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-28401-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-28401-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SENTRY CASUALTY COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER
IDA000028460

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-28460-ACT, HCA21-28460-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
USPLATE GLASS INSURANCE COMPANY
ONE WESTBROOK CORPORATE CENTER, SUITE 320
WESTCHESTER, IL 60154

CUSTOMER NUMBER
IDA000028497



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-28497-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EASTERN ATLANTIC INSURANCE COMPANY
5300 DERRY STREET
HARRISBURG, PA 17111-3598

CUSTOMER NUMBER

IDA000028649



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-28649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CINCINNATI CASUALTY COMPANY, THE
P.O. BOX 145496
CINCINNATI, OH 45250-5496

CUSTOMER NUMBER
IDA000028665

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-28665-ACT, HCA21-28665-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EQUITY INSURANCE COMPANY
4315 LAKE SHORE DR STE J
WACO, TX 76710-1970

CUSTOMER NUMBER

IDA000028746



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-28746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CLEAR BLUE INSURANCE COMPANY
B-7 TABONUCO STREET SUITE 912
GUAYNABO, PR 00968

CUSTOMER NUMBER

IDA000028860



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-28860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
702 OBERLIN ROAD
RALEIGH, NC 27605

CUSTOMER NUMBER

IDA000028886



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-28886-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MARKEL AMERICAN INSURANCE COMPANY
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060

CUSTOMER NUMBER

IDA000028932



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-28932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROFESSIONALS ADVOCATE INSURANCE COMPANY
225 INTERNATIONAL CIRCLE
HUNT VALLEY, MD 21030

CUSTOMER NUMBER

IDA000029017



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ATAIN INSURANCE COMPANY
30833 NORTHWESTERN HWY., SUITE 220
FARMINGTON HILLS, MI 48334-2582

CUSTOMER NUMBER
IDA000029033

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-29033-ACT, HCA21-29033-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY CONNECT PROPERTY AND CASUALTY INS
3500 PACKERLAND DRIVE
DE PERE, WI 54115-9070

CUSTOMER NUMBER

IDA000029068



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-29068-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARCH MORTGAGE ASSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, CA 27420

CUSTOMER NUMBER

IDA000029114



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29114-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED WISCONSIN INSURANCE COMPANY
P.O. BOX 3026
MILWAUKEE, WI 53201-3026

CUSTOMER NUMBER
IDA000029157

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-29157-ACT, HCA21-29157-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HARTFORD CASUALTY INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000029424

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-29424-ACT, HCA21-29424-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TWIN CITY FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000029459



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-29459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BAR PLAN MUTUAL INSURANCE COMPANY, THE
1717 HIDDEN CREEK COURT
ST. LOUIS, MO 63131-1826

CUSTOMER NUMBER

IDA000029513



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DIGITAL AFFECT INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER

IDA000029530



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BERKLEY REGIONAL INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA 50306-9190

CUSTOMER NUMBER

IDA000029580



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
U.S. SPECIALTY INSURANCE COMPANY
13403 NORTHWEST FREEWAY
HOUSTON, TX 77040

CUSTOMER NUMBER

IDA000029599



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-29599-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000029688



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-29688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTH AMERICAN ELITE INSURANCE COMPANY
1200 MAIN STREET, SUITE 800
KANSAS CITY, MO 64105

CUSTOMER NUMBER
IDA000029700



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-29700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INTEGON NATIONAL INSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000029742



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PACIFIC STAR INSURANCE COMPANY
PO BOX 509020
SAN DIEGO, CA 92150-9020

CUSTOMER NUMBER
IDA000029793



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29793-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MORTGAGE GUARANTY INSURANCE CORPORATION
P.O. BOX 756
MILWAUKEE, WI 53201

CUSTOMER NUMBER

IDA000029858



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29858-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTH AMERICAN SPECIALTY INSURANCE COMPANY
1200 MAIN STREET ,SUITE 800
KANSAS CITY, MO 64105

CUSTOMER NUMBER
IDA000029874



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29874-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-29874-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE
ONE STATE STREET, P.O. BOX 299
HARTFORD, CT 06141-0299

CUSTOMER NUMBER
IDA000029890



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST COLONIAL INSURANCE COMPANY
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL 32224-6688

CUSTOMER NUMBER

IDA000029980



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29980-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UPPER HUDSON NATIONAL INSURANCE COMPANY
4446 STATE ROUTE 42, SUITE B
MONTICELLO, NY 12701

CUSTOMER NUMBER

IDA000029998



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-29998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-30058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HARTFORD UNDERWRITERS INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000030104

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-30104-ACT, HCA21-30104-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ZNAT INSURANCE COMPANY
21255 CALIFA STREET
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER

IDA000030120



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-30120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASSURED GUARANTY CORP.
1633 BROADWAY
NEW YORK, NY 10019

CUSTOMER NUMBER

IDA000030180



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-30180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ESURANCE PROPERTY AND CASUALTY INSURANCE COMPANY
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
FRA21-30210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BOSTON INDEMNITY COMPANY, INC.
800 GESSNER ROAD, SUITE 600
HOUSTON, TX 77024

CUSTOMER NUMBER

IDA000030279



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-30279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ZALE INDEMNITY COMPANY
9797 ROMBAUER RD
DALLAS, TX 75016

CUSTOMER NUMBER
IDA000030325



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-30325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARCH INDEMNITY INSURANCE COMPANY
HARBORSIDE 3, 210 HUDSON STREET, SUITE 300
JERSEY CITY, NJ 07311-1107

CUSTOMER NUMBER
IDA000030830

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-30830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RADIAN MORTGAGE ASSURANCE INC.
1500 MARKET STREET
PHILADELPHIA, PA 19102

CUSTOMER NUMBER

IDA000030872



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-30872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PLAZA INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000030945



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-30945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-31003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-31003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
REPWEST INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ 85004-1163

CUSTOMER NUMBER
IDA000031089



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-31089-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
FRA21-31089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-31089-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEDICO INSURANCE COMPANY
PO BOX 10386
DES MOINES, IA 50306-0386

CUSTOMER NUMBER
IDA000031119



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-31119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREAT AMERICAN SECURITY INSURANCE COMPANY
301 E FOURTH STREET
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000031135

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Row 1: FRA21-31135-ACT, Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al], 7/13/2020, 1,050.00. Row 2: TOTAL ASSESSMENT AMOUNT, 1,050.00

This consolidated assessment notice contains one or more assessments that your 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:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000031194



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-31194-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OAKWOOD INSURANCE COMPANY
628 HEBRON AVENUE, SUITE 106
GLASTONBURY, CT 06033-5018

CUSTOMER NUMBER
IDA000031208



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-31208-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-31232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACADIA INSURANCE COMPANY
P.O. BOX 9010
WESTBROOK, ME 04098-5010

CUSTOMER NUMBER

IDA000031325



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CRUM & FORSTER INDEMNITY COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 07960

CUSTOMER NUMBER

IDA000031348



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN SURETY COMPANY
250 EAST 96TH STREET, SUITE 202
INDIANAPOLIS, IN 46240

CUSTOMER NUMBER

IDA000031380



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FINANCIAL PACIFIC INSURANCE COMPANY
P.O. BOX 73909
CEDAR RAPIDS, IA 52407-3909

CUSTOMER NUMBER
IDA000031453

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with value 1,050.00.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORGUARD INSURANCE COMPANY
PO BOX A-H
WILKES BARRE, PA 18703-0020

CUSTOMER NUMBER
IDA000031470



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31470-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-31470-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CITIZENS INSURANCE COMPANY OF AMERICA
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000031534



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HAULERS INSURANCE COMPANY, INC.
P.O. BOX 270
COLUMBIA, TN 38402-0270

CUSTOMER NUMBER

IDA000031550



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-31887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN INTERSTATE INSURANCE COMPANY
2301 HIGHWAY 190 WEST
DERIDDER, LA 70634-6005

CUSTOMER NUMBER

IDA000031895



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FALLS LAKE NATIONAL INSURANCE COMPANY
6131 FALLS OF NEUSE RD., SUITE 306
RALEIGH, NC 27609

CUSTOMER NUMBER
IDA000031925



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-31925-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MERASTAR INSURANCE COMPANY
200 E. RANDOLPH STREET, SUITE 3300
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000031968



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-31968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HERITAGE CASUALTY INSURANCE COMPANY
7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS 66210-2082

CUSTOMER NUMBER
IDA000032077



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-32077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
REPUBLIC MORTGAGE ASSURANCE COMPANY
P.O. BOX 2514
WINSTON-SALEM, NC 27102

CUSTOMER NUMBER

IDA000032174



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONSTITUTION INSURANCE COMPANY
PO BOX 8424
OMAHA, NE 68108-0424

CUSTOMER NUMBER
IDA000032190



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-32190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
21ST CENTURY NORTH AMERICA INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER

IDA000032220



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-32220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WELLFLEET INSURANCE COMPANY
5814 REED ROAD
FORT WAYNE, IN 46835-3568

CUSTOMER NUMBER
IDA000032280



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-32280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TNUS INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER

IDA000032301



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-32301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LM PROPERTY AND CASUALTY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000032352

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-32352-ACT, HCA21-32352-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STAR CASUALTY INSURANCE COMPANY
P.O. BOX 451037
MIAMI, FL 33245-1037

CUSTOMER NUMBER

IDA000032387



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32387-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEDICAL INSURANCE EXCHANGE OF CALIFORNIA
6250 CLAREMONT AVENUE
OAKLAND, CA 94618-1324

CUSTOMER NUMBER

IDA000032433



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALPS PROPERTY & CASUALTY INSURANCE COMPANY
111 NORTH HIGGINS AVENUE, SUITE 600
MISSOULA, MT 59802

CUSTOMER NUMBER

IDA000032450



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MONROE GUARANTY INSURANCE COMPANY
6300 UNIVERSITY PARKWAY
SARASOTA, FL 34240

CUSTOMER NUMBER

IDA000032506



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEDICAL MUTUAL INSURANCE COMPANY OF NORTH CAROLIN
700 SPRING FOREST ROAD, SUITE 400
RALEIGH, NC 27609

CUSTOMER NUMBER

IDA000032522



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BERKLEY INSURANCE COMPANY
475 STEAMBOAT ROAD
GREENWICH, CT 06830

CUSTOMER NUMBER
IDA000032603



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32603-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-32603-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL INTERSTATE INSURANCE COMPANY
3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

CUSTOMER NUMBER

IDA000032620



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32620-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OWNERS INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909-8160

CUSTOMER NUMBER

IDA000032700



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WASHINGTON INTERNATIONAL INSURANCE COMPANY
1200 MAIN STREET, SUITE 800
KANSAS CITY, KS 64105

CUSTOMER NUMBER

IDA000032778



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-32778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROGRESSIVE SPECIALTY INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER

IDA000032786



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32786-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MUTUAL INSURANCE COMPANY OF ARIZONA
2602 EAST THOMAS ROAD
PHOENIX, AZ 85016-8202

CUSTOMER NUMBER

IDA000032832



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-32832-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	22,500.00
FRA21-32832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			23,550.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PENN-AMERICA INSURANCE COMPANY
3 BALA PLZ, STE 300E
BALA CYNWYD, PA 19004-3406

CUSTOMER NUMBER

IDA000032859



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY
3214 CHICAGO DRIVE
HUDSONVILLE, MI 49426

CUSTOMER NUMBER
IDA000032867

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32867-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ISMIE MUTUAL INSURANCE COMPANY
20 NORTH MICHIGAN AVENUE
CHICAGO, IL 60602-4811

CUSTOMER NUMBER
IDA000032921



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-32921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANSPORT INSURANCE COMPANY
2 LOGAN SQUARE, SUITE 600
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000033014

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-33014-ACT, HCA21-33014-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AXA INSURANCE COMPANY
200 LIBERTY STREET, 22ND FLOOR
NEW YORK, NY 10281

CUSTOMER NUMBER
IDA000033022



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-33022-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-33022-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANKERS INSURANCE COMPANY
P.O. BOX 15707
ST. PETERSBURG, FL 33733

CUSTOMER NUMBER

IDA000033162



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-33162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORCAL MUTUAL INSURANCE COMPANY
P.O. BOX 2080
MECHANICSBURG, PA 17055

CUSTOMER NUMBER

IDA000033200



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-33200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-33383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROASSURANCE INDEMNITY COMPANY, INC.
PO BOX 590009
BIRMINGHAM, AL 35259-0009

CUSTOMER NUMBER

IDA000033391



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-33391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CLERMONT INSURANCE COMPANY
301 ROUTE 17 NORTH, SUITE 900
RUTHERFORD, NJ 07070

CUSTOMER NUMBER

IDA000033480



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-33480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-33499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST LIBERTY INSURANCE CORPORATION, THE
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000033588



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-33588-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-33588-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LM INSURANCE CORPORATION
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000033600

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-33600-ACT, HCA21-33600-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MENDOTA INSURANCE COMPANY
3343 PERIMETER HILL DRIVE
SUITE 214
NASHVILLE, TN 37211

CUSTOMER NUMBER
IDA000033650

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with value 1,050.00.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
REPUBLIC CREDIT INDEMNITY COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000033715



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-33715-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREAT AMERICAN SPIRIT INSURANCE COMPANY
301 E FOURTH STREET
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000033723



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-33723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-33723-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RADIAN GUARANTY INC.
1500 MARKET STREET
PHILADELPHIA, PA 19102

CUSTOMER NUMBER

IDA000033790



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-33790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-33898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-33898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ADM INSURANCE COMPANY
76 ST. PAUL STREET, SUITE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000033987



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-33987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-33987-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
HCA21-33987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANS CITY CASUALTY INSURANCE COMPANY
7500 E. MCDONALD DR., SUITE 700
SCOTTSDALE, AZ 85250-6055

CUSTOMER NUMBER

IDA000034002



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34002-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-34002-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HALLMARK INSURANCE COMPANY
5420 LYNDON B JOHNSON FRWY, SUITE 1100
DALLAS, TX 75240-2345

CUSTOMER NUMBER
IDA000034037



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34037-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-34037-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
HCA21-34037-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTRAL STATES INDEMNITY CO. OF OMAHA
P.O. BOX 34888
OMAHA, NE 68134

CUSTOMER NUMBER

IDA000034274



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-34274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRODUCERS AGRICULTURE INSURANCE COMPANY
2025 SOUTH HUGHES
AMARILLO, TX 79109

CUSTOMER NUMBER

IDA000034312



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
METROPOLITAN GROUP PROPERTY AND CASUALTY INSURAN
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000034339



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000034347



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MAIDSTONE INSURANCE COMPANY
155 MINEOLA BOULEVARD
MINEOLA, NY 11501

CUSTOMER NUMBER
IDA000034460



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, THE
PO BOX 2900
NAPA, CA 94558

CUSTOMER NUMBER
IDA000034495



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34495-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-34495-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST AMERICAN SPECIALTY INSURANCE COMPANY
4 FIRST AMERICAN WAY
SANTA ANA, CA 92707

CUSTOMER NUMBER

IDA000034525



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OAK RIVER INSURANCE COMPANY
1314 DOUGLAS STREET, SUITE 1300
OMAHA, NE 68102-1944

CUSTOMER NUMBER

IDA000034630



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTRE INSURANCE COMPANY
4 WORLD TRADE CENTER, 53RD FLOOR, 150 GREENWICH ST
NEW YORK, NY 10007-2366

CUSTOMER NUMBER
IDA000034649



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-34649-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTF
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000034690



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-34690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DIGITAL ADVANTAGE INSURANCE COMPANY
76 ST. PAUL STREET, STE 500
BURLINGTON, VT 05401

CUSTOMER NUMBER
IDA000034711



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-34711-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARAG INSURANCE COMPANY
500 GRAND AVENUE, SUITE 100
DES MOINES, IA 50309

CUSTOMER NUMBER

IDA000034738



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SUNZ INSURANCE COMPANY
1301 6TH AVENUE WEST
BRADENTON, FL 34205

CUSTOMER NUMBER

IDA000034762



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
21ST CENTURY CENTENNIAL INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER
IDA000034789



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-34789-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRENWICK AMERICA REINSURANCE CORPORATION
40 RICHARDS AVENUE
NORWALK, CT 06854

CUSTOMER NUMBER

IDA000034894



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34894-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DAKOTA TRUCK UNDERWRITERS
PO BOX 89310
SIOUX FALLS, SD 57109-9310

CUSTOMER NUMBER

IDA000034924



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-34924-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FINANCIAL CASUALTY & SURETY, INC.
3131 EASTSIDE, SUITE 250
HOUSTON, TX 77098

CUSTOMER NUMBER
IDA000035009



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35009-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY
ONE LIBERTY PLAZA, 165 BROADWAY
NEW YORK, NY 10006

CUSTOMER NUMBER

IDA000035157



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-35157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EXECUTIVE RISK INDEMNITY INC.
202B HALL'S MILL ROAD
WHITEHOUSE STATION, NJ 08889

CUSTOMER NUMBER

IDA000035181



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ILLINOIS INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER

IDA000035246



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTINENTAL INSURANCE COMPANY, THE
151 NORTH FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000035289



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-35289-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLIANZ GLOBAL RISKS US INSURANCE COMPANY
225 W. WASHINGTON STREET, SUITE 1800
CHICAGO, IL 60606-3484

CUSTOMER NUMBER
IDA000035300

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED AUTOMOBILE INSURANCE COMPANY
1313 NORTH WEST 167TH STREET
MIAMI GARDENS, FL 33169

CUSTOMER NUMBER

IDA000035319



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIDELITY AND GUARANTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000035386



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
IMPERIUM INSURANCE COMPANY
800 GESSNER, SUITE 600
HOUSTON, TX 77024

CUSTOMER NUMBER
IDA000035408



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-35408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
U.S. UNDERWRITERS INSURANCE COMPANY
1190 DEVON PARK DRIVE, P.O. BOX 6700
WAYNE, PA 19087-8700

CUSTOMER NUMBER

IDA000035416



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD REPUBLIC SECURITY ASSURANCE COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000035424



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-35424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DAILY UNDERWRITERS OF AMERICA
P.O. BOX 39
CARLISLE, PA 17013

CUSTOMER NUMBER
IDA000035483



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-35483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ROCKWOOD CASUALTY INSURANCE COMPANY
654 MAIN STREET
ROCKWOOD, PA 15557

CUSTOMER NUMBER
IDA000035505



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OBSIDIAN INSURANCE COMPANY
57 WEST 57TH STREET
NEW YORK, NY 10019

CUSTOMER NUMBER
IDA000035602



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-35602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROTECTIVE PROPERTY & CASUALTY INSURANCE COMPANY
14755 NORTH OUTER FORTY RD., SUITE 400
ST. LOUIS, MO 63017

CUSTOMER NUMBER
IDA000035769



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-35769-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GEICO GENERAL INSURANCE COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER

IDA000035882



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35882-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-35882-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF
P. O. BOX M
SAN MATEO, CA 94402-0080

CUSTOMER NUMBER

IDA000035955



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-35955-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HANOVER AMERICAN INSURANCE COMPANY, THE
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER

IDA000036064



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36064-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS COMMERCIAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000036137



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS PERSONAL SECURITY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000036145



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AETNA INSURANCE COMPANY OF CONNECTICUT
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER

IDA000036153



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000036161



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY COMPANY OF CONNECTICUT
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000036170



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED CASUALTY AND SURETY INSURANCE COMPANY
292 NEWBURY STREET, SUITE 105
2ND FLOOR
BOSTON, MA 02115

CUSTOMER NUMBER

IDA000036226



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PREFERRED PROFESSIONAL INSURANCE COMPANY
PO BOX 540658
OMAHA, NE 68154-0658

CUSTOMER NUMBER

IDA000036234



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-36269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GRAY INSURANCE COMPANY, THE
P.O. BOX 6202
METAIRIE, LA 70009-6202

CUSTOMER NUMBER

IDA000036307



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CAMICO MUTUAL INSURANCE COMPANY
1800 GATEWAY DRIVE, SUITE 300
SAN MATEO, CA 94404

CUSTOMER NUMBER
IDA000036340



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LM GENERAL INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000036447



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-36447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLSTATE NORTHBROOK INDEMNITY COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000036455



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-36455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000036463



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-36463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-36552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAFEPORT 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
FRA21-36560-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PLYMOUTH ROCK ASSURANCE PREFERRED CORPORATION
695 ATLANTIC AVENUE
BOSTON, MA 02111

CUSTOMER NUMBER
IDA000036587



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-36587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GUARANTEE COMPANY OF NORTH AMERICA USA, THE
ONE TOWNE SQUARE, SUITE 1470
SOUTHFIELD, MI 48076-3725

CUSTOMER NUMBER

IDA000036650



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-36684-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-36684-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FMH AG RISK INSURANCE COMPANY
6785 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

CUSTOMER NUMBER
IDA000036781



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-36781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MANUFACTURERS ALLIANCE INSURANCE COMPANY
P. O. BOX 3031
BLUE BELL, PA 19422-0754

CUSTOMER NUMBER
IDA000036897



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-36897-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLONY SPECIALTY INSURANCE COMPANY
P.O. BOX 469012
SAN ANTONIO, TX 78246

CUSTOMER NUMBER

IDA000036927



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTURY SURETY COMPANY
550 POLARIS PARKWAY
WESTERVILLE, OH 43082

CUSTOMER NUMBER
IDA000036951



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-36951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD UNITED CASUALTY COMPANY
POST OFFICE BOX 795
SHAWNEE MISSION, KS 66201

CUSTOMER NUMBER
IDA000037060



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37060-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-37060-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENWORTH FINANCIAL ASSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC 27615

CUSTOMER NUMBER
IDA000037095



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LANDCAR CASUALTY COMPANY
9350 S. 150 E., STE 220
SANDY, UT 84070

CUSTOMER NUMBER
IDA000037109

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTRACTORS BONDING AND INSURANCE COMPANY
9025 N. LINDBERGH DRIVE
PEORIA, IL 61615

CUSTOMER NUMBER

IDA000037206



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN STATES PREFERRED INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER

IDA000037214



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRAETORIAN INSURANCE COMPANY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000037257



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-37257-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AXIS INSURANCE COMPANY
10000 AVALON BOULEVARD, STE. 200
ALPHARETTA, GA 30009

CUSTOMER NUMBER
IDA000037273

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-37273-ACT, HCA21-37273-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE MIDWEST
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER

IDA000037478



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BEAZLEY INSURANCE COMPANY, INC.
30 BATTERSON PARK ROAD
FARMINGTON, CT 06032

CUSTOMER NUMBER

IDA000037540



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-37540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TOYOTA MOTOR INSURANCE COMPANY
6565 HEADQUARTERS DR, W2-4D
PLANO, TX 75024

CUSTOMER NUMBER

IDA000037621



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37621-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PERMANENT GENERAL ASSURANCE CORPORATION
P.O. BOX 305054
NASHVILLE, TN 37230-5054

CUSTOMER NUMBER

IDA000037648



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMP
4 FIRST AMERICAN WAY
SANTA ANA, CA 92707

CUSTOMER NUMBER

IDA000037710



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CSAA GENERAL INSURANCE COMPANY
3055 OAK ROAD
WALNUT CREEK, CA 94597

CUSTOMER NUMBER

IDA000037770



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
KOOKMIN BEST INSURANCE CO., LTD.(U.S.BRANCH)
55 CHALLENGER ROAD,SUITE #302
RIDGEFIELD PARK, NJ 07660

CUSTOMER NUMBER

IDA000037800



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROGRESSIVE PREFERRED INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER

IDA000037834



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37834-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-37850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRE-PAID LEGAL CASUALTY, INC.
P.O. BOX 145
ADA, OK 74821

CUSTOMER NUMBER
IDA000037869



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37869-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-37877-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-37877-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
XL SPECIALTY INSURANCE COMPANY
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000037885

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER

IDA000037907



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37907-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-37907-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ESSENTIA INSURANCE COMPANY
TEN PARKWAY NORTH
DEERFIELD, IL 60015

CUSTOMER NUMBER

IDA000037915



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-37923-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
YCI, INC.
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
FRA21-37931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-37931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LEXINGTON NATIONAL INSURANCE CORPORATION
P.O. BOX 6098
LUTHERVILLE, MD 21094

CUSTOMER NUMBER

IDA000037940



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-37940-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-37990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ECONOMY PREFERRED INSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000038067



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38067-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS PERSONAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000038130



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LANCER INDEMNITY COMPANY
P.O. BOX 9007
LONG BEACH, NY 11561-9007

CUSTOMER NUMBER
IDA000038148



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-38148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALPHA PROPERTY & CASUALTY INSURANCE COMPANY
POST OFFICE BOX 223687
DALLAS, TX 75222-3687

CUSTOMER NUMBER

IDA000038156



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BCS INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181

CUSTOMER NUMBER
IDA000038245



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-38245-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF THE SOUTHEAST
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER
IDA000038261

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HARTFORD INSURANCE COMPANY OF ILLINOIS
ONE HARTFORD PLAZA
HARTFORD, CT 06155

CUSTOMER NUMBER

IDA000038288



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANCH)
105 CHALLENGER ROAD, 5TH FLOOR
RIDGEFIELD PARK, NJ 07660

CUSTOMER NUMBER
IDA000038300

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with a value of 1,050.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STARR INDEMNITY & LIABILITY COMPANY
399 PARK AVENUE, 3RD FLOOR
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA000038318



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-38318-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENWORTH MORTGAGE INSURANCE CORPORATION
8325 SIX FORKS ROAD
RALEIGH, NC 27615

CUSTOMER NUMBER

IDA000038458



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARIZONA HOME INSURANCE COMPANY
P.O. BOX 61775
PHOENIX, AZ 85082

CUSTOMER NUMBER
IDA000038490



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-38490-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-38490-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-38512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MIC PROPERTY AND CASUALTY INSURANCE CORPORATION
500 WOODWARD AVE, 14TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER
IDA000038601

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROGRESSIVE NORTHERN INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER

IDA000038628



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PARTNER REINSURANCE COMPANY OF THE U.S.
200 FIRST STAMFORD PLACE, SUITE 400
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000038636



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-38636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN MODERN SELECT INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER

IDA000038652



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MIC GENERAL INSURANCE CORPORATION
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER
IDA000038660

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-38660-ACT, HCA21-38660-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALASKA NATIONAL INSURANCE COMPANY
7001 JEWEL LAKE ROAD
ANCHORAGE, AK 99502

CUSTOMER NUMBER

IDA000038733



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38733-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-38776-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-38776-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CALIFORNIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA, NE 68103-0646

CUSTOMER NUMBER
IDA000038865

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-38865-ACT, HCA21-38865-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INFINITY SECURITY INSURANCE COMPANY
POST OFFICE BOX 830189
BIRMINGHAM, AL 35283-0189

CUSTOMER NUMBER

IDA000038873



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-38911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-38911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENESIS INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 06902-1843

CUSTOMER NUMBER
IDA000038962



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-38962-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MARKEL INSURANCE COMPANY
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060

CUSTOMER NUMBER
IDA000038970



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-38970-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-38970-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-38997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-38997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAFECO INSURANCE COMPANY OF ILLINOIS
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000039012



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-39039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OMNI INSURANCE COMPANY
1400 UNION MEETING RD., SUITE 250
BLUE BELL, PA 19422

CUSTOMER NUMBER

IDA000039098



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SERVICE AMERICAN INDEMNITY COMPANY
6907 NORTH CAPITAL OF TEXAS HIGHWAY, SUITE 370
AUSTIN, TX 78731

CUSTOMER NUMBER

IDA000039152



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
QBE INSURANCE CORPORATION
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

CUSTOMER NUMBER
IDA000039217

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-39217-ACT, HCA21-39217-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000039306



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-39322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-39322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HERITAGE INDEMNITY COMPANY
7125 WEST JEFFERSON AVENUE, SUITE 100
LAKEWOOD, CO 80235

CUSTOMER NUMBER

IDA000039527



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39527-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTINENTAL HERITAGE INSURANCE COMPANY
200 PARK AVENUE, SUITE 400
ORANGE VILLAGE, OH 44122

CUSTOMER NUMBER

IDA000039551



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NUTMEG INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000039608

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-39608-ACT, HCA21-39608-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VISION SERVICE PLAN INSURANCE COMPANY
3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670

CUSTOMER NUMBER
IDA000039616



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39616-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-39616-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTPORT INSURANCE CORPORATION
1200 MAIN STREET, SUITE 800
KANSAS CITY, KS 64105

CUSTOMER NUMBER

IDA000039845



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-39845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GOLDEN BEAR INSURANCE COMPANY
P. O. BOX 271
STOCKTON, CA 95201

CUSTOMER NUMBER

IDA000039861



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39861-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890

CUSTOMER NUMBER

IDA000039926



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL GENERAL INSURANCE COMPANY
AMERICAN NATIONAL CENTER, 1949 EAST SUNSHINE
SPRINGFIELD, MO 65899-0001

CUSTOMER NUMBER

IDA000039942



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
METROPOLITAN GENERAL INSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000039950



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-39950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ANCHOR GENERAL INSURANCE COMPANY
PO BOX 509020
SAN DIEGO, CA 92150-9020

CUSTOMER NUMBER

IDA000040010



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EXPLORER INSURANCE COMPANY
P.O. BOX 509039
SAN DIEGO, CA 92150

CUSTOMER NUMBER
IDA000040029



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40029-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-40029-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STARNET INSURANCE COMPANY
PO BOX 9190
DES MOINES, IA 50306-9190

CUSTOMER NUMBER
IDA000040045



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-40045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN ZURICH INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000040142



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-40142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MGA INSURANCE COMPANY, INC.
POST OFFICE BOX 199023
DALLAS, TX 75219-9023

CUSTOMER NUMBER

IDA000040150



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
METROPOLITAN CASUALTY INSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER

IDA000040169



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
XL INSURANCE COMPANY OF NEW YORK, INC.
70 SEAVIEW AVENUE
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000040193



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AIG ASSURANCE COMPANY
175 WATER STREET, 18TH FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000040258



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARCH MORTGAGE INSURANCE COMPANY
POST OFFICE BOX 20597
GREENSBORO, CA 27420

CUSTOMER NUMBER

IDA000040266



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS COMMERCIAL CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000040282



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-40282-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PIONEER SPECIALTY INSURANCE COMPANY
PO BOX 1463
MINNEAPOLIS, MN 55440

CUSTOMER NUMBER
IDA000040312



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLUMBIA MUTUAL INSURANCE COMPANY
P.O. BOX 618
COLUMBIA, MO 65205

CUSTOMER NUMBER

IDA000040371



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-40398-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-40398-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STRATFORD INSURANCE COMPANY
300 KIMBALL DRIVE, SUITE 500
PARSIPPANY, NJ 07054

CUSTOMER NUMBER

IDA000040436



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40436-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD REPUBLIC SURETY COMPANY
PO BOX 1635
MILWAUKEE, WI 53201-1635

CUSTOMER NUMBER

IDA000040444



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAGAMORE INSURANCE COMPANY
111 CONGRESSIONAL BLVD., SUITE 500
CARMEL, IN 46032

CUSTOMER NUMBER
IDA000040460



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-40460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
REPUBLIC-VANGUARD INSURANCE COMPANY
POST OFFICE BOX 809076
DALLAS, TX 75380-9076

CUSTOMER NUMBER
IDA000040479



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40479-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-40479-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WCF NATIONAL INSURANCE COMPANY
P. O. BOX 571918
SALT LAKE CITY, UT 84157-1918

CUSTOMER NUMBER

IDA000040517



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40517-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-40525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ECONOMY PREMIER ASSURANCE COMPANY
PO BOX 350, 700 QUAKER LANE
WARWICK, RI 02887-0350

CUSTOMER NUMBER
IDA000040649



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITRIN SAFEGUARD INSURANCE COMPANY
12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258

CUSTOMER NUMBER

IDA000040703



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN BUSINESS & MERCANTILE INSURANCE MUTUAL, IN
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000040789



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VIRGINIA SURETY COMPANY, INC.
175 W. JACKSON
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA000040827



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40827-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-40827-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER

IDA000040843



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-40843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-40975-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TDC NATIONAL ASSURANCE COMPANY
PO BOX 2900
NAPA, CA 94558

CUSTOMER NUMBER

IDA000041050



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRIUMPH 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
FRA21-41106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS INSURANCE COMPANY
1299 ZURICH WAY, 5TH FLOOR
SCHAUMBURG, IL 60196-1056

CUSTOMER NUMBER
IDA000041181



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-41181-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRITON INSURANCE COMPANY
P.O. BOX 2548
FORT WORTH, TX 76113

CUSTOMER NUMBER
IDA000041211



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-41211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANS PACIFIC INSURANCE COMPANY
THREE BALA PLAZA EAST, SUITE 400
BALA CYNWYD, PA 19004-1403

CUSTOMER NUMBER

IDA000041238



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SCOTTSDALE INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD., 1-04-701
COLUMBUS, OH 43215-2220

CUSTOMER NUMBER
IDA000041297



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CITY NATIONAL INSURANCE COMPANY
1900 L. DON DODSON DR.
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA000041335



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HDI GLOBAL INSURANCE COMPANY
161 N. CLARK STREET - 48TH FLOOR
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000041343

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-41343-ACT, HCA21-41343-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BENCHMARK INSURANCE COMPANY
150 LAKE STREET WEST
WAYZATA, MN 55391

CUSTOMER NUMBER
IDA000041394



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-41394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY
P. O. BOX 3031
BLUE BELL, PA 19422-0754

CUSTOMER NUMBER
IDA000041424



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-41424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARMED FORCES INSURANCE EXCHANGE
550 EISENHOWER ROAD
LEAVENWORTH, KS 66048

CUSTOMER NUMBER

IDA000041459



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FARMINGTON CASUALTY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER
IDA000041483



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-41483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GEICO CASUALTY COMPANY
ONE GEICO PLAZA
WASHINGTON, DC 20076-0001

CUSTOMER NUMBER

IDA000041491



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41491-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FOREMOST SIGNATURE INSURANCE COMPANY
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER
IDA000041513

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-41513-ACT, HCA21-41513-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-41580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-41629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MILBANK INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000041653



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41653-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-41653-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS CONSTITUTION STATE INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000041750



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS CASUALTY COMPANY, THE
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000041769



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLORADO CASUALTY INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000041785



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER

IDA000041840



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41840-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-41840-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN SOUTHERN HOME INSURANCE COMPANY
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER

IDA000041998



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-41998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DIAMOND STATE INSURANCE COMPANY
3 BALA PLZ, STE 300E
BALA CYNWYD, PA 19004-3406

CUSTOMER NUMBER
IDA000042048



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42048-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-42048-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA
P O BOX 64477
SOUDERTON, PA 18964-0477

CUSTOMER NUMBER

IDA000042129



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-42129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRINCETON INSURANCE COMPANY
746 ALEXANDER ROAD
PRINCETON, NJ 08540

CUSTOMER NUMBER
IDA000042226



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-42226-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY
333 SOUTH 7TH STREET, SUITE 2200
MINNEAPOLIS, MN 55402

CUSTOMER NUMBER

IDA000042234



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-42242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-42242-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	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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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NAVIGATORS INSURANCE COMPANY
400 ATLANTIC STREET, 8TH FLOOR
STAMFORD, CT 06901

CUSTOMER NUMBER
IDA000042307



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-42307-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GUIDEONE AMERICA INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER

IDA000042331



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TECHNOLOGY INSURANCE COMPANY, INC.
59 MAIDEN LANE, 43RD FLOOR
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000042376

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with a value of 1,050.00.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMGUARD INSURANCE COMPANY
PO BOX A-H
WILKES BARRE, PA 18703-0020

CUSTOMER NUMBER
IDA000042390



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-42390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIBERTY INSURANCE CORPORATION
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000042404

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TOA REINSURANCE COMPANY OF AMERICA, THE
177 MADISON AVENUE, PO BOX 1930
MORRISTOWN, NJ 07962-1930

CUSTOMER NUMBER

IDA000042439



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL GENERAL ASSURANCE COMPANY
P.O. BOX 3199
WINSTON-SALEM, NC 27102-3199

CUSTOMER NUMBER

IDA000042447



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NOVA CASUALTY COMPANY
440 LINCOLN STREET
WORCESTER, MA 01653-0002

CUSTOMER NUMBER
IDA000042552



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-42552-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-42579-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-42587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MAG MUTUAL INSURANCE COMPANY
P.O. BOX 52979
ATLANTA, GA 30355-0979

CUSTOMER NUMBER
IDA000042617



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42617-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ROCHE SURETY AND CASUALTY COMPANY, INC.
4107 N HIMES AVE 2ND FLOOR
TAMPA, FL 33607

CUSTOMER NUMBER

IDA000042706



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN MODERN PROPERTY AND CASUALTY INSURANCE
P.O. BOX 5323
CINCINNATI, OH 45201-5323

CUSTOMER NUMBER

IDA000042722



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-42722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRADERS INSURANCE COMPANY
P O BOX 5374
KANSAS CITY, MO 64131

CUSTOMER NUMBER
IDA000042749



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AGRI GENERAL INSURANCE COMPANY
9200 NORTHPARK DRIVE, SUITE 350
JOHNSTON, IA 50131

CUSTOMER NUMBER

IDA000042757



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42757-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTURION CASUALTY COMPANY
800 WALNUT STREET
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000042765

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-42765-ACT, HCA21-42765-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GUIDEONE ELITE INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES, IA 50265-3538

CUSTOMER NUMBER

IDA000042803



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42803-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-42889-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROGRESSIVE NORTHWESTERN INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER

IDA000042919



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN SECURITY INSURANCE COMPANY
260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA 30339-2110

CUSTOMER NUMBER
IDA000042978

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-42978-ACT, HCA21-42978-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STANDARD GUARANTY INSURANCE COMPANY
260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA 30339-2110

CUSTOMER NUMBER

IDA000042986



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-42986-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROGRESSIVE CLASSIC INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER

IDA000042994



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-42994-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RESPONSE INSURANCE COMPANY
200 EAST RANDOLPHSTREET
CHICAGO, IL 60601

CUSTOMER NUMBER
IDA000043044



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-43044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN EQUITY INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183

CUSTOMER NUMBER

IDA000043117



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-43117-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	2,250.00
FRA21-43117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			3,300.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INSURORS INDEMNITY COMPANY
P.O. BOX 2683
WACO, TX 76702-2683

CUSTOMER NUMBER

IDA000043273



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-43273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SERVICE LLOYDS INSURANCE COMPANY, A STOCK COMPANY
P.O. BOX 26850
AUSTIN, TX 78755

CUSTOMER NUMBER
IDA000043389

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-43389-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASPEN AMERICAN INSURANCE COMPANY
175 CAPITAL BOULEVARD, SUITE 300
ROCKY HILL, CT 06067

CUSTOMER NUMBER
IDA000043460



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-43460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-43460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS
5420 LYNDON B. JOHNSON FRWY
SUITE 1100
DALLAS, TX 75240-2345

CUSTOMER NUMBER
IDA000043494

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with value 1,050.00.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
436 WALNUT STREET, P.O. BOX 1000
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000043575

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-43575-ACT, HCA21-43575-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FARMERS SPECIALTY INSURANCE COMPANY
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

CUSTOMER NUMBER

IDA000043699



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-43699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-43753-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RAINIER INSURANCE COMPANY
7245 WEST MARGINAL WAY S.W.
SEATTLE, WA 98106-3997

CUSTOMER NUMBER

IDA000043915



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-43915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-43915-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
21ST CENTURY INDEMNITY INSURANCE COMPANY
3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803-1115

CUSTOMER NUMBER
IDA000043974



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-43974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-43974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TOGGLE INSURANCE COMPANY
6301 OWENSMOUTH AVENUE
WOODLAND HILLS, CA 91367

CUSTOMER NUMBER

IDA000044245



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-44245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ADMIRAL INDEMNITY COMPANY
301 ROUTE 17 NORTH, SUITE 900
RUTHERFORD, NJ 07070

CUSTOMER NUMBER

IDA000044318



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-44318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY
5630 UNIVERSITY PARKWAY
WINSTON-SALEM, NC 27105

CUSTOMER NUMBER

IDA000044369



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-44369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WEST AMERICAN INSURANCE COMPANY
175 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000044393



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-44393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROGRESSIVE PALOVERDE INSURANCE COMPANY
P.O. BOX 89490
CLEVELAND, OH 44101-6490

CUSTOMER NUMBER

IDA000044695



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-44695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VANTAPRO SPECIALTY INSURANCE COMPANY
199 WATER STREET
NEW YORK, NY 10038

CUSTOMER NUMBER
IDA000044768

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-44768-ACT, HCA21-44768-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN COMPENSATION INSURANCE COMPANY
518 EAST BROAD STREET
COLUMBUS, OH 43215

CUSTOMER NUMBER

IDA000045934



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-45934-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SIGHTCARE, INC.
220 N. MCKEMY AVENUE
CHANDLER, AZ 85226

CUSTOMER NUMBER
IDA000047012



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-47012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-47012-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
HCA21-47012-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.
1571 SAWGRASS CORPORATE PARKWAY SUITE 300
SUNRISE, FL 33323

CUSTOMER NUMBER

IDA000047013



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-47013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-47013-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
HCA21-47013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-47708-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-47708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-47708-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TITLE RESOURCES GUARANTY COMPANY
8111 LBJ FREEWAY, STE 1200
DALLAS, TX 75251

CUSTOMER NUMBER
IDA000050016



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-50016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DAKOTA HOMESTEAD TITLE INSURANCE COMPANY
315 S. PHILLIPS AVENUE
SIOUX FALLS, SD 57104

CUSTOMER NUMBER

IDA000050020



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-50020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-50026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
US NATIONAL TITLE INSURANCE COMPANY
935 GRAVIER STREET, SUITE 1700
NEW ORLEANS, LA 70112

CUSTOMER NUMBER

IDA000050030



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-50030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTCOR LAND TITLE INSURANCE COMPANY
875 CONCOURSE PKWY SOUTH, STE 200
MAITLAND, FL 32751

CUSTOMER NUMBER

IDA000050050



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-50050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMMONWEALTH LAND TITLE INSURANCE COMPANY
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

CUSTOMER NUMBER

IDA000050083



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-50083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STEWART TITLE GUARANTY COMPANY
1360 POST OAK BLVD.
SUITE 100
HOUSTON, TX 77056

CUSTOMER NUMBER
IDA000050121

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with value 1,050.00.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTH AMERICAN TITLE INSURANCE COMPANY
760 NW 107TH AVE. SUITE 400
MIAMI, FL 33172

CUSTOMER NUMBER

IDA000050130



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-50130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CHICAGO TITLE INSURANCE COMPANY
601 RIVERSIDE AVE
JACKSONVILLE, FL 32204

CUSTOMER NUMBER

IDA000050229



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-50229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INVESTORS TITLE INSURANCE COMPANY
P.O. DRAWER 2687
CHAPEL HILL, NC 27515-2687

CUSTOMER NUMBER

IDA000050369



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-50369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-50440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
400 SECOND AVENUE SOUTH
MINNEAPOLIS, MN 55401

CUSTOMER NUMBER

IDA000050520



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-50520-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST AMERICAN TITLE INSURANCE COMPANY
1 FIRST AMERICAN WAY
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA000050814



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-50814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL TITLE INSURANCE OF NEW YORK INC.
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

CUSTOMER NUMBER

IDA000051020



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-51020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WFG NATIONAL TITLE INSURANCE COMPANY
7401 CARMEL EXECUTIVE PARK DR, SUITE 105
CHARLOTTE, NC 28226-8403

CUSTOMER NUMBER

IDA000051152



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-51152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-51411-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ATTORNEYS TITLE GUARANTY FUND, INC.
7600 EAST EASTMAN AVENUE, SUITE 130
DENVER, CO 80231

CUSTOMER NUMBER
IDA000051560



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-51560-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMTRUST TITLE INSURANCE COMPANY
220 EAST 42ND STREET, 24TH FLOOR
NEW YORK, NY 10017

CUSTOMER NUMBER

IDA000051578



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-51578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIDELITY NATIONAL TITLE INSURANCE COMPANY
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

CUSTOMER NUMBER

IDA000051586



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-51586-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST AMERICAN TITLE GUARANTY COMPANY
1 FIRST AMERICAN WAY
SANTA ANA, CA 92707

CUSTOMER NUMBER
IDA000051624



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-51624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RADIAN TITLE INSURANCE INC.
6100 OAK TREE ROAD
#200
INDEPENDENCE, OH 44131

CUSTOMER NUMBER

IDA000051632



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-51632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-52120-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-52120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-52120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMPLOYERS DENTAL SERVICES, INC.
3430 E SUNRISE DR STE 160
TUCSON, AZ 85718

CUSTOMER NUMBER

IDA000053090



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-53090-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-53090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-53090-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.
POST OFFICE BOX 13466
PHOENIX, AZ 85002

CUSTOMER NUMBER
IDA000053589



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-53589-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	22,500.00
FRA21-53589-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-53589-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ARIZONA DENTAL INSURANCE SERVICE, INC.
5656 W. TALAVI BLVD
GLENDALE, AZ 85306

CUSTOMER NUMBER

IDA000053597



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-53597-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-53597-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	2,250.00
HCA21-53597-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA, THE
2041 EXCHANGE DRIVE
ST. CHARLES, MO 63303

CUSTOMER NUMBER

IDA000056006



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-56014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CATHOLIC FINANCIAL LIFE
1100 WEST WELLS STREET
MILWAUKEE, WI 53233-2316

CUSTOMER NUMBER
IDA000056030



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-56073-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GLENER LIFE INSURANCE SOCIETY
P. O. BOX 1894
ADRIAN, MI 49221-7894

CUSTOMER NUMBER
IDA000056154



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WOMAN'S LIFE INSURANCE SOCIETY
PO BOX 5020
PORT HURON, MI 48061-5020

CUSTOMER NUMBER

IDA000056170



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION
2439 GLENWOOD AVENUE
JOLIET, IL 60435

CUSTOMER NUMBER

IDA000056227



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE
24950 CHAGRIN BOULEVARD
BEACHWOOD, OH 44122-5634

CUSTOMER NUMBER

IDA000056332



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56332-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,T
6611 ROCKSIDE ROAD
INDEPENDENCE, OH 44131

CUSTOMER NUMBER

IDA000056340



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA, T
1801 WATERMARK DRIVE SUITE 100
COLUMBUS, OH 43215

CUSTOMER NUMBER
IDA000056383

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASSURED LIFE ASSOCIATION
PO BOX 3169
ENGLEWOOD, CO 80155-3169

CUSTOMER NUMBER

IDA000056499



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CROATIAN FRATERNAL UNION OF AMERICA
100 DELANEY DRIVE
PITTSBURGH, PA 15235

CUSTOMER NUMBER

IDA000056634



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GCU
5400 TUSCARAWAS RD.
BEAVER, PA 15009-9513

CUSTOMER NUMBER

IDA000056693



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ISDA FRATERNAL ASSOCIATION
419 WOOD STREET
PITTSBURGH, PA 15222

CUSTOMER NUMBER

IDA000056707



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56707-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LOYAL CHRISTIAN BENEFIT ASSOCIATION
P.O. BOX 13005
ERIE, PA 16514-1305

CUSTOMER NUMBER

IDA000056758



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL SLOVAK SOCIETY OF THE USA, THE
351 VALLEY BROOK ROAD
MCMURRAY, PA 15317-3337

CUSTOMER NUMBER

IDA000056782



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56782-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SERB NATIONAL FEDERATION
615 IRON CITY DRIVE, SUITE 302
PITTSBURGH, PA 15205

CUSTOMER NUMBER

IDA000056936



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-56936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SONS OF NORWAY
1455 WEST LAKE STREET
MINNEAPOLIS, MN 55408

CUSTOMER NUMBER

IDA000057142



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BAPTIST LIFE ASSOCIATION
8555 MAIN STREET
BUFFALO, NY 14221

CUSTOMER NUMBER
IDA000057223



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
1700 FARNAM STREET
OMAHA, NE 68102

CUSTOMER NUMBER

IDA000057320



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CATHOLIC LIFE INSURANCE
1635 N. E. LOOP 410
SAN ANTONIO, TX 78209

CUSTOMER NUMBER

IDA000057347



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CATHOLIC ORDER OF FORESTERS
355 SHUMAN BLVD, PO BOX 3012
NAPERVILLE, IL 60566-7012

CUSTOMER NUMBER
IDA000057487



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MODERN WOODMEN OF AMERICA
1701 FIRST AVENUE
ROCK ISLAND, IL 61201-8779

CUSTOMER NUMBER
IDA000057541



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57541-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A.
6100 N. CICERO AVE.
CHICAGO, IL 60646-4385

CUSTOMER NUMBER

IDA000057622



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
POLISH ROMAN CATHOLIC UNION OF AMERICA
984 MILWAUKEE AVENUE
CHICAGO, IL 60642-4101

CUSTOMER NUMBER

IDA000057630



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ROYAL NEIGHBORS OF AMERICA
230 - 16TH STREET
ROCK ISLAND, IL 61201

CUSTOMER NUMBER

IDA000057657



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SLOVENE NATIONAL BENEFIT SOCIETY
247 WEST ALLEGHENY ROAD
IMPERIAL, PA 15126

CUSTOMER NUMBER

IDA000057673



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EVERENCE ASSOCIATION, INC.
P O BOX 483
GOSHEN, IN 46527

CUSTOMER NUMBER

IDA000057991



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-57991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
KNIGHTS OF COLUMBUS
P.O. BOX 1670
NEW HAVEN, CT 06507-0901

CUSTOMER NUMBER

IDA000058033



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-58033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)
789 DON MILLS ROAD
TORONTO, ON 00319

CUSTOMER NUMBER

IDA000058068



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-58068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SUPREME COUNCIL OF THE ROYAL ARCANUM
61 BATTERYMARCH STREET
BOSTON, MA 02110

CUSTOMER NUMBER

IDA000058181



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-58181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PARK AVENUE LIFE INSURANCE COMPANY
7 HANOVER SQUARE
NEW YORK, NY 10004-4025

CUSTOMER NUMBER
IDA000060003



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HUMANA BENEFIT PLAN OF ILLINOIS, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000060052



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AETNA LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000060054



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HALLMARK LIFE INSURANCE COMPANY
7700 FORSYTH BOULEVARD
ST LOUIS, MO 63105

CUSTOMER NUMBER
IDA000060078

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for Fraud Unit, Health Care Appeals, and Financial Surveillance funds, and a total assessment amount of 8,750.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST CARE, INC.
1501 SOUTH CLINTON STREET
BALTIMORE, MD 21224

CUSTOMER NUMBER
IDA000060113



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60113-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60113-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TUFTS INSURANCE COMPANY
705 MOUNT AUBURN STREET
WATERTOWN, MA 02472-1508

CUSTOMER NUMBER
IDA000060117

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-60117-ACT, HCA21-60117-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-60118-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60118-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-60118-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
TOTAL ASSESSMENT AMOUNT			2,000.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TIAA-CREF LIFE INSURANCE COMPANY
730 THIRD AVENUE
NEW YORK, NY 10017

CUSTOMER NUMBER

IDA000060142



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SBLI USA LIFE INSURANCE COMPANY, INC.
100 WEST 33RD STREET, SUITE 1007
NEW YORK, NY 10001-2900

CUSTOMER NUMBER
IDA000060176



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60176-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60176-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
S.USA LIFE INSURANCE COMPANY, INC.
100 WEST 33RD STREET, SUITE 10007
NEW YORK, NY 10001

CUSTOMER NUMBER
IDA000060183



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-60183-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	2,250.00
HCA21-60183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			3,500.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLSTATE LIFE INSURANCE COMPANY
3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127

CUSTOMER NUMBER
IDA000060186

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-60186-ACT, HCA21-60186-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-60188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60188-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-60188-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	2,250.00
TOTAL ASSESSMENT AMOUNT			3,500.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMALGAMATED LIFE INSURANCE COMPANY
333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604

CUSTOMER NUMBER
IDA000060216



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LOMBARD INTERNATIONAL LIFE ASSURANCE COMPANY
1650 MARKET STREET, 54TH FLOOR
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000060232

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for Fraud Unit Assessment and Health Care Appeals Fund, and a total assessment amount of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PREMIER ACCESS INSURANCE COMPANY
8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826

CUSTOMER NUMBER
IDA000060237



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60237-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMFIRST INSURANCE COMPANY
P.O. BOX 16708
JACKSON, MS 39236

CUSTOMER NUMBER
IDA000060250



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORID
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157-6596

CUSTOMER NUMBER
IDA000060275



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACE LIFE INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

CUSTOMER NUMBER
IDA000060348



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBU
1932 WYNNTON ROAD
COLUMBUS, GA 31999-0001

CUSTOMER NUMBER

IDA000060380



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN FAMILY LIFE INSURANCE COMPANY
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

CUSTOMER NUMBER
IDA000060399



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN FIDELITY ASSURANCE COMPANY
POST OFFICE BOX 25523
OKLAHOMA CITY, OK 73125-0523

CUSTOMER NUMBER
IDA000060410

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-60410-ACT, HCA21-60410-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN FIDELITY LIFE INSURANCE COMPANY
500 SO. PALAFOX ST., STE. 200
PENSACOLA, FL 32502

CUSTOMER NUMBER
IDA000060429



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAGICOR LIFE INSURANCE COMPANY
P.O. BOX 52121
PHOENIX, AZ 85072-2121

CUSTOMER NUMBER
IDA000060445



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN GENERAL LIFE INSURANCE COMPANY
P.O. BOX 1591, 3-D1
HOUSTON, TX 77251

CUSTOMER NUMBER
IDA000060488



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60488-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-60518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN HERITAGE LIFE INSURANCE COMPANY
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL 32224-6688

CUSTOMER NUMBER

IDA000060534



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN HOME LIFE INSURANCE COMPANY
P. O. BOX 1497
TOPEKA, KS 66601

CUSTOMER NUMBER
IDA000060542



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60542-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60542-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN INCOME LIFE INSURANCE COMPANY
P.O. BOX 2608
WACO, TX 76702

CUSTOMER NUMBER

IDA000060577



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60577-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60577-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WILTON REASSURANCE LIFE COMPANY OF NEW YORK
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER
IDA000060704

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-60704-ACT, HCA21-60704-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX 77550

CUSTOMER NUMBER

IDA000060739



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60739-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60739-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN PUBLIC LIFE INSURANCE COMPANY
PO BOX 925
JACKSON, MS 39205-0925

CUSTOMER NUMBER

IDA000060801



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60801-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN REPUBLIC INSURANCE COMPANY
PO BOX 1
DES MOINES, IA 50306-0001

CUSTOMER NUMBER
IDA000060836



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN UNITED LIFE INSURANCE COMPANY
P O BOX 368
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER
IDA000060895



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60895-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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:

**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMPBENEFITS INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, GA 40201-7436

CUSTOMER NUMBER
IDA000060984



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-60984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-60984-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ANTHEM LIFE INSURANCE COMPANY
220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000061069

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61069-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ATLANTIC COAST LIFE INSURANCE COMPANY
POST OFFICE BOX 20010
CHARLESTON, SC 29413-0010

CUSTOMER NUMBER

IDA000061115



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61115-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AURORA NATIONAL LIFE ASSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA000061182

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-61182-ACT, HCA21-61182-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AUTO-OWNERS LIFE INSURANCE COMPANY
P.O. BOX 30660
LANSING, MI 48909-8160

CUSTOMER NUMBER

IDA000061190



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BALTIMORE LIFE INSURANCE COMPANY, THE
10075 RED RUN BOULEVARD
OWINGS MILLS, MD 21117

CUSTOMER NUMBER
IDA000061212



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANKERS FIDELITY LIFE INSURANCE COMPANY
PO BOX 105185
ATLANTA, GA 30348

CUSTOMER NUMBER
IDA000061239



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61239-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANKERS LIFE AND CASUALTY COMPANY
111 EAST WACKER DRIVE, SUITE 2100
CHICAGO, IL 60601-4508

CUSTOMER NUMBER
IDA000061263



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61263-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRINCIPAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA 50392-2300

CUSTOMER NUMBER
IDA000061271



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61271-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERITAS LIFE INSURANCE CORP.
P.O. BOX 81889
LINCOLN, NE 68501-1889

CUSTOMER NUMBER
IDA000061301



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER

IDA000061360



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61360-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61360-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BENEFICIAL LIFE INSURANCE COMPANY
PO BOX 45654
SALT LAKE CITY, UT 84145-0654

CUSTOMER NUMBER
IDA000061395



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61395-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL BENEFIT LIFE INSURANCE COMPANY
30-30 47TH AVENUE, SUITE 625
LONG ISLAND CITY, NY 11101-3433

CUSTOMER NUMBER
IDA000061409

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61409-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61409-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRUSTMARK INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL 60045-2581

CUSTOMER NUMBER
IDA000061425

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for Fraud Unit Assessment and Health Care Appeals Fund, and a total assessment amount of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BOSTON MUTUAL LIFE INSURANCE COMPANY
120 ROYALL STREET
CANTON, MA 02021-1098

CUSTOMER NUMBER
IDA000061476



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61476-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61476-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY & LIFE ASSURANCE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER
IDA000061492



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61492-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RESOURCE LIFE INSURANCE COMPANY
111 EAST WACKER DRIVE, SUITE 2100
CHICAGO, IL 60601-4508

CUSTOMER NUMBER
IDA000061506

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CAPITOL LIFE INSURANCE COMPANY, THE
1605 LBJ FWY, SUITE 700
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000061581



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY AND LIFE COMPANY
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER
IDA000061689



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61689-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-61700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CIGNA NATIONAL HEALTH INSURANCE COMPANY
11200 LAKELINE BLVD STE 100
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000061727



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61727-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61727-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTRAL SECURITY LIFE INSURANCE COMPANY
PO BOX 833879
RICHARDSON, TX 75083-3879

CUSTOMER NUMBER
IDA000061735



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61735-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61735-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
P.O. BOX 34350
OMAHA, NE 68134

CUSTOMER NUMBER

IDA000061751



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61751-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CHESAPEAKE LIFE INSURANCE COMPANY, THE
9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180

CUSTOMER NUMBER
IDA000061832



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61832-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CHRISTIAN FIDELITY LIFE INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ 85004

CUSTOMER NUMBER

IDA000061859



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61859-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CHURCH LIFE INSURANCE CORPORATION
19 EAST 34TH STREET
NEW YORK, NY 10016-4303

CUSTOMER NUMBER

IDA000061875



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61875-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61875-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MANHATTANLIFE ASSURANCE COMPANY OF AMERICA
10777 NORTHWEST FREEWAY
HOUSTON, TX 77092

CUSTOMER NUMBER
IDA000061883



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61883-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61883-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CITIZENS SECURITY LIFE INSURANCE COMPANY
P. O. BOX 436149
LOUISVILLE, KY 40253

CUSTOMER NUMBER
IDA000061921



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPAN
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER

IDA000061999



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-61999-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-61999-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
1200 COLONIAL LIFE BOULEVARD
COLUMBIA, SC 29210

CUSTOMER NUMBER
IDA000062049



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62049-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62049-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK
100 NORTH GREENE STREET
GREENSBORO, NY 27401

CUSTOMER NUMBER
IDA000062057



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62057-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62057-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLONIAL PENN LIFE INSURANCE COMPANY
399 MARKET STREET
PHILADELPHIA, PA 19181

CUSTOMER NUMBER
IDA000062065

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-62065-ACT, HCA21-62065-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY 13902-1381

CUSTOMER NUMBER
IDA000062103



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62103-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMBINED INSURANCE COMPANY OF AMERICA
8750 W BRYN MAWR
CHICAGO, PA 60631

CUSTOMER NUMBER
IDA000062146



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62146-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACCORDIA LIFE AND ANNUITY COMPANY
215 10TH STREET, SUITE 1100
DES MOINES, IA 50309

CUSTOMER NUMBER
IDA000062200



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNUM LIFE INSURANCE COMPANY OF AMERICA
2211 CONGRESS STREET
PORTLAND, ME 04122

CUSTOMER NUMBER
IDA000062235



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62235-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-62286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONNECTICUT GENERAL LIFE INSURANCE COMPANY
TWO LIBERTY PLACE, 1601 CHESTNUT STREET, TL14A
PHILADELPHIA, PA 19192-2362

CUSTOMER NUMBER
IDA000062308



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62308-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FREEDOM LIFE INSURANCE COMPANY OF AMERICA
300 BURNETT STREET, SUITE 200
FORT WORTH, TX 76102-2734

CUSTOMER NUMBER

IDA000062324



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62324-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62324-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBR
1314 DOUGLAS STREET, SUITE 1400
OMAHA, NE 68102-1944

CUSTOMER NUMBER

IDA000062345



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NASSAU LIFE INSURANCE COMPANY OF TEXAS
1064 GREENWOOD BLVD.
SUITE 260
LAKE MARY, FL 32746

CUSTOMER NUMBER
IDA000062359

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-62359-ACT, HCA21-62359-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEDMUTUAL LIFE INSURANCE COMPANY
2060 EAST NINTH STREET
CLEVELAND, OH 44115-1355

CUSTOMER NUMBER
IDA000062375



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62375-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62375-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTURION LIFE INSURANCE COMPANY
800 WALNUT STREET
DES MOINES, IA 50309

CUSTOMER NUMBER

IDA000062383



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62383-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WILCAC LIFE INSURANCE COMPANY
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER

IDA000062413



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EQUITRUST LIFE INSURANCE COMPANY
7100 WESTOWN PARKWAY, SUITE 200
WEST DES MOINES, IA 50266

CUSTOMER NUMBER

IDA000062510



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COUNTRY LIFE INSURANCE COMPANY
P. O. BOX 2000
BLOOMINGTON, IL 61702-2000

CUSTOMER NUMBER

IDA000062553



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62553-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62553-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNION FIDELITY LIFE INSURANCE COMPANY
7101 COLLEGE BOULEVARD SUITE 1400
OVERLAND PARK, KS 66210

CUSTOMER NUMBER

IDA000062596



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-62626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DELAWARE AMERICAN LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000062634



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62634-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EDUCATORS LIFE INSURANCE COMPANY OF AMERICA
#1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000062790



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62790-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRUSTMARK LIFE INSURANCE COMPANY
400 FIELD DRIVE
LAKE FOREST, IL 60045-2581

CUSTOMER NUMBER
IDA000062863



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62863-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62863-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EQUITABLE FINANCIAL LIFE AND ANNUITY COMPANY
525 WASHINGTON BOULEVARD - 35TH FLOOR
JERSEY CITY, NJ 07310

CUSTOMER NUMBER
IDA000062880



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMC NATIONAL LIFE COMPANY
PO BOX 9202
DES MOINES, IA 50306-9202

CUSTOMER NUMBER

IDA000062928



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY
1290 AVENUE OF THE AMERICAS, CONTROLLERS 15TH FLOOR
NEW YORK, NY 10104

CUSTOMER NUMBER

IDA000062944



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-62944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62944-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-62952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-62952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FAMILY LIFE INSURANCE COMPANY
10777 NORTHWEST FREEWAY
HOUSTON, TX 77092

CUSTOMER NUMBER
IDA000063053



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-63053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FARM BUREAU LIFE INSURANCE COMPANY
5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266-5997

CUSTOMER NUMBER
IDA000063088

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-63088-ACT, HCA21-63088-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FARMERS NEW WORLD LIFE INSURANCE COMPANY
3120 139TH AVE SE, SUITE 300
BELLEVUE, WA 98005

CUSTOMER NUMBER
IDA000063177

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-63177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63177-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FEDERAL LIFE INSURANCE COMPANY
3750 W. DEERFIELD ROAD
RIVERWOODS, IL 60015

CUSTOMER NUMBER
IDA000063223



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-63223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63223-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FEDERATED LIFE INSURANCE COMPANY
121 EAST PARK SQUARE
OWATONNA, MN 55060

CUSTOMER NUMBER

IDA000063258



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-63258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-63274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC
8700 W. BRYN MAWR AVE., SUITE 900S
CHICAGO, IL 60631

CUSTOMER NUMBER
IDA000063290



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-63290-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63290-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-63312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63312-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-63444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER

IDA000063487



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-63487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63487-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FORESTERS LIFE INSURANCE AND ANNUITY COMPANY
RARITAN PLAZA 1, P.O. BOX 7836
EDISON, NJ 08818-7836

CUSTOMER NUMBER
IDA000063495



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-63495-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63495-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GARDEN STATE LIFE INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX 77550

CUSTOMER NUMBER
IDA000063657

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-63657-ACT, HCA21-63657-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEDCO CONTAINMENT LIFE INSURANCE COMPANY
ONE EXPRESS WAY
ST. LOUIS, MO 63121

CUSTOMER NUMBER
IDA000063762

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-63762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63762-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-63819-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPA
GPM LIFE BLDG - P.O. BOX 659567
SAN ANTONIO, TX 78265-9567

CUSTOMER NUMBER

IDA000063967



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-63967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63967-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED HERITAGE LIFE INSURANCE COMPANY
PO BOX 7777
MERIDIAN, ID 83680-7777

CUSTOMER NUMBER

IDA000063983



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-63983-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-63983-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
JEFFERSON NATIONAL LIFE INSURANCE COMPANY
10350 ORMSBY PARK PLACE
LOUISVILLE, KY 40223

CUSTOMER NUMBER

IDA000064017



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EPIC LIFE INSURANCE COMPANY, THE
PO BOX 14196
MADISON, WI 53708-0196

CUSTOMER NUMBER
IDA000064149



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64149-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

CUSTOMER NUMBER
IDA000064211



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GUARANTY INCOME LIFE INSURANCE COMPANY
2638 S. SHERWOOD FORREST BLVD.
SUITE 200
BATON ROUGE, LA 70816

CUSTOMER NUMBER
IDA000064238



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE
10 HUDSON YARDS
NEW YORK, NY 10001

CUSTOMER NUMBER
IDA000064246



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64246-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-64327-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64327-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HI 96814-3698

CUSTOMER NUMBER
IDA000064343



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HERITAGE LIFE INSURANCE COMPANY
227 WEST MONROE STREET, SUITE 3775
CHICAGO, IN 60606

CUSTOMER NUMBER

IDA000064394



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-64394-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	22,500.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, IN
P.O. BOX 31391
TAMPA, FL 33631-3391

CUSTOMER NUMBER

IDA000064467



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64467-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64467-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOMESTEADERS LIFE COMPANY
P.O. BOX 1756
DES MOINES, IA 50306

CUSTOMER NUMBER

IDA000064505



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64505-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HORACE MANN LIFE INSURANCE COMPANY
#1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

CUSTOMER NUMBER
IDA000064513



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ILLINOIS MUTUAL LIFE INSURANCE COMPANY
300 S.W. ADAMS STREET
PEORIA, IL 61634

CUSTOMER NUMBER

IDA000064580



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-64602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY
101 SOUTH TRYON STREET, SUITE 3200
CHARLOTTE, NC 28280

CUSTOMER NUMBER
IDA000064688



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY
101 PARKLANE BLVD, STE 301
SUGAR LAND, TX 77478

CUSTOMER NUMBER
IDA000064696



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INTRAMERICA LIFE INSURANCE COMPANY
878 VETERAN'S MEMORIAL HIGHWAY
HAUPPAUGE, NY 11788-5107

CUSTOMER NUMBER

IDA000064831



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64831-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64831-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BERKLEY LIFE AND HEALTH INSURANCE COMPANY
P.O. BOX 9190
DES MOINES, NJ 50306-9190

CUSTOMER NUMBER
IDA000064890



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64890-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INVESTORS HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 717
FRANKFORT, KY 40602-0717

CUSTOMER NUMBER
IDA000064904



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-64904-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-64904-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RIVERSOURCE LIFE INSURANCE COMPANY
227 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

CUSTOMER NUMBER
IDA000065005



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65005-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65005-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
JACKSON NATIONAL LIFE INSURANCE COMPANY
1 CORPORATE WAY
LANSING, MI 48951

CUSTOMER NUMBER
IDA000065056

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-65056-ACT, HCA21-65056-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
JOHN ALDEN LIFE INSURANCE COMPANY
P. O. BOX 624
MILWAUKEE, WI 53201

CUSTOMER NUMBER
IDA000065080

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-65080-ACT, HCA21-65080-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
KANSAS CITY LIFE INSURANCE COMPANY
P O BOX 219139
KANSAS CITY, MO 64121-9139

CUSTOMER NUMBER

IDA000065129



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LAFAYETTE LIFE INSURANCE COMPANY, THE
400 BROADWAY
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000065242



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65242-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED BENEFIT LIFE INSURANCE COMPANY
11200 LAKELINE BLVD STE 100
AUSTIN, TX 78717

CUSTOMER NUMBER

IDA000065269



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65269-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LINCOLN LIFE ASSURANCE COMPANY OF BOSTON
100 NORTH GREENE STREET
GREENSBORO, NC 27401

CUSTOMER NUMBER
IDA000065315

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-65315-ACT, HCA21-65315-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIBERTY NATIONAL LIFE INSURANCE COMPANY
3700 S. STONEBRIDGE DRIVE
MCKINNEY, AL 75070

CUSTOMER NUMBER
IDA000065331



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-65498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIFE INSURANCE COMPANY OF THE SOUTHWEST
1 NATIONAL LIFE DRIVE
MONTPELIER, VT 05604

CUSTOMER NUMBER
IDA000065528

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
6604 WEST BROAD STREET
RICHMOND, VA 23230

CUSTOMER NUMBER
IDA000065536

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-65536-ACT, HCA21-65536-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LINCOLN BENEFIT LIFE COMPANY
5600 N. RIVER ROAD, COLUMBIA CENTER I, SUITE 300
ROSEMONT, IL 60018

CUSTOMER NUMBER
IDA000065595

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-65595-ACT, HCA21-65595-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEDICO LIFE AND HEALTH INSURANCE COMPANY
PO BOX 14571
DES MOINES, IA 50306-3571

CUSTOMER NUMBER

IDA000065641



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE
100 NORTH GREENE STREET
GREENSBORO, IN 27401

CUSTOMER NUMBER
IDA000065676

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-65676-ACT, HCA21-65676-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LOYAL AMERICAN LIFE INSURANCE COMPANY
11200 LAKELINE BLVD., SUITE 100
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000065722



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
P.O. BOX 5008
MADISON, WI 53705-0008

CUSTOMER NUMBER
IDA000065781



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
200 BERKELEY STREET
BOSTON, MA 02116

CUSTOMER NUMBER
IDA000065838

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65838-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65838-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MANHATTAN LIFE INSURANCE COMPANY, THE
10777 NORTHWEST FREEWAY
HOUSTON, TX 77092

CUSTOMER NUMBER
IDA000065870



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-65900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65900-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRIMERICA LIFE INSURANCE COMPANY
1 PRIMERICA PARKWAY
DULUTH, GA 30099

CUSTOMER NUMBER
IDA000065919



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LINCOLN HERITAGE LIFE INSURANCE COMPANY
4343 EAST CAMELBACK ROAD
PHOENIX, AZ 85018

CUSTOMER NUMBER
IDA000065927



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65927-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA 01111

CUSTOMER NUMBER
IDA000065935

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-65935-ACT, HCA21-65935-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MERIT LIFE INSURANCE CO.
2 CORPORATE DRIVE, SUITE 760
SHELTON, CT 06484

CUSTOMER NUMBER
IDA000065951



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65951-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WINDSOR LIFE INSURANCE COMPANY
1345 RIVER BEND DRIVE, SUITE 100
DALLAS, TX 75247

CUSTOMER NUMBER
IDA000065960



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65960-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65960-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
METROPOLITAN LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000065978



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-65978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-65978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN BENEFIT LIFE INSURANCE COMPANY
1605 LBJ FWY, SUITE 700
DALLAS, TX 75234

CUSTOMER NUMBER
IDA000066001



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66001-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66001-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-66044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-66087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MIDWESTERN UNITED LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000066109



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WILTON REASSURANCE COMPANY
20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 06850

CUSTOMER NUMBER
IDA000066133



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66133-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HEALTH NET LIFE INSURANCE COMPANY
7700 FORSYTH BOULEVARD
SAINT LOUIS, CA 63105

CUSTOMER NUMBER
IDA000066141



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66141-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MINNESOTA LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098

CUSTOMER NUMBER
IDA000066168



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66168-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HEARTLAND NATIONAL LIFE INSURANCE COMPANY
1600 NE CORONADO DR
BLUE SPRINGS, MO 64014

CUSTOMER NUMBER

IDA000066214



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66214-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK
3275 BENNETT CREEK AVENUE
FREDERICK, MD 21704

CUSTOMER NUMBER

IDA000066230



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-66281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66281-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MUNICH AMERICAN REASSURANCE COMPANY
56 PERIMETER CENTER EAST, N.E., STE. 500
ATLANTA, GA 30346-2290

CUSTOMER NUMBER
IDA000066346

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-66346-ACT, HCA21-66346-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-66370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MUTUAL TRUST LIC, A PAN-AMERICAN LIFE INS GROUP STK C
1200 JORIE BOULEVARD
OAK BROOK, IL 60523-2269

CUSTOMER NUMBER
IDA000066427



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL FARMERS UNION LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER

IDA000066540



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL GUARDIAN LIFE INSURANCE COMPANY
P.O. BOX 1191
MADISON, WI 53701-1191

CUSTOMER NUMBER
IDA000066583



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL LIFE INSURANCE COMPANY
1 NATIONAL LIFE DRIVE
MONTPELIER, VT 05604

CUSTOMER NUMBER
IDA000066680



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIBERTY UNION LIFE ASSURANCE COMPANY
560 KIRTS BOULEVARD, SUITE 125
TROY, MI 48084-4133

CUSTOMER NUMBER
IDA000066753

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-66753-ACT, HCA21-66753-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL WESTERN LIFE INSURANCE COMPANY
10801 N. MOPAC EXPY., BLDG. 3
AUSTIN, TX 78759

CUSTOMER NUMBER
IDA000066850



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-66869-ACT, HCA21-66869-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NEW YORK LIFE INSURANCE COMPANY
51 MADISON AVENUE
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000066915



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-66915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66915-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-66974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-66974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GPM HEALTH AND LIFE INSURANCE COMPANY
P.O. BOX 659567
SAN ANTONIO, TX 78265-9567

CUSTOMER NUMBER
IDA000067059



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67059-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-67083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67083-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202-4797

CUSTOMER NUMBER

IDA000067091



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67091-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67091-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RELIASTAR LIFE INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000067105



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLIN
P.O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000067148



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OHIO NATIONAL LIFE INSURANCE COMPANY, THE
POST OFFICE BOX 237
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000067172



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67172-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-67180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD AMERICAN INSURANCE COMPANY
P.O. BOX 218573
KANSAS CITY, MO 64121-9139

CUSTOMER NUMBER
IDA000067199



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67199-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67199-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN LIFE & SECURITY CORP.
P.O. BOX 5577
LINCOLN, NE 68505

CUSTOMER NUMBER
IDA000067253



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67253-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD REPUBLIC LIFE INSURANCE COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000067261



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CIGNA HEALTH AND LIFE INSURANCE COMPANY
1601 CHESTNUT STREET, TL14A
PHILADELPHIA, CT 19192

CUSTOMER NUMBER
IDA000067369



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67369-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OZARK NATIONAL LIFE INSURANCE COMPANY
PO BOX 219541
KANSAS CITY, MO 64121-9541

CUSTOMER NUMBER
IDA000067393



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67393-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UBS LIFE INSURANCE COMPANY USA
P.O. BOX 1795
ERIE, PA 16512-1795

CUSTOMER NUMBER
IDA000067423



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67423-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PACIFIC LIFE INSURANCE COMPANY
700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

CUSTOMER NUMBER
IDA000067466

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-67466-ACT, HCA21-67466-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PAN-AMERICAN LIFE INSURANCE COMPANY
POST OFFICE BOX 60219
NEW ORLEANS, LA 70160-0219

CUSTOMER NUMBER

IDA000067539



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67539-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67539-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PAUL REVERE LIFE INSURANCE COMPANY, THE
1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402-1330

CUSTOMER NUMBER
IDA000067598



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNUM INSURANCE COMPANY
1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402-1330

CUSTOMER NUMBER
IDA000067601



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67601-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PEKIN LIFE INSURANCE COMPANY
2505 COURT STREET
PEKIN, IL 61558-0001

CUSTOMER NUMBER
IDA000067628



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67628-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DSM USA INSURANCE COMPANY, INC.
465 MEDFORD STREET
BOSTON, MA 02129

CUSTOMER NUMBER
IDA000067636

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-67636-ACT, HCA21-67636-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PENN MUTUAL LIFE INSURANCE COMPANY, THE
THE PENN MUTUAL LIFE INSURANCE COMPANY
PHILADELPHIA, PA 19172

CUSTOMER NUMBER
IDA000067644

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67644-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67644-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-67652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN REPUBLIC CORP INSURANCE COMPANY
PO BOX 14510
DES MOINES, IA 50306-3510

CUSTOMER NUMBER

IDA000067679



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67679-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TX 77079

CUSTOMER NUMBER

IDA000067784



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PHOENIX LIFE INSURANCE COMPANY
P. O. BOX 5056
HARTFORD, CT 06102-5056

CUSTOMER NUMBER

IDA000067814



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-67814-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-67814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PIONEER AMERICAN INSURANCE COMPANY
P. O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000067873



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY
11200 LAKELINE BLVD STE 100
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000067903



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67903-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC
P O BOX 368
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER

IDA000067911



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN MEMORIAL LIFE INSURANCE COMPANY
PO BOX 2730
RAPID CITY, SD 57709

CUSTOMER NUMBER
IDA000067989



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-67989-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-67989-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK
7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266-3862

CUSTOMER NUMBER
IDA000068039



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-68039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-68039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROFESSIONAL INSURANCE COMPANY
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER

IDA000068047



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-68047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-68047-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROFESSIONAL LIFE & CASUALTY COMPANY
227 WEST MONROE STREET, SUITE 3775
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000068063



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68063-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-68063-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PURITAN LIFE INSURANCE COMPANY
1720 WEST RIO SALADO PARKWAY
TEMPE, AZ 85281

CUSTOMER NUMBER

IDA000068071



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68071-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-68071-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-68071-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROTECTIVE LIFE INSURANCE COMPANY
P. O. BOX 2606
BIRMINGHAM, AL 35202

CUSTOMER NUMBER
IDA000068136



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-68136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-68136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROVIDENT AMERICAN INSURANCE COMPANY
10501 N CENTRAL EXPWY #240
DALLAS, TX 75231-2200

CUSTOMER NUMBER

IDA000068179



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402-1330

CUSTOMER NUMBER
IDA000068195



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68195-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000068241

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-68241-ACT, HCA21-68241-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMPLOYERS REASSURANCE CORPORATION
P. O. BOX 2981
MISSION, KS 66201-1391

CUSTOMER NUMBER
IDA000068276



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-68276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-68276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NASSAU LIFE INSURANCE COMPANY OF KANSAS
P. O. BOX 958465
LAKE MARY, FL 32795-8465

CUSTOMER NUMBER
IDA000068284

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-68284-ACT, HCA21-68284-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000068322

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-68322-ACT, HCA21-68322-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RELIABLE LIFE INSURANCE COMPANY, THE
12115 LACKLAND ROAD
ST. LOUIS, MO 63146-4003

CUSTOMER NUMBER
IDA000068357



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY
525 WASHINGTON BOULEVARD - 34TH FLOOR
JERSEY CITY, NJ 07310-1692

CUSTOMER NUMBER
IDA000068365

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with a value of 1,050.00.

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RELIANCE STANDARD LIFE INSURANCE COMPANY
2001 MARKET STREET, SUITE 1500
PHILADELPHIA, PA 19103

CUSTOMER NUMBER
IDA000068381



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-68381-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-68381-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WMI MUTUAL INSURANCE COMPANY
PO BOX 572450
SALT LAKE CITY, UT 84157-2450

CUSTOMER NUMBER

IDA000068420



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OCEANVIEW LIFE AND ANNUITY COMPANY
THREE GATEWAY CENTER
410 NORTH 44TH STREET, SUITE 210
PHOENIX, AZ 85008

CUSTOMER NUMBER
IDA000068446



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-68446-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-68446-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RESERVE NATIONAL INSURANCE COMPANY
601 EAST BRITTON ROAD
OKLAHOMA CITY, OK 73114

CUSTOMER NUMBER

IDA000068462



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-68462-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-68462-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, T
800 CRESCENT CENTRE DRIVE, SUITE 200
FRANKLIN, TN 37067

CUSTOMER NUMBER
IDA000068500



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68500-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68500-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-68543-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P. O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000068594



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68594-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SYMETRA LIFE INSURANCE COMPANY
P.O.BOX 34690
SEATTLE, WA 98124-1690

CUSTOMER NUMBER
IDA000068608



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VANTIS LIFE INSURANCE COMPANY
200 DAY HILL ROAD
WINDSOR, CT 06095

CUSTOMER NUMBER
IDA000068632



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68632-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SECURITY BENEFIT LIFE INSURANCE COMPANY
ONE SECURITY BENEFIT PLACE
TOPEKA, KS 66636-0001

CUSTOMER NUMBER
IDA000068675

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-68675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-68675-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SECURITY LIFE OF DENVER INSURANCE COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER

IDA000068713



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-68713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-68713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask for your cooperation and assistance in timely paying this assessment, thereby avoiding the need for any further administrative action.

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
PO BOX 1625
BINGHAMTON, NY 13902-1625

CUSTOMER NUMBER
IDA000068772



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-68802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SENTRY LIFE INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER

IDA000068810



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68810-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SHENANDOAH LIFE INSURANCE COMPANY
P.O. BOX 12847
ROANOKE, VA 24029

CUSTOMER NUMBER
IDA000068845



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-68845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-68845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STARMOUNT LIFE INSURANCE COMPANY
P.O. BOX 98100
BATON ROUGE, LA 70898-9100

CUSTOMER NUMBER
IDA000068985



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-68985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-68985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTHWESTERN LONG TERM CARE INSURANCE COMPANY
720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

CUSTOMER NUMBER
IDA000069000



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69000-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STANDARD INSURANCE COMPANY
PO BOX 711
PORTLAND, OR 97207-0711

CUSTOMER NUMBER
IDA000069019



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69019-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STANDARD SECURITY LIFE INSURANCE COMPANY OF NY
485 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022-5872

CUSTOMER NUMBER
IDA000069078



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STATE FARM LIFE INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

CUSTOMER NUMBER
IDA000069108



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STATE LIFE INSURANCE COMPANY, THE
P O BOX 368
INDIANAPOLIS, IN 46206-0368

CUSTOMER NUMBER
IDA000069116



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69116-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STATE MUTUAL INSURANCE COMPANY
PO BOX 153
ROME, GA 30162

CUSTOMER NUMBER
IDA000069132



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-69132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-69132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY
20 GUEST STREET
BRIGHTON, MA 02135

CUSTOMER NUMBER
IDA000069140



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69140-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SUNSET LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 219139
KANSAS CITY, MO 64121-9139

CUSTOMER NUMBER

IDA000069272



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-69272-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-69272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SURETY LIFE INSURANCE COMPANY
310 NE MULBERRY STREET
LEE'S SUMMIT, MO 64086

CUSTOMER NUMBER
IDA000069310



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-69310-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-69310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SURETY LIFE AND CASUALTY INSURANCE COMPANY
827 28TH STREET SW UNIT C
FARGO, ND 58103

CUSTOMER NUMBER
IDA000069329



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69329-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69329-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY
55 NE 5TH AVENUE SUITE 502
BOCA RATON, FL 33432

CUSTOMER NUMBER
IDA000069337



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-69337-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-69337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMER
730 THIRD AVENUE
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000069345



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69345-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TEXAS LIFE INSURANCE COMPANY
900 WASHINGTON AVENUE
WACO, TX 76701

CUSTOMER NUMBER
IDA000069396



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TIME INSURANCE COMPANY II
P.O. BOX 194320
SAN JUAN, PR 00919

CUSTOMER NUMBER
IDA000069477



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69477-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69477-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SECURITY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 57220
SALT LAKE CITY, UT 84157-0220

CUSTOMER NUMBER
IDA000069485



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69485-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69485-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEDAMERICA INSURANCE COMPANY
P.O. BOX 41930
ROCHESTER, NY 14604-0620

CUSTOMER NUMBER
IDA000069515

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANS WORLD ASSURANCE COMPANY
885 S. EL CAMINO REAL
SAN MATEO, CA 94402

CUSTOMER NUMBER

IDA000069566



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69566-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69566-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MUNICH RE US LIFE CORPORATION
56 PERIMETER CENTER EAST, NE, SUITE 500
ATLANTA, GA 30346

CUSTOMER NUMBER
IDA000069604



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69604-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69604-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-69647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-69647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
USAA LIFE INSURANCE COMPANY
9800 FREDERICKSBURG RD.
SAN ANTONIO, TX 78288

CUSTOMER NUMBER
IDA000069663



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69663-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TX 77079

CUSTOMER NUMBER
IDA000069698

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69698-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69698-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNION LABOR LIFE INSURANCE COMPANY, THE
8403 COLESVILLE ROAD
SILVER SPRING, DC 20910

CUSTOMER NUMBER
IDA000069744

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-69744-ACT, HCA21-69744-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED OF OMAHA LIFE INSURANCE COMPANY
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000069868



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69868-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69868-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED FARM FAMILY LIFE INSURANCE COMPANY
P.O. BOX 1250
INDIANAPOLIS, IN 46206-1250

CUSTOMER NUMBER
IDA000069892



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69892-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69892-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED HOME LIFE INSURANCE COMPANY
P. O. BOX 7192
INDIANAPOLIS, IN 46202

CUSTOMER NUMBER
IDA000069922



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69922-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED INSURANCE COMPANY OF AMERICA
12115 LACKLAND ROAD
ST. LOUIS, MO 63146-4003

CUSTOMER NUMBER
IDA000069930



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-69930-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-69930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED LIFE INSURANCE COMPANY
PO BOX 729
CEDAR RAPIDS, IA 52406-0729

CUSTOMER NUMBER
IDA000069973



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-69973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-69973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENWORTH LIFE INSURANCE COMPANY
6604 WEST BROAD STREET
RICHMOND, VA 23230

CUSTOMER NUMBER
IDA000070025



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-70025-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-70025-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE
P.O. BOX 1591, 3-D1
HOUSTON, TX 77251

CUSTOMER NUMBER
IDA000070106



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-70106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-70106-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
13931 QUAIL POINTE DRIVE
OKLAHOMA CITY, OK 73134

CUSTOMER NUMBER
IDA000070122



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-70122-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-70122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNIVERSAL GUARANTY LIFE INSURANCE COMPANY
P.O. BOX 13080
SPRINGFIELD, IL 62791-3080

CUSTOMER NUMBER

IDA000070130



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-70130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE
P.O. BOX 1591, 3-D1
HOUSTON, TX 77251-1591

CUSTOMER NUMBER

IDA000070238



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-70238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WASHINGTON NATIONAL INSURANCE COMPANY
11825 NORTH PENNSYLVANIA STREET
CARMEL, IN 46032

CUSTOMER NUMBER
IDA000070319

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-70319-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-70319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WEST COAST LIFE INSURANCE COMPANY
P. O. BOX 2606
BIRMINGHAM, AL 35202

CUSTOMER NUMBER

IDA000070335



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-70335-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-70335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNION SECURITY INSURANCE COMPANY
11222 QUAIL ROOST DRIVE
MIAMI, MO 33157-6596

CUSTOMER NUMBER
IDA000070408

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-70408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-70408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MML BAY STATE LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA 01111

CUSTOMER NUMBER
IDA000070416



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-70416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-70416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASS
ONE LINSCOTT ROAD
WOBURN, MA 01801

CUSTOMER NUMBER
IDA000070435



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-70435-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-70435-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTERN AND SOUTHERN LIFE INSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000070483

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-70483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-70483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HUMANADENTAL INSURANCE COMPANY
PO BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000070580



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-70580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-70580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE C
300 EAST RANDOLPH STREET
CHICAGO, IL 60601-5099

CUSTOMER NUMBER
IDA000070670



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-70670-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-70670-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
440 MAMARONECK AVENUE
HARRISON, NY 10528

CUSTOMER NUMBER

IDA000070688



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-70688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-70688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FAMILY BENEFIT LIFE INSURANCE COMPANY
7633 E 63RD PL, STE 230
TULSA, OK 74133-1246

CUSTOMER NUMBER

IDA000070742



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-70742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PACIFICARE LIFE AND HEALTH INSURANCE COMPANY
9800 HEALTH CARE LANE MN006-W500
MINNETONKA, MN 55343

CUSTOMER NUMBER
IDA000070785



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-70785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-70785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CT 06155-0001

CUSTOMER NUMBER
IDA000070815



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-70815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-70815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-70866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-70939-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-70939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSI
7700 FORSYTH BLVD.
ST. LOUIS, MO 63105

CUSTOMER NUMBER

IDA000071013



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-71013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PARKER CENTENNIAL ASSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

CUSTOMER NUMBER

IDA000071099



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-71099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DEARBORN 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
HCA21-71129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TALCOTT RESOLUTION LIFE AND ANNUITY INSURANCE COMP
1 GRIFFIN ROAD NORTH
WINDSOR, CT 06095

CUSTOMER NUMBER

IDA000071153



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-71153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRINCIPAL NATIONAL LIFE INSURANCE COMPANY
711 HIGH STREET
DES MOINES, IA 50392-2300

CUSTOMER NUMBER
IDA000071161



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-71161-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LANGHORNE REINSURANCE (ARIZONA) LTD
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017

CUSTOMER NUMBER
IDA000071323



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71323-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-71323-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
HCA21-71323-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CAREAMERICA LIFE INSURANCE COMPANY
601 12TH STREET
20TH FLOOR
OAKLAND, CA 94607

CUSTOMER NUMBER
IDA000071331



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-71331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-71390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-71390-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	4,500.00
FRA21-71390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			5,750.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTINENTAL GENERAL INSURANCE COMPANY
11001 LAKELINE BOULEVARD SUITE 120
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000071404



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-71404-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MUTUAL OF OMAHA INSURANCE COMPANY
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000071412



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-71412-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
P.O. BOX 36451
LAS VEGAS, NV 89133-6451

CUSTOMER NUMBER

IDA000071420



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-71420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASSURITY LIFE INSURANCE COMPANY
PO BOX 82533
LINCOLN, NE 68501-2533

CUSTOMER NUMBER

IDA000071439



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-71439-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FINANCIAL AMERICAN LIFE INSURANCE COMPANY
10151 DEERWOOD PARK BLVD.
BUILDING 100, SUITE 300
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA000071455



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-71455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CICA LIFE INSURANCE COMPANY OF AMERICA
P.O. BOX 149151
AUSTIN, TX 78714

CUSTOMER NUMBER
IDA000071463



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-71463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ABILITY INSURANCE COMPANY
P. O. BOX 3735
OMAHA, NE 68103

CUSTOMER NUMBER
IDA000071471



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-71471-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71471-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREAT WESTERN INSURANCE COMPANY
PO BOX 14410
DES MOINES, IA 50306-3410

CUSTOMER NUMBER
IDA000071480



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-71595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STANDARD LIFE AND CASUALTY INSURANCE COMPANY
P.O BOX 510690
SALT LAKE CITY, UT 84151-0690

CUSTOMER NUMBER
IDA000071706



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-71706-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
700 SOUTH STREET
PITTSFIELD, MA 01201

CUSTOMER NUMBER
IDA000071714



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-71714-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTINENTAL AMERICAN INSURANCE COMPANY
POST OFFICE BOX 427
COLUMBIA, SC 29202

CUSTOMER NUMBER
IDA000071730



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-71730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HM HEALTH INSURANCE COMPANY
120 FIFTH AVENUE SUITE FAPHM-191A
PITTSBURGH, PA 15222

CUSTOMER NUMBER
IDA000071768



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-71768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
ONE MOODY PLAZA
GALVESTON, TX 77550

CUSTOMER NUMBER

IDA000071773



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-71773-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-71773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AAA LIFE INSURANCE COMPANY
17900 N. LAUREL PARK DRIVE
LIVONIA, MI 48152

CUSTOMER NUMBER
IDA000071854



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71854-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-71854-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIDELITY SECURITY LIFE INSURANCE COMPANY
3130 BROADWAY
KANSAS CITY, MO 64111-2452

CUSTOMER NUMBER

IDA000071870



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-71870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANKERS FIDELITY ASSURANCE COMPANY
PO BOX 105185
ATLANTA, GA 30348

CUSTOMER NUMBER
IDA000071919



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-71919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-71919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AETNA HEALTH INSURANCE COMPANY
1425 UNION MEETING ROAD, U23S
BLUE BELL, PA 19422

CUSTOMER NUMBER
IDA000072052

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-72052-ACT, HCA21-72052-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

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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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131-2671

CUSTOMER NUMBER
IDA000072125

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-72125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-72125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMICA LIFE INSURANCE COMPANY
P.O. BOX 6008
PROVIDENCE, RI 02940-6008

CUSTOMER NUMBER

IDA000072222



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-72222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED WORLD LIFE INSURANCE COMPANY
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000072850



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-72850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-72850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-72958-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-72958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-72958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HUMANA INSURANCE COMPANY
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000073288



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-73288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-73288-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DENTEGRA INSURANCE COMPANY
ONE DELTA DRIVE
MECHANICSBURG, PA 17055

CUSTOMER NUMBER

IDA000073474



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-73474-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-73474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LUMICO LIFE INSURANCE COMPANY
175 KING ST.
ARMONK, NY 10504

CUSTOMER NUMBER
IDA000073504



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-73504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-73504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FAMILY SERVICE LIFE INSURANCE COMPANY
7 HANOVER SQUARE
NEW YORK, NY 10004-4025

CUSTOMER NUMBER
IDA000074004



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-74004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EVERENCE INSURANCE COMPANY
P. O. BOX 483
GOSHEN, IN 46527

CUSTOMER NUMBER

IDA000074209



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-74209-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-74209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INTEGRITY LIFE INSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000074780



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-74780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-74780-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA
200 FIRST STAMFORD PLACE, SUITE 400
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000074900

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-74900-ACT, HCA21-74900-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD UNITED LIFE INSURANCE COMPANY
P. O. BOX 795
SHAWNEE MISSION, KS 66201

CUSTOMER NUMBER

IDA000076007



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-76007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-76007-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-76007-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	2,250.00
TOTAL ASSESSMENT AMOUNT			3,500.00

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A: PAY EASILY ONLINE using your OPTins ASSESSMENT account at OPTins.org

OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLUMBIAN LIFE INSURANCE COMPANY
4704 VESTAL PARKWAY EAST, P.O. BOX 1381
BINGHAMTON, NY 13902-1381

CUSTOMER NUMBER
IDA000076023



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-76023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-76023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OXFORD LIFE INSURANCE COMPANY
2721 NORTH CENTRAL AVENUE
PHOENIX, AZ 85004

CUSTOMER NUMBER

IDA000076112



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-76112-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	22,500.00
HCA21-76112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-76112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			23,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CINCINNATI LIFE INSURANCE COMPANY, THE
6200 SOUTH GILMORE ROAD
FAIRFIELD, OH 45014-5141

CUSTOMER NUMBER

IDA000076236



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-76236-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-76236-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LASSO HEALTHCARE INSURANCE COMPANY
2605 INTERSTATE DRIVE
HARRISBURG, PA 17110

CUSTOMER NUMBER
IDA000076503



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-76503-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-76503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-76694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-76694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SENTINEL AMERICAN LIFE INSURANCE COMPANY
7 HANOVER SQUARE
NEW YORK, NY 10004-4025

CUSTOMER NUMBER
IDA000077119

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-77119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-77119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STERLING LIFE INSURANCE COMPANY
11200 LAKELINE BLVD., SUITE 100
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000077399

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for Fraud Unit Assessment and Health Care Appeals Fund, and a total assessment amount of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

Pay the TOTAL ASSESSMENT AMOUNT by one of the following methods (A or B):

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TOWN & COUNTRY LIFE INSURANCE COMPANY
P.O. BOX 58769
SALT LAKE CITY, UT 84158

CUSTOMER NUMBER
IDA000077674



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-77674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-77674-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANS-CITY LIFE INSURANCE CO.
7500 E. MCDONALD DR., SUITE 700
SCOTTSDALE, AZ 85250-6055

CUSTOMER NUMBER
IDA000077690



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-77690-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-77690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-77690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIFESECURE INSURANCE COMPANY
10559 CITATION DRIVE, SUITE 300
BRIGHTON, MI 48116

CUSTOMER NUMBER
IDA000077720



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-77720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-77720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMPANION LIFE INSURANCE COMPANY
P O BOX 100102
COLUMBIA, SC 29202

CUSTOMER NUMBER
IDA000077828



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-77828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-77828-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
5 STAR LIFE INSURANCE COMPANY
909 NORTH WASHINGTON STREET
ALEXANDRIA, VA 22314

CUSTOMER NUMBER
IDA000077879



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-77879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-77879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
P. O. BOX 470608
CLEVELAND, OH 44147-3529

CUSTOMER NUMBER

IDA000077968



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-77968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-77968-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY OF AMERI
525 WASHINGTON BLVD - CONTROLLERS 35TH FLOOR
JERSEY CITY, NJ 07310

CUSTOMER NUMBER

IDA000078077



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-78077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-78077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-78077-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	22,500.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UPSTREAM LIFE INSURANCE COMPANY
265 NORTH LAMAR BLVD.
SUITE A
OXFORD, MS 38655

CUSTOMER NUMBER
IDA000078093

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-78093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CLEAR SPRING HEALTH INSURANCE COMPANY
250 SOUTH NORTHWEST HIGHWAY, SUITE 302
PARK RIDGE, IL 60068

CUSTOMER NUMBER

IDA000078301



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-78301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-78301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-78301-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HCSC INSURANCE SERVICES COMPANY
300 EAST RANDOLPH STREET
CHICAGO, IL 60601-5099

CUSTOMER NUMBER

IDA000078611



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-78611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-78611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SENIOR LIFE INSURANCE COMPANY
P.O. BOX 2447
THOMASVILLE, GA 31799-2447

CUSTOMER NUMBER
IDA000078662



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-78662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-78662-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AETNA HEALTH AND LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE, RT21
HARTFORD, CT 06156

CUSTOMER NUMBER
IDA000078700



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-78700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-78700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NEW ERA LIFE INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TX 77079

CUSTOMER NUMBER
IDA000078743



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-78743-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-78743-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE
10 HUDSON YARDS
NEW YORK, NY 10001

CUSTOMER NUMBER
IDA000078778



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-78778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-78778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-79014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-79014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DELAWARE LIFE INSURANCE COMPANY
1601 TRAPELO ROAD, SUITE 30
WALTHAM, MA 02451

CUSTOMER NUMBER

IDA000079065



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-79065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-79065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRUCO LIFE INSURANCE COMPANY
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000079227



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-79227-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	22,500.00
HCA21-79227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-79227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE INSURANCE COMPANY
185 ASYLUM STREET
HARTFORD, CT 06103-3408

CUSTOMER NUMBER

IDA000079413



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-79413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-79413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEDICO CORP LIFE INSURANCE COMPANY
P.O. BOX 10482
DES MOINES, IA 50306-0482

CUSTOMER NUMBER
IDA000079987



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-79987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-79987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MOUNTAIN LIFE INSURANCE COMPANY
2416 SIR BARTON WAY
LEXINGTON, KY 40509

CUSTOMER NUMBER
IDA000080020



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-80020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-80020-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREENHOUSE LIFE INSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017

CUSTOMER NUMBER

IDA000080055



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-80055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
FSF21-80055-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
HCA21-80055-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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OR

B: If you are unable to pay using OPTins, mail this notice with your check or money order payable to:

INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNICARE LIFE & HEALTH INSURANCE COMPANY
220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000080314

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-80314-ACT, HCA21-80314-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PHYSICIANS MUTUAL INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NE 68131-2671

CUSTOMER NUMBER
IDA000080578



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-80578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-80578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CANADA LIFE ASSURANCE COMPANY, THE
8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000080659

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-80659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-80659-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREAT-WEST LIFE ASSURANCE COMPANY
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

CUSTOMER NUMBER
IDA000080705

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for FRA21-80705-ACT, HCA21-80705-ACT, and a TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CELTIC INSURANCE COMPANY
200 E. RANDOLPH STREET, SUITE 3600
CHICAGO, IL 60601

CUSTOMER NUMBER

IDA000080799



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-80799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-80799-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SUN LIFE ASSURANCE COMPANY OF CANADA
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER

IDA000080802



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-80802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
HCA21-80802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTRE LIFE INSURANCE COMPANY
4 WORLD TRADE CENTER, 53RD FLOOR, 150 GREENWICH ST
NEW YORK, NY 10007-2366

CUSTOMER NUMBER

IDA000080896



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-80896-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-80896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

CUSTOMER NUMBER
IDA000080926



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-80926-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-80926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VENERABLE INSURANCE AND ANNUITY COMPANY
1475 DUNWOODY DRIVE
SUITE 200
WEST CHESTER, PA 19380

CUSTOMER NUMBER
IDA000080942



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-80942-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-80942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
4 EVER LIFE INSURANCE COMPANY
2 MID AMERICA PLAZA, SUITE 200
OAKBROOK TERRACE, IL 60181

CUSTOMER NUMBER
IDA000080985



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-80985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-80985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED SECURITY HEALTH AND CASUALTY INSURANCE COMP
6640 S. CICERO AVENUE
BEDFORD PARK, IL 60638

CUSTOMER NUMBER

IDA000081108



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-81108-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-81108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIFE OF AMERICA INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TX 77079

CUSTOMER NUMBER

IDA000081132



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-81132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-81132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN MATURITY LIFE INSURANCE COMPANY
1 GRIFFIN ROAD NORTH
WINDSOR, CT 06095

CUSTOMER NUMBER
IDA000081213



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-81213-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-81213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NIPPON LIFE INSURANCE COMPANY OF AMERICA
655 THIRD AVE
NEW YORK, NY 10017

CUSTOMER NUMBER
IDA000081264

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-81264-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-81264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NYLIFE INSURANCE COMPANY OF ARIZONA
51 MADISON AVENUE
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000081353



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-81353-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	4,500.00
HCA21-81353-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-81353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			5,750.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DELTA DENTAL INSURANCE COMPANY
ONE DELTA DRIVE
MECHANICSBURG, PA 17055

CUSTOMER NUMBER
IDA000081396



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-81396-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-81396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY
70 GENESEE STREET
UTICA, NY 13502-3502

CUSTOMER NUMBER
IDA000081426

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-81426-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-81426-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-81442-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-81442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDEN
930 E. 2ND STREET, SUITE 100
EDMOND, OK 73034

CUSTOMER NUMBER

IDA000081779



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-81779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-81779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COVENTRY HEALTH AND LIFE INSURANCE COMPANY
15400 CALHOUN DRIVE, SUITE 300
ROCKVILLE, MD 20855

CUSTOMER NUMBER
IDA000081973



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-81973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-81973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CITIZENS NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 149151
AUSTIN, TX 78714-9151

CUSTOMER NUMBER
IDA000082082



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-82082-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-82082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LANDMARK LIFE INSURANCE COMPANY
PO BOX 40
BROWNWOOD, TX 76804

CUSTOMER NUMBER
IDA000082252



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-82252-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-82406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-82406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL HEALTH INSURANCE COMPANY
4455 LBJ FREEWAY, SUITE 375
DALLAS, TX 75244

CUSTOMER NUMBER
IDA000082538



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-82538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-82538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SWISS RE LIFE & HEALTH AMERICA INC.
175 KING STREET
ARMONK, NY 10504

CUSTOMER NUMBER
IDA000082627



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-82627-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-82627-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CSI LIFE INSURANCE COMPANY
P.O. BOX 34888
OMAHA, NE 68134

CUSTOMER NUMBER

IDA000082880



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-82880-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-82880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TEXAS SERVICE LIFE INSURANCE COMPANY
P O BOX 341899
AUSTIN, TX 78734

CUSTOMER NUMBER
IDA000083160



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-83160-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-83160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EVERGREEN LIFE INSURANCE COMPANY
700 E. PALISADE AVENUE
ENGLEWOOD CLIFFS, NJ 07632

CUSTOMER NUMBER

IDA000083232



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-83232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
P.O. BOX 31391
TAMPA, FL 33631-3391

CUSTOMER NUMBER

IDA000083445



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-83445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-83445-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
FRA21-83445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GUGGENHEIM LIFE AND ANNUITY COMPANY
401 PENNSYLVANIA PARKWAY, SUITE 300
INDIANAPOLIS, IN 46280

CUSTOMER NUMBER
IDA000083607



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-83607-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-83607-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ELCO MUTUAL LIFE AND ANNUITY
916 SHERWOOD DRIVE
LAKE BLUFF, IL 60044-2285

CUSTOMER NUMBER

IDA000084174



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-84174-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-84174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PACIFICARE LIFE ASSURANCE COMPANY
9700 HEALTH CARE LANE, MN017-E900
MINNETONKA, CA 55343

CUSTOMER NUMBER

IDA000084506



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-84506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-84506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AUTO CLUB LIFE INSURANCE COMPANY
17900 NORTH LAUREL PARK DRIVE
LIVONIA, MI 48152

CUSTOMER NUMBER
IDA000084522



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-84522-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-84522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
U.S. FINANCIAL LIFE INSURANCE COMPANY
227 WEST MONROE STREET, SUITE 3775
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA000084530



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-84530-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
FRA21-84530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SYMPHONIX HEALTH INSURANCE, INC.
1600 MCCONNOR PKWY 2ND FL
SCHAUMBURG, IL 60173

CUSTOMER NUMBER
IDA000084549



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-84549-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-84549-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN SPECIALTY HEALTH INSURANCE COMPANY
10221 WATERIDGE CIRCLE
SAN DIEGO, CA 92121

CUSTOMER NUMBER
IDA000084697



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-84697-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-84697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY
20 GUEST STREET
BRIGHTON, MA 02135

CUSTOMER NUMBER
IDA000084824



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-84824-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-84824-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTERN UNITED LIFE ASSURANCE COMPANY
P.O. BOX 2290
SPOKANE, WA 99210

CUSTOMER NUMBER
IDA000085189



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-85189-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-85189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FRESENIUS HEALTH PLANS INSURANCE COMPANY
3711 S. MOPAC EXPY, BUILDING TWO, SUITE 300
AUSTIN, TX 78746

CUSTOMER NUMBER
IDA000085286



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-85286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-85286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL SECURITY LIFE AND ANNUITY COMPANY
PO BOX 5363
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000085472



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-85472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ELIPS LIFE INSURANCE COMPANY
1450 AMERICAN LANE SUITE 1100
SCHAUMBURG, IL 60173

CUSTOMER NUMBER
IDA000085561



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-85561-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-85561-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED CONCORDIA INSURANCE COMPANY
4401 DEER PATH ROAD
HARRISBURG, PA 17110

CUSTOMER NUMBER
IDA000085766



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-85766-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
HCA21-85766-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-85766-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-86126-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-86126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANSAMERICA LIFE INSURANCE COMPANY
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499

CUSTOMER NUMBER
IDA000086231



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-86231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-86231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENERAL RE LIFE CORPORATION
120 LONG RIDGE RD
STAMFORD, CT 06902

CUSTOMER NUMBER
IDA000086258



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-86258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-86258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TX 77550

CUSTOMER NUMBER
IDA000086355



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-86355-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-86355-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CLOVER INSURANCE COMPANY
30 MONTGOMERY STREET, 15TH FLOOR
JERSEY CITY, NJ 07302

CUSTOMER NUMBER
IDA000086371



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-86371-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-86371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY
5780 POWERS FERRY ROAD, NW
ATLANTA, GA 30327-4390

CUSTOMER NUMBER
IDA000086509



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-86509-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-86509-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000086630



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-86630-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	22,500.00
HCA21-86630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-86630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-87017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-87017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY
13421 MANCHESTER ROAD, SUITE 204
SAINT LOUIS, MO 63131-1741

CUSTOMER NUMBER
IDA000087394



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-87394-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
HCA21-87394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-87394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED FIDELITY LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000087645



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-87645-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-87645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BRIGHTHOUSE LIFE INSURANCE COMPANY
12802 TAMPA OAKS BLVD, STE 447
TEMPLE TERRACE, FL 33647

CUSTOMER NUMBER
IDA000087726



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-87726-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-87726-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPAN
4949 KELLER SPRINGS RD.
ADDISON, TX 75001-5910

CUSTOMER NUMBER
IDA000087963



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-87963-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-87963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TALCOTT RESOLUTION LIFE INSURANCE COMPANY
1 GRIFFIN ROAD NORTH
WINDSOR, CT 06095

CUSTOMER NUMBER
IDA000088072



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-88072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-88072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OMAHA HEALTH INSURANCE COMPANY
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

CUSTOMER NUMBER
IDA000088080



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-88080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-88080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OPTIMUM RE INSURANCE COMPANY
P O BOX 660010
DALLAS, TX 75266-0010

CUSTOMER NUMBER
IDA000088099



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-88099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-88099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLONIAL LIFE INSURANCE COMPANY OF TEXAS
PO BOX 2543
FORT WORTH, TX 76113-2543

CUSTOMER NUMBER

IDA000088153



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-88153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-88153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN RETIREMENT LIFE INSURANCE COMPANY
11200 LAKELINE BLVD., SUITE 100
AUSTIN, TX 78717

CUSTOMER NUMBER
IDA000088366



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-88366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-88366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY
P. O. BOX 2606
BIRMINGHAM, AL 35202

CUSTOMER NUMBER

IDA000088536



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-88536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-88536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EMPHEYSYS INSURANCE COMPANY
P. O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER
IDA000088595



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-88595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-88595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MUTUAL OF AMERICA LIFE INSURANCE COMPANY
320 PARK AVENUE
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA000088668

 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-88668-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-88668-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ENTERPRISE LIFE INSURANCE COMPANY
300 BURNETT STREET, SUITE 200
801 CHERRY ST
FORT WORTH, TX 76102-2734

CUSTOMER NUMBER
IDA000089087



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-89087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-89087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STERLING INVESTORS LIFE INSURANCE COMPANY
10201 N. ILLINOIS ST., SUITE 280
INDIANAPOLIS, IN 46290

CUSTOMER NUMBER
IDA000089184



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-89184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-89184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OHIO NATIONAL LIFE ASSURANCE CORPORATION
POST OFFICE BOX 237
CINCINNATI, OH 45201

CUSTOMER NUMBER
IDA000089206



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-89206-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-89206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-89427-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
HCA21-89427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-89427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SHELTERPOINT INSURANCE COMPANY
1225 FRANKLIN AVENUE - SUITE 475
GARDEN CITY, NY 11530

CUSTOMER NUMBER
IDA000089958



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-89958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-89958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GREAT SOUTHERN LIFE INSURANCE COMPANY
P.O. BOX 410288
KANSAS CITY, MO 64141-0288

CUSTOMER NUMBER
IDA000090212



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-90212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-90212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RX LIFE INSURANCE COMPANY
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
HCA21-90247-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-90247-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-90247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,625.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-90328-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-90328-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ZURICH AMERICAN LIFE INSURANCE COMPANY
150 GREENWICH STREET, 4 WORLD TRADE CENTER, 54TH F
NEW YORK, NY 10007-2366

CUSTOMER NUMBER

IDA000090557



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-90557-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-90557-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SYMETRA NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 34690
SEATTLE, WA 98124-1690

CUSTOMER NUMBER
IDA000090581



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-90581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-90581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297

CUSTOMER NUMBER

IDA000090611



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-90611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-90611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BEST LIFE AND HEALTH INSURANCE COMPANY
P.O BOX 19721
IRVINE, CA 92623-9721

CUSTOMER NUMBER
IDA000090638



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-90638-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-90638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.




DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-91472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-91472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-91529-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-91529-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
51 MADISON AVENUE
NEW YORK, NY 10010

CUSTOMER NUMBER
IDA000091596



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-91596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-91596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NEW ENGLAND LIFE INSURANCE COMPANY
12802 TAMPA OAKS BLVD, STE 447
TAMPA, FL 33637

CUSTOMER NUMBER
IDA000091626



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-91626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-91626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FORETHOUGHT LIFE INSURANCE COMPANY
10 WEST MARKET STREET, SUITE 2300
INDIANAPOLIS, IN 46204

CUSTOMER NUMBER
IDA000091642



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-91642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-91642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
IA AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 2549
WACO, TX 76702-2549

CUSTOMER NUMBER
IDA000091693



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-91693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-91693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STERLING NATIONAL LIFE INSURANCE COMPANY, INC.
P.O. BOX 2460
SALT LAKE CITY, UT 84110-2460

CUSTOMER NUMBER

IDA000091785



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-91785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-91785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIFECARE ASSURANCE COMPANY
P.O. BOX 4243
WOODLAND HILLS, CA 91365

CUSTOMER NUMBER

IDA000091898



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-91898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-91898-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	22,500.00
FRA21-91898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			23,750.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN SAVINGS LIFE INSURANCE COMPANY
935 E MAIN STREET SUITE 100
MESA, AZ 85203

CUSTOMER NUMBER
IDA000091910



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-91910-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	2,250.00
HCA21-91910-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-91910-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			3,500.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMPANION LIFE INSURANCE COMPANY OF CALIFORNIA
PO BOX 100102
COLUMBIA, SC 29202

CUSTOMER NUMBER
IDA000092444



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-92444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-92444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRUASSURE INSURANCE COMPANY
111 SHUMAN BOULEVARD
NAPERVILLE, IL 60563

CUSTOMER NUMBER
IDA000092525



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-92525-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-92525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTERN-SOUTHERN LIFE ASSURANCE COMPANY
400 BROADWAY
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA000092622



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-92622-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-92622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-92657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-92657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

CUSTOMER NUMBER
IDA000092703



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-92703-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-92703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-92711-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-92711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
6000 WESTOWN PARKWAY
WEST DES MOINES, IA 50266-5921

CUSTOMER NUMBER

IDA000092738



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-92738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TIER ONE INSURANCE COMPANY
1932 WYNNTON ROAD
COLUMBUS, GA 31999-0001

CUSTOMER NUMBER

IDA000092908



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-92908-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-92908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED AMERICAN INSURANCE COMPANY
P.O. BOX 8080
MCKINNEY, TX 75070

CUSTOMER NUMBER
IDA000092916

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-92916-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-92916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PENN INSURANCE AND ANNUITY COMPANY, THE
PENN INSURANCE & ANNUITY COMPANY
PHILADELPHIA, PA 19172

CUSTOMER NUMBER
IDA000093262



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93262-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
C.M. LIFE INSURANCE COMPANY
1295 STATE STREET
SPRINGFIELD, MA 01111

CUSTOMER NUMBER
IDA000093432



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93432-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93432-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HM LIFE INSURANCE COMPANY
P.O. BOX 535061
PITTSBURGH, PA 15253-5061

CUSTOMER NUMBER
IDA000093440



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93440-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PAN-AMERICAN ASSURANCE COMPANY
POST OFFICE BOX 53372
NEW ORLEANS, LA 70153-3372

CUSTOMER NUMBER
IDA000093459



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COEFFICIENT INSURANCE COMPANY
269 EAST GRAND AVENUE
SOUTH SAN FRANCISCO, CA 94080

CUSTOMER NUMBER

IDA000093521



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93521-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PHL VARIABLE INSURANCE COMPANY
P. O. BOX 5056
HARTFORD, CT 06102-5056

CUSTOMER NUMBER

IDA000093548



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93548-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RGA REINSURANCE COMPANY
16600 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017-1706

CUSTOMER NUMBER
IDA000093572



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93572-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY
P.O. BOX 717
BOSTON, MA 02117-0717

CUSTOMER NUMBER
IDA000093610



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPA
100 MULBERRY STREET, GATEWAY 3, 7TH FLOOR
NEWARK, NJ 07102-4061

CUSTOMER NUMBER
IDA000093629

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes rows for HCA21-93629-ACT, FRA21-93629-ACT, and a bolded TOTAL ASSESSMENT AMOUNT of 1,250.00.

This consolidated assessment notice contains one or more assessments that your organization is required to pay. You can access statutes referenced in the assessment by visiting the Arizona Legislature Internet Web site (www.azleg.gov).

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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-93661-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93661-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
QCC INSURANCE COMPANY
1901 MARKET STREET
PHILADELPHIA, PA 19103-1480

CUSTOMER NUMBER
IDA000093688



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY
900 SALEM STREET
SMITHFIELD, RI 02917

CUSTOMER NUMBER
IDA000093696



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NASSAU LIFE AND ANNUITY COMPANY
P. O. BOX 5056
HARTFORD, CT 06102-5056

CUSTOMER NUMBER

IDA000093734



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93734-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93734-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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OR

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SECURIAN LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098

CUSTOMER NUMBER
IDA000093742



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93742-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-93742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PACIFIC CENTURY LIFE INSURANCE CORPORATION
3101 NORTH CENTRAL AVENUE, SUITE 400
PHOENIX, AZ 85012

CUSTOMER NUMBER

IDA000093815



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-93815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-93815-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
FRA21-93815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			8,750.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENWORTH INSURANCE COMPANY
6620 WEST BROAD STREET, BLDG 2
RICHMOND, VA 23230

CUSTOMER NUMBER

IDA000094072



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-94072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-94072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COUNTRY INVESTORS LIFE ASSURANCE COMPANY
P. O. BOX 2000
BLOOMINGTON, IL 61702-2000

CUSTOMER NUMBER

IDA000094218



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-94218-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-94218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANNER LIFE INSURANCE COMPANY
3275 BENNETT CREEK AVENUE
FREDERICK, MD 21704

CUSTOMER NUMBER

IDA000094250



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-94250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-94250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
USABLE LIFE
P.O. BOX 1650
LITTLE ROCK, AR 72203-1650

CUSTOMER NUMBER
IDA000094358



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-94358-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-94358-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STATE FARM HEALTH INSURANCE COMPANY
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

CUSTOMER NUMBER

IDA000094498



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-94498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-94498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MEMBERS HEALTH INSURANCE COMPANY
P.O. BOX 1801
COLUMBIA, TN 38402-1801

CUSTOMER NUMBER

IDA000094587



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-94587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FSF21-94587-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-94587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			2,000.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HUMANA HEALTH PLAN OF TEXAS, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER

IDA000095024



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-95024-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-95109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CIGNA HEALTHCARE OF ARIZONA, INC.
25500 N.NORTERRA DR.
PHOENIX, AZ 85085-8200

CUSTOMER NUMBER

IDA000095125



*Please enter your CUSTOMER
NUMBER on your payment.*

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-95125-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	4,500.00
FRA21-95125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			5,550.00

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at OPTins.org**

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CHA HMO, INC.
P.O. BOX 740036
LOUISVILLE, KY 40202-7436

CUSTOMER NUMBER

IDA000095158



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-95158-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HEALTH NET OF ARIZONA, INC.
7700 FORSYTH BLVD
SAINT LOUIS, MO 63105

CUSTOMER NUMBER
IDA000095206



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-95206-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
FRA21-95206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PREMIER CHOICE DENTAL, INC.
530 S. MAIN STREET
ORANGE, CA 92868

CUSTOMER NUMBER
IDA000095224



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-95224-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
HCA21-95224-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-95224-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERIGROUP TEXAS, INC.
4425 CORPORATION LANE
VIRGINIA BEACH, VA 23462

CUSTOMER NUMBER

IDA000095314



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-95314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRESBYTERIAN HEALTH PLAN, INC.
PO BOX 27489
ALBUQUERQUE, NM 87125-7489

CUSTOMER NUMBER

IDA000095330



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-95330-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-95366-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
HCA21-95366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-95366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,625.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PACIFICARE OF COLORADO, INC.
9700 HEALTHCARE LANE, MN017-E900
MINNETONKA, MN 55343

CUSTOMER NUMBER

IDA000095434



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-95434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PACIFICARE OF ARIZONA, INC.
9700 HEALTH CARE LANE MN017-E900
MINNETONKA, MN 55343

CUSTOMER NUMBER

IDA000095617



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-95617-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	375.00
FRA21-95617-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,425.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE OF WISCONSIN, INC.
WI030-1000, 10701 WEST RESEARCH DRIVE PO BOX 26649
WAUWATOSA, WI 53226-0649

CUSTOMER NUMBER
IDA000095710



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-95710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CARITEN HEALTH PLAN INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER

IDA000095754



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-95754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HUMANA HEALTH PLAN, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436

CUSTOMER NUMBER

IDA000095885



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-95885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FSF21-95982-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	7,500.00
FRA21-95982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			8,550.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITEDHEALTHCARE OF ARIZONA, INC.
5701 KATELLA AVE, CA 120-0309
CYPRESS, CA 90630

CUSTOMER NUMBER
IDA000096016



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-96016-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	750.00
FRA21-96016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,800.00

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**INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DENTAL CARE PLUS, INC.
100 CROWNE POINT PLACE
SHARONVILLE, OH 45241

CUSTOMER NUMBER
IDA000096265

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-96265-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-96265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
METROPOLITAN TOWER LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE, 3RD FLOOR
TAMPA, FL 33647

CUSTOMER NUMBER
IDA000097136



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-97136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PLATEAU INSURANCE COMPANY
P.O. BOX 7001, 2701 NORTH MAIN STREET
CROSSVILLE, TN 38557-7001

CUSTOMER NUMBER

IDA000097152



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-97152-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-97179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SETTLERS LIFE INSURANCE COMPANY
PO BOX 1191
MADISON, WI 53701-1191

CUSTOMER NUMBER

IDA000097241



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-97241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PACIFIC LIFE & ANNUITY COMPANY
700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

CUSTOMER NUMBER
IDA000097268



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FSF21-97268-ACT	Financial Surveillance Fund [ARS § 20-156(G)]	7/13/2020	22,500.00
HCA21-97268-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			23,750.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MAGELLAN LIFE INSURANCE COMPANY
14100 MAGELLAN PLAZA
MARYLAND HEIGHTS, MO 63043

CUSTOMER NUMBER
IDA000097292



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-97292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIFE OF THE SOUTH INSURANCE COMPANY
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 500
JACKSONVILLE, FL 32256

CUSTOMER NUMBER

IDA000097691



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-97691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DIRECT GENERAL LIFE INSURANCE COMPANY
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217-2432

CUSTOMER NUMBER
IDA000097705

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-97705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
IDEALIFE INSURANCE COMPANY
120 LONG RIDGE ROAD
STAMFORD, CT 06902

CUSTOMER NUMBER

IDA000097764



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-97764-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97764-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624**

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
US HEALTH AND LIFE INSURANCE COMPANY
8220 IRVING RD.
STERLING HEIGHTS, MI 48312

CUSTOMER NUMBER
IDA000097772



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-97772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
HCA21-97985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-97985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL FOUNDATION LIFE INSURANCE COMPANY
300 BURNETT STREET, SUITE 200
FORT WORTH, TX 76102-2734

CUSTOMER NUMBER
IDA000098205



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-98205-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-98205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIFESHIELD NATIONAL INSURANCE CO.
P.O. BOX 18223
OKLAHOMA CITY, OK 73154-0223

CUSTOMER NUMBER

IDA000099724



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-99724-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-99724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FUNERAL DIRECTORS LIFE INSURANCE COMPANY
P. O. BOX 5649
ABILENE, TX 79608

CUSTOMER NUMBER

IDA000099775



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-99775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COLUMBUS LIFE INSURANCE COMPANY
400 EAST 4TH STREET
CINCINNATI, OH 45202-3302

CUSTOMER NUMBER

IDA000099937



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
HCA21-99937-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	7/13/2020	200.00
FRA21-99937-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,250.00

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Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INTERSTATE NATIONAL DEALER SERVICES, INC.
PO BOX 724707
ATLANTA, GA 31139

CUSTOMER NUMBER

IDA049207143



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VEHICLE PROTECTION, INC.
250 NE MULBERRY
LEE'S SUMMIT, MO 64086

CUSTOMER NUMBER
IDA049207144



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207144-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TWG HOME WARRANTY SERVICES, INC.
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207145



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-49207146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SERVICE SAVER, INCORPORATED
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207147



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PABLO CREEK SERVICES, INC.
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL 32224

CUSTOMER NUMBER

IDA049207148



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DEALER PERFORMANCE, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER

IDA049207149



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONSUMER PROGRAM ADMINISTRATORS, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER

IDA049207150



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AUTOMOTIVE WARRANTY SERVICES OF FLORIDA, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER
IDA049207151



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN GUARDIAN WARRANTY SERVICES, INC.
PO BOX 768
WARRENVILLE, IL 60555

CUSTOMER NUMBER

IDA049207152



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AAGI, INC.
1700 E GOLF ROAD, SUITE 700
SCHAUMBURG, IL 60173

CUSTOMER NUMBER

IDA049207153



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN HOME GUARDIAN, INC.
601 MERRITT 7, 6TH FLOOR
NORWALK, CT 06851

CUSTOMER NUMBER

IDA049207154



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DEALERS ALLIANCE CORPORATION
15920 ADDISON ROAD
ADDISON, TX 75001

CUSTOMER NUMBER
IDA049207155



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
IWS ACQUISITION CORPORATION
5901 BROKEN SOUND PARKWAY NW, SUITE 400
BOCA RATON, FL 33487

CUSTOMER NUMBER

IDA049207156



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OWNERSHIELD, INC.
PO BOX 852770
RICHARDSON, TX 75081

CUSTOMER NUMBER

IDA049207157



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAFE-GUARD PRODUCTS INTERNATIONAL, LLC
2 CONCOURSE PARKWAY, SUITE 500
ATLANTA, GA 30328

CUSTOMER NUMBER
IDA049207158



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207158-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NISSAN EXTENDED SERVICES NORTH AMERICA, GP
PO BOX 685004 (A-4-F)
FRANKLIN, TN 37068-5004

CUSTOMER NUMBER

IDA049207159



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207159-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VISION WARRANTY CORPORATION
17555 EL CAMINO REAL
HOUSTON, TX 77058

CUSTOMER NUMBER

IDA049207160



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VEHICLE SERVICE ADMINISTRATOR, LLC
900 S HIGHWAY DR, SUITE 100
FENTON, MO 63026

CUSTOMER NUMBER

IDA049207161



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNIVERSAL UNDERWRITERS SERVICE CORPORATION
1299 ZURICH WAY
SCHAUMBURG, IL 60196

CUSTOMER NUMBER

IDA049207162



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED STATES WARRANTY CORP. OF FLORIDA (FN)
C/O PROTECTIVE
14755 N OUTER 40 ROAD, SUITE 400
SAINT LOUIS, MO 63017-6050

CUSTOMER NUMBER
IDA049207163



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207163-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PREMIER DEALER SERVICES, INC.
9449 BALBOA AVE, SUITE 300
SAN DIEGO, CA 92123

CUSTOMER NUMBER

IDA049207164



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-49207166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AUTO SERVICE WARRANTIES, INC. (FN)
PO BOX 2400
MOUNTAIN HOME, AR 72654

CUSTOMER NUMBER

IDA049207168



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
A.U.L. CORP.
1250 MAIN STREET, SUITE 300
NAPA, CA 94559

CUSTOMER NUMBER

IDA049207169



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BANKERS WARRANTY GROUP, INC.
11101 ROOSEVELT BLVD NORTH
ST PETERSBURG, FL 33716

CUSTOMER NUMBER
IDA049207171

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Row 1: FRA21-49207171-ACT, Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al], 7/13/2020, 1,050.00. Row 2: TOTAL ASSESSMENT AMOUNT, 1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OLD REPUBLIC HOME PROTECTION COMPANY, INC.
PO BOX 5017
SAN RAMON, CA 94583

CUSTOMER NUMBER

IDA049207173



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207173-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SOUTHWEST GENERAL INSURANCE COMPANY
PO BOX 1377
GALLUP, NM 87305

CUSTOMER NUMBER

IDA049207174



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HYUNDAI PROTECTION PLAN, INC.
3161 MICHELSON DRIVE, SUITE 1900
IRVINE, CA 92612

CUSTOMER NUMBER

IDA049207175



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207175-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
POWER PROTECT EXTENDED SERVICES, INC.
3161 MICHELSON DRIVE, SUITE 1900
IRVINE, CA 92612

CUSTOMER NUMBER
IDA049207176



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207176-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICA'S PREFERRED HOME WARRANTY, INC.
5775 ANN ARBOR ROAD
JACKSON, MI 49201

CUSTOMER NUMBER

IDA049207178



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WYNN'S EXTENDED CARE, INC.
6303 BLUE LAGOON DRIVE, SUITE 225
MIAMI, FL 33126-6004

CUSTOMER NUMBER

IDA049207179



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VANTAGE WARRANTY, INC.
8834 N CAPITAL OF TX HWY, SUITE 250
AUSTIN, TX 78759

CUSTOMER NUMBER

IDA049207180



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
STARR PROTECTION SOLUTIONS, LLC
399 PARK AVENUE, 3RD FLOOR
NEW YORK, NY 10022

CUSTOMER NUMBER
IDA049207181

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PHOENIX AMERICAN WARRANTY COMPANY, INC.
6303 BLUE LAGOON DRIVE, SUITE 225
MIAMI, FL 33126-6004

CUSTOMER NUMBER

IDA049207182



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PALMER ADMINISTRATIVE SERVICES, INC.
3430 SUNSET AVENUE
OCEAN, NJ 07712

CUSTOMER NUMBER

IDA049207183



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTHCOAST WARRANTY SERVICES, INC.
3925 BROOKSIDE PARKWAY
ALPHARETTA, GA 30022

CUSTOMER NUMBER

IDA049207184



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CAREGARD WARRANTY SERVICES, INC.
1900 CHAMPAGNE BLVD
GRAPEVINE, TX 76051

CUSTOMER NUMBER
IDA049207185



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AUTO KNIGHT MOTOR CLUB, INC.
10151 DEERWOOD PARK BLVD, BLDG 100, SUITE 330
JACKSONVILLE, FL 32256

CUSTOMER NUMBER

IDA049207186



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMT WARRANTY CORP.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

CUSTOMER NUMBER

IDA049207187



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNIVERSAL WARRANTY CORPORATION
500 WOODWARD AVE, 10TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER

IDA049207188



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SERVICEGUARD SYSTEMS, INC.
34555 CHAGRIN BLVD., SUITE 100
MORELAND HILLS, OH 44022

CUSTOMER NUMBER

IDA049207189



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALLY SERVICE AGREEMENT CORPORATION
500 WOODWARD AVENUE, 10TH FLOOR
DETROIT, MI 48226

CUSTOMER NUMBER

IDA049207190



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FEDERAL WARRANTY SERVICE CORP.
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207191



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207191-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ENDURANCE DEALER SERVICES, LLC
C/O MEENAN P.A.
PO BOX 11247
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA049207192

 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207192-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASURION WARRANTY SERVICES, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER

IDA049207193



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASURION WARRANTY PROTECTION SERVICES, LLC
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER
IDA049207194



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASURION TECHNOLOGY SERVICES, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER

IDA049207195



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASURION SERVICE PLANS, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER

IDA049207196



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207196-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASURION CONSUMER SOLUTIONS, INC.
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER

IDA049207197



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207197-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN RELIABLE INSURANCE COMPANY
3 BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004

CUSTOMER NUMBER

IDA049207198



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-49207200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTINENTAL SERVICE PROVIDER, INC.
PO BOX 2840
SCOTTSDALE, AZ 85252-2840

CUSTOMER NUMBER

IDA049207202



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207202-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EFG HOME SERVICES, LLC
PO BOX 167667
IRVING, TX 75016

CUSTOMER NUMBER

IDA049207203



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207203-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIDELITY NATIONAL HOME WARRANTY CO.
1850 GATEWAY BLVD, SUITE 400
CONCORD, CA 94520

CUSTOMER NUMBER

IDA049207204



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MPP CO., INC.
PO BOX 634
SHAWNEE MISSION, KS 66201

CUSTOMER NUMBER

IDA049207205



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PLATINUM HOME PROTECTION, LLC
16211 N SCOTTSDALE ROAD, SUITE A6A-478
SCOTTSDALE, AZ 85254

CUSTOMER NUMBER

IDA049207207



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TMI SOLUTIONS, LLC
C/O KEN LEVINE, COZEN
1 N CLEMATIS ST, SUITE 510
W PALM BEACH, FL 33401

CUSTOMER NUMBER
IDA049207208

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Row 1: FRA21-49207208-ACT, Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al], 7/13/2020, 1,050.00. Row 2: TOTAL ASSESSMENT AMOUNT, 1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WARRANTY GLOBAL GROUP, INC.
PO BOX 2748
ADDISON, TX 75001

CUSTOMER NUMBER

IDA049207209



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ASURION SERVICES, LLC
11460 TOMAHAWK CREEK PKWY, SUITE 300
LEAWOOD, KS 66211

CUSTOMER NUMBER

IDA049207210



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTURION SERVICE CORP.
525 W 21ST STREET
TEMPE, AZ 85282

CUSTOMER NUMBER

IDA049207211



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SENTINEL SERVICE CORP.
525 W 21ST STREET
TEMPE, AZ 85282

CUSTOMER NUMBER

IDA049207212



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
COMPLETE PRODUCT CARE CORP.
600 HARRISON STREET, SUITE 400
SAN FRANCISCO, CA 94107

CUSTOMER NUMBER
IDA049207213



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ENTERPRISE FINANCIAL GROUP, INC.
PO BOX 167667
IRVING, TX 75016

CUSTOMER NUMBER
IDA049207214

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GAI WARRANTY COMPANY
301 E 4TH STREET
CINCINNATI, OH 45202

CUSTOMER NUMBER
IDA049207216



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GLOBAL AUTO SOLUTIONS, INC.
425 METRO PLACE N, SUITE 300
DUBLIN, OH 43017

CUSTOMER NUMBER

IDA049207217



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GS ADMINISTRATORS, INC.
1345 ENCLAVE PARKWAY
HOUSTON, TX 77077

CUSTOMER NUMBER
IDA049207218



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOME WARRANTY OF AMERICA, INC.
1371 ABBOTT COURT, SUITE A
BUFFALO GROVE, IL 60089

CUSTOMER NUMBER

IDA049207219



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOMEGUARD HOMEWARRANTY, INC.
510 MADERA AVE
SAN JOSE, CA 95112

CUSTOMER NUMBER
IDA049207220



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
IAS WARRANTY, INC.
PO BOX 204329
AUSTIN, TX 78720

CUSTOMER NUMBER

IDA049207221



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL AUTO CARE CORPORATION
208 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

CUSTOMER NUMBER
IDA049207222



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL WARRANTY CORPORATION
ATTN: COMPLIANCE DEPT
PO BOX 724707
ATLANTA, GA 31139

CUSTOMER NUMBER
IDA049207223

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Includes a row for 'TOTAL ASSESSMENT AMOUNT' with a value of 1,050.00.

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OWNERGUARD CORPORATION
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 30009-7602

CUSTOMER NUMBER

IDA049207225



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
QBE ADMINISTRATION SERVICES, INC.
PO BOX 779
SHELBY, OH 44875-0779

CUSTOMER NUMBER

IDA049207226



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAFEWARE, THE INSURANCE AGENCY, INC.
5700 PERIMETER DRIVE, SUITE E
DUBLIN, OH 43017

CUSTOMER NUMBER

IDA049207227



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WEST COAST ASSURANCE COMPANY
14755 N OUTER FORTY ROAD, SUITE 400
ST. LOUIS, MO 63017-6050

CUSTOMER NUMBER

IDA049207228



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN AUTO SHIELD, LLC
1597 COLE BLVD, SUITE 200
LAKEWOOD, CO 80401

CUSTOMER NUMBER

IDA049207229



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AIG WARRANTYGUARD, INC.
650 MISSOURI AVE
JEFFERSONVILLE, IN 47130

CUSTOMER NUMBER
IDA049207230



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTERN GENERAL DEALER SERVICES, INC.
14755 N OUTER FORTY ROAD, SUITE 400
SAINT LOUIS, MO 63017-6050

CUSTOMER NUMBER

IDA049207231



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WARRANTY SUPPORT SERVICES, LLC
6010 ATLANTIC BLVD
NORCROSS, GA 30071-1303

CUSTOMER NUMBER

IDA049207232



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED CAR CARE, INC.
PO BOX 3988
GREENWOOD VILLAGE, CO 80155-3988

CUSTOMER NUMBER

IDA049207233



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SERVICE NET WARRANTY, LLC
650 MISSOURI AVE
JEFFERSONVILLE, IN 47130

CUSTOMER NUMBER
IDA049207234

 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROTECTIVE ADMINISTRATIVE SERVICES, INC.
14755 N OUTER FORTY ROAD, SUITE 400
SAINT LOUIS, MO 63017-6050

CUSTOMER NUMBER

IDA049207235



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATION MOTOR CLUB, LLC
800 YAMATO ROAD, SUITE 100
BOCA RATON, FL 33431

CUSTOMER NUMBER

IDA049207237



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EXPRESS SYSTEMS, INC.
25541 COMMERCENTRE DRIVE, SUITE 100
LAKE FOREST, CA 92630

CUSTOMER NUMBER

IDA049207238



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN HOME SHIELD OF ARIZONA, INC.
150 PEABODY PLACE
MEMPHIS, TN 38103

CUSTOMER NUMBER

IDA049207240



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOME WARRANTY ADMINISTRATOR OF ARIZONA, INC.
90 WASHINGTON VALLEY ROAD
BEDMINSTER, NJ 07921

CUSTOMER NUMBER

IDA049207241



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED SERVICE PROTECTION CORPORATION
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

CUSTOMER NUMBER

IDA049207242



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SELECT HOME WARRANTY, LLC
1 INTERNATIONAL BOULEVARD, SUITE 400
MAHWAH, NJ 07495

CUSTOMER NUMBER

IDA049207243



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOME BUYERS RESALE WARRANTY CORPORATION
13900 E HARVARD AVENUE
AURORA, CO 80014

CUSTOMER NUMBER

IDA049207246



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
3M COMPANY
3M CENTER, BUILDING 223-06N-01
SAINT PAUL, MN 55144

CUSTOMER NUMBER

IDA049207248



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED STATES WARRANTY E.S.P. CORPORATION
C/O MEENAN P.A.
PPO BOX 11247
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA049207249

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PORTFOLIO SERVICES LIMITED, INC.
25541 COMMERCENTRE DRIVE, SUITE 100
LAKE FOREST, CA 92630

CUSTOMER NUMBER

IDA049207251



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207251-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIDELITY WARRANTY SERVICES, INC.
500 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL 33442

CUSTOMER NUMBER

IDA049207253



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ETHOS GROUP, INC.
370 LAS COLINAS BLVD W, SUITE 108
IRVING, TX 75039

CUSTOMER NUMBER

IDA049207254



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-49207255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CNA WARRANTY SERVICES, INC.
151 N FRANKLIN STREET
CHICAGO, IL 60606

CUSTOMER NUMBER
IDA049207256

 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTURY WARRANTY SERVICES, INC.
500 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL 33442

CUSTOMER NUMBER

IDA049207257



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTURY AUTOMOTIVE SERVICE CORPORATION
6565 AMERICAS PARKWAY NE, SUITE 1000
ALBUQUERQUE, NM 87002

CUSTOMER NUMBER

IDA049207258



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMERICAN WATER RESOURCES, LLC
1751 W DIEHL RD, SUITE 200
NAPERVILLE, IL 60565

CUSTOMER NUMBER

IDA049207260



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PREFERRED WARRANTIES, INC.
PO BOX 278
ORWIGSBURG, PA 17961

CUSTOMER NUMBER

IDA049207262



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TOYOTA MOTOR INSURANCE SERVICES, INC.
6565 HEADQUARTERS DRIVE, W2-5D
PLANO, TX 75024

CUSTOMER NUMBER

IDA049207263



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WARRANTY SOLUTIONS ADMINISTRATIVE SERVICES, INC.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

CUSTOMER NUMBER

IDA049207264



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-49207265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EXTENDED VEHICLE PROTECTION, LLC
26001 LAWRENCE AVE
CIMS: 423-04-06
CENTER LINE, MI 48015

CUSTOMER NUMBER
IDA049207266



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRIME RESERVE PLUS, INC.
1900 CHAMPAGNE BLVD
GRAPEVINE, TX 76051

CUSTOMER NUMBER

IDA049207267



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207267-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LANDCAR AGENCY, INC.
9350 S 150 E, SUITE 220
SANDY, UT 84070

CUSTOMER NUMBER

IDA049207268



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MINNEHOMA AUTOMOBILE ASSOCIATION, INC.
PO BOX 35008
TULSA, OK 74153-0008

CUSTOMER NUMBER

IDA049207269



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SUBARU OF AMERICA SERVICES, INC.
C/O STEPHEN MCDANIEL
MEENAN P.A. 300 S DUVAL STREET, SUITE 410
TALLAHASSEE, FL 32301

CUSTOMER NUMBER
IDA049207270



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207270-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NWAN, INC.
8370 DOW CIRCLE, SUITE 100
STRONGSVILLE, OH 44136

CUSTOMER NUMBER

IDA049207271



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UTILITY SERVICE PARTNERS PRIVATE LABEL, INC.
4000 TOWN CENTER BOULEVARD, SUITE 400
CANONSBURG, PA 15317

CUSTOMER NUMBER

IDA049207272



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOMESURE OF AMERICA, INC.
1625 NW 136TH AVE, #200
FT LAUDERDALE, FL 33323

CUSTOMER NUMBER
IDA049207273



Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HELZBERG'S DIAMOND SHOPS, INC.
1825 SWIFT
NORTH KANSAS CITY, MO 64116

CUSTOMER NUMBER

IDA049207274



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BFS OF ARIZONA, INC.
3500 N 28TH TERRACE
HOLLYWOOD, FL 33020

CUSTOMER NUMBER

IDA049207275



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WESTERN SERVICE CONTRACT CORP.
2200 GENG 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
FRA21-49207276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WARRANTECH CONSUMER PRODUCT SERVICES, INC.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA049207277



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207277-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
WARRANTECH AUTOMOTIVE, INC.
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

CUSTOMER NUMBER

IDA049207279



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-49207280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MERCURY SELECT MANAGEMENT COMPANY, INC.
PO BOX 728847
OKLAHOMA CITY, OK 73172-8847

CUSTOMER NUMBER

IDA049207281



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOME SECURITY OF AMERICA, INC.
15 PEABODY PLACE
MEMPHIS, TN 38120

CUSTOMER NUMBER
IDA049207282



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GWC WARRANTY CORPORATION
PO BOX 7900
WILKES-BARRE, PA 18773-7900

CUSTOMER NUMBER

IDA049207283



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST AMERICAN HOME WARRANTY CORPORATION
PO BOX 8030
WEST HILLS, CA 91309

CUSTOMER NUMBER

IDA049207284



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207284-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
BRIGHTSTAR DEVICE PROTECTION, LLC
2325 LAKEVIEW PARKWAY, SUITE 700
ALPHARETTA, GA 30009

CUSTOMER NUMBER

IDA049207285



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RED SHIELD ADMINISTRATION, INC.
3550 N CENTRAL AVE, SUITE 800
PHOENIX, AZ 85012

CUSTOMER NUMBER

IDA049207287



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AUTOXCEL CORPORATION
272 N FRONT STREET, SUITE 500
WILMINGTON, NC 28401

CUSTOMER NUMBER

IDA049207288



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TRANS CITY SERVICE CORPORATION
7500 E MCDONALD DRIVE, SUITE 700
SCOTTSDALE, AZ 85250-6000

CUSTOMER NUMBER

IDA049207289



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-49207291-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-49207294-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ZCSC, LLC
PO BOX 152762
IRVING, TX 75015

CUSTOMER NUMBER

IDA049207295



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207295-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
4WARRANTY CORPORATION
10151 DEERWOOD PARK BLVD
BUILDING 100, SUITE 330
JACKSONVILLE, FL 32256

CUSTOMER NUMBER
IDA049207296

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207296-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
UNITED SERVICE CONTRACT GROUP, LLC
570 CARILLON PARKWAY, SUITE 300
ST. PETERSBURG, FL 33716

CUSTOMER NUMBER

IDA049207297



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PRCO, INC.
3690 MOUNT DIABLO BLVD
LAFAYETTE, CA 94549

CUSTOMER NUMBER

IDA049207298



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOMELIFE WARRANTY PROTECTION, LLC
PO BOX 141
GILBERT, AZ 85299

CUSTOMER NUMBER

IDA049207299



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207299-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CARGUARD ADMINISTRATION, INC.
4742 N 24TH STREET SUITE 300
PHOENIX, AZ 85016

CUSTOMER NUMBER

IDA049207300



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SILVERROCK AUTOMOTIVE, INC.
1720 W RIO SALADO PARKWAY
TEMPE, AZ 85281

CUSTOMER NUMBER

IDA049207301



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SONSIO INTERNATIONAL, INC.
5630 WARD ROAD
ARVADA, CO 80002

CUSTOMER NUMBER

IDA049207302



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207302-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALPHA WARRANTY SERVICES, INC.
10855 S RIVER FRONT PKWY, 5TH FLOOR
SOUTH JORDAN, UT 84095

CUSTOMER NUMBER

IDA049207303



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NORTH AMERICAN WARRANTY, INC.
175 W JACKSON BLVD
CHICAGO, IL 60604

CUSTOMER NUMBER

IDA049207304



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EXTENDED PROTECTION ADMINISTRATION, INC.
PO BOX 768
WARRENVILLE, IL 60555

CUSTOMER NUMBER

IDA049207305



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AEGIS EXTENDED SERVICE, LLC
1298 KIFER ROAD, SUITE 508
SUNNYVALE, CA 94086

CUSTOMER NUMBER

IDA049207306



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RESIDENTIAL WARRANTY SERVICES, INC.
PO BOX 797
CARMEL, IN 46082

CUSTOMER NUMBER
IDA049207307



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SIGNET SERVICE PLANS, INC.
375 GHENT ROAD
ATTN: TAX DEPT
AKRON, OH 44333

CUSTOMER NUMBER

IDA049207308



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CAL-TEX PROTECTIVE COATINGS, INCORPORATED
7455 NATURAL BRIDGE CAVERNS ROAD
SCHERTZ, TX 78154

CUSTOMER NUMBER

IDA049207309



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VWFS PROTECTION SERVICES, INC.
C/O STEPHEN MCDANIEL, MEENAN P.A.
PO BOX 11247
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA049207311

 Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TOTAL HOME SHIELD OF ARIZONA, INC.
300 MCGAW DRIVE, 2ND FLOOR
EDISON, NJ 08837

CUSTOMER NUMBER

IDA049207312



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GLOBE HOME WARRANTY COMPANY
PO BOX 620395
ORLANDO, FL 32862-0395

CUSTOMER NUMBER

IDA049207313



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207313-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SILVERROCK AUTOMOTIVE OF FLORIDA, INC.
1720 W RIO SALADO PKWY
TEMPE, AZ 85281

CUSTOMER NUMBER

IDA049207314



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SISKIN ENTERPRISES, INC.
PO BOX 58
SALT LAKE CITY, UT 84110

CUSTOMER NUMBER
IDA049207315



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207315-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TIRE SHIELD, INC.
155 SUPREME COURT
ST AUGUSTINE, FL 32086

CUSTOMER NUMBER

IDA049207316



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207316-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

This consolidated assessment notice contains one or more assessments that your 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TT OF FIRST MILE SERVICES, INC.
C/O MEENAN P.A.
PO BOX 11247
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA049207317



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207317-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
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
FRA21-49207318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FURNITURE CARE PROTECTION, INC.
609 S KELLY AVE, SUITE E8
EDMOND, OK 73003

CUSTOMER NUMBER

IDA049207319



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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OR

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
JM CARE PLAN, INC.
24 JEWELERS PARK DRIVE
NEENAH, WI 54956

CUSTOMER NUMBER

IDA049207320



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-49207320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AXIOM PRODUCT ADMINISTRATION, LLC
8651 HIGHWAY N SUITE 201
LAKE ST. LOUIS, MO 63367

CUSTOMER NUMBER

IDA501130441



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-501130441-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NOBILIS ADMINISTRATIVE SERVICES, INC.
5100 N O'CONNOR BLVD, SUITE 100
IRVING, TX 75039

CUSTOMER NUMBER

IDA501400945



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-501400945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOME SERVICE CLUB WARRANTY CORP.
C/O COZEN O'CONNOR - ATTN: K. LEVINE
ONE N. CLEMATIS STREET, SUITE 510
WEST PALM BEACH, FL 33401

CUSTOMER NUMBER

IDA501515973



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-501515973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CONTINENTAL WARRANTY, INC.
PO BOX 207
CLAYMONT, DE 19703

CUSTOMER NUMBER

IDA501845788



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-501845788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HSB SECURE SERVICES, INC.
PO BOX 5024
HARTFORD, CT 06102-5024

CUSTOMER NUMBER
IDA502476270



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-502476270-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ELITE WARRANTY, INC.
PO BOX 404
SPRINGVILLE, UT 84663

CUSTOMER NUMBER

IDA502604183



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-502604183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SUPER HOME CALIFORNIA, INC.
120 2ND STREET, 4TH FLOOR
SAN FRANCISCO, CA 94105

CUSTOMER NUMBER

IDA502715965



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-502715965-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GUARDSMAN US LLC
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021

CUSTOMER NUMBER
IDA502864936



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-502864936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MATRIX CAPITAL SERVICES, LLC (FN)
3100 MCKINNON, SUITE 420
DALLAS, TX 75201

CUSTOMER NUMBER
IDA503229089

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Row 1: FRA21-503229089-ACT, Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al], 7/13/2020, 1,050.00. Row 2: 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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL HOME REPAIR WARRANTY, INC.
3925 BROOKSIDE PARKWAY
ALPHARETTA, GA 30022

CUSTOMER NUMBER

IDA504120382



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-504120382-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FORTRESS WARRANTY CORP.
C/O DAC, ATTN: LISA KIRK
15920 ADDISON ROAD
ADDISON, TX 75001

CUSTOMER NUMBER
IDA504388264

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Row 1: FRA21-504388264-ACT, Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al], 7/13/2020, 1,050.00. Row 2: TOTAL ASSESSMENT AMOUNT, 1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PROTECT MY CAR, LLC
570 CARILLON PARKWAY, SUITE 300
ST. PETERSBURG, FL 33716

CUSTOMER NUMBER

IDA504756865



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-504756865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DENT WIZARD WARRANTY COMPANY, LLC
13801 RIVERPORT DRIVE, SUITE 401
MARYLAND HEIGHTS, MO 63043

CUSTOMER NUMBER

IDA504761289



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-504761289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CAPITAL PROCESSING SYSTEMS, INC.
PO BOX 241274
CHARLOTTE, NC 28224

CUSTOMER NUMBER

IDA505231346



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-505231346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
INTEGRITY WARRANTY, LLC
9325 APISON PIKE, SUITE 101
OOLTEWAY, TN 37363

CUSTOMER NUMBER

IDA505285742



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-505285742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PREFERRED PROTECTION SERVICES, LLC
PO BOX 2840
SCOTTSDALE, AZ 85252-2804

CUSTOMER NUMBER
IDA505456259

Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-505456259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SPORTSMAN'S WAREHOUSE, INC.
1475 W 9000 S, SUITE A
WEST JORDAN, UT 84088

CUSTOMER NUMBER

IDA505465790



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-505465790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
C.A.R.S. PROTECTION PLUS, INC.
4431 WILLIAM PENN HIGHWAY, SUITE 1
MURRYSVILLE, PA 15668

CUSTOMER NUMBER

IDA505517347



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-505517347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
OMNIDIAN, INC.
PO BOX 21647
SEATTLE, WA 98111

CUSTOMER NUMBER
IDA505580289



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-505580289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MARATHON ADMINISTRATIVE CO., INC.
PO BOX 961
O'FALLON, IL 62269

CUSTOMER NUMBER

IDA505891357



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-505891357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CENTRAL ADMINISTRATIVE SERVICE CORPORATION, INC.
3550 N CENTAL AVE, SUITE 800
PHOENIX, AZ 85012

CUSTOMER NUMBER
IDA505952154

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-505952154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DIVERSIFIED INSURANCE FACILITIES, INC.
18 AUGUSTA PINES DRIVE, SUITE 220W
SPRING, TX 77389

CUSTOMER NUMBER
IDA505969000



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-505969000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LIBERTY HOME GUARD, LLC
4101A AVENUE U
BROOKLYN, NY 11234

CUSTOMER NUMBER

IDA506019668



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506019668-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
HOMEGUARD HOMEWARRANTY OF ARIZONA, INC.
510 MADERA AVENUE
SAN JOSE, CA 95112

CUSTOMER NUMBER
IDA506213534



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506213534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
NATIONAL HOME WARRANTY, INC.
1675 S MOJAVE ROAD
LAS VEGAS, NV 89104

CUSTOMER NUMBER

IDA506475614



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506475614-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
RIPROCK HOLDING, LLC
3460 LOTUS DRIVE, SUITE 150
PLANO, TX 75075

CUSTOMER NUMBER
IDA506496828

Please enter your CUSTOMER NUMBER on your payment.

Table with 4 columns: Assessment Number, Assessment Description, Assessment Date, Amount Due. Row 1: FRA21-506496828-ACT, Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al], 7/13/2020, 1,050.00. Row 2: TOTAL ASSESSMENT AMOUNT, 1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AMAZON WARRANTY ADMINISTRATORS OF ARIZONA, LLC
C/O MEENAN PA ATTN: JAMES ROSS
PO BOX 11247
TALLAHASSEE, FL 32302

CUSTOMER NUMBER
IDA506866213

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506866213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAN TAN TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506955543



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506955543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
TJ AUTOMOTIVE LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506955544



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506955544-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

Make sure we receive your payment by or before August 10, 2020.

Failure to timely pay an assessment may constitute either a violation of the Arizona Insurance Code or a violation of an order of the Director. Arizona Revised Statutes Sections 20-220(A)(1) and (A)(2) authorize the Director to exercise discretion, after a hearing, to refuse to renew, revoke or suspend a certificate of authority if the insurer violates any provision of the Arizona Insurance Code or knowingly fails to comply with any lawful rule or order of the Director. We ask 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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ALMA SCHOOL TIRE & AUTO, LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506959683



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506959683-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GERMANN TIRE & AUTO, LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506963701



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506963701-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
JOHNSON RANCH TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506963702



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506963702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
JT AUTOMOTIVE LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506963703



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506963703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MARICOPA TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506963704



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506963704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MCKELLIPS TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506963705



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506963705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.

ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
VAL VISTA TIRE AND AUTO LLC
3210 N DELAWARE STREET
CHANDLER, AZ 85225

CUSTOMER NUMBER

IDA506963706



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-506963706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SYNERGY ADMINISTRATORS, LLC
6010 ATLANTIC BOULEVARD
NORCROSS, GA 30071

CUSTOMER NUMBER
IDA507125272



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-507125272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
EGV COMPANIES, INC.
50 N LAURA STREET, SUITE 2500
JACKSONVILLE, FL 32202

CUSTOMER NUMBER

IDA507162342



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-507162342-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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INSURANCE DEPARTMENT ASSESSMENT
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CAPITAL AUTO PROTECTION SERVICES, LLC
801 W CANNON STREET
FORT WORTH, TX 76104

CUSTOMER NUMBER

IDA507491584



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-507491584-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AHWC, INC.
3601 WALNUT STREET, #700
DENVER, CO 80205

CUSTOMER NUMBER

IDA507508656



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-507508656-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.




DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ONPOINT WARRANTY SOLUTIONS, LLC
9900 CORPORATE CAMPUS DRIVE, SUITE 2050
LOUISVILLE, KY 40223

CUSTOMER NUMBER
IDA507508657

 Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-507508657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST SHIELD CONSUMER SERVICE CORPORATION
2345 GRAND BOULEVARD, SUITE 900
KANSAS CITY, MO 64108

CUSTOMER NUMBER

IDA508093922



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-508093922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
FIRST SHIELD SERVICE CORPORATION
2345 GRAND BOULEVARD, SUITE 900
KANSAS CITY, MO 64108

CUSTOMER NUMBER

IDA508298649



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-508298649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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Phoenix, AZ 85007-2624

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DISCOUNT TIRE CERTIFICATE, LLC
20225 N SCOTTSDALE ROAD
SCOTTSDALE, AZ 85255

CUSTOMER NUMBER

IDA508298650



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-508298650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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For questions concerning this assessment, call us at 602-364-2459.



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GENERALI WARRANTY SERVICES, LLC
7 WORLD TRADE CENTER
250 GREENWICH STREET, 33RD FLOOR
NEW YORK, NY 10007

CUSTOMER NUMBER
IDA508389160



Please enter your *CUSTOMER NUMBER* on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-508389160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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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 AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GLASSPARENCY PRODUCTS, INC.
185 W MONTAUK HWY
LINDENHURST, NY 11757

CUSTOMER NUMBER

IDA508393355



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-508393355-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	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
100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
MHHC WARRANTY AND SERVICES INC.
400 UNION AVENUE SE, SUITE 200
OLYMPIA, WA 98501

CUSTOMER NUMBER

IDA508657104



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-508657104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
DOWC PROVIDER SERVICES, LLC
PO BOX 661
RINGWOOD, NJ 07456

CUSTOMER NUMBER
IDA509064469

 Please enter your **CUSTOMER NUMBER** on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-509064469-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
PLATEAU SERVICE COMPANY
PO BOX 7001
CROSSVILLE, TN 38557

CUSTOMER NUMBER

IDA509633819



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-509633819-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GLOBAL ADMINISTRATORS, LLC
20 CABOT BLVD, SUITE 400
MANSFIELD, MA 02048

CUSTOMER NUMBER

IDA509681578



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-509681578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS
NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
ACCLAIMED HOME WARRANTY, LLC
2137 EAST 3300 SOUTH
SALT LAKE CITY, UT 84109

CUSTOMER NUMBER
IDA509690246



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-509690246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
AFTERCARE, INC.
126 E DYER ROAD, SUITE A
SANTA ANA, CA 92707

CUSTOMER NUMBER

IDA509833725



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-509833725-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SAM LEVITZ FURNITURE COMPANY, INC.
3430 E 36TH STREET
TUCSON, AZ 85713

CUSTOMER NUMBER

IDA510040992



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-510040992-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
GUARANTEED PROVIDER SERVICES, INC.
PO BOX 653
RINGWOOD, NJ 07456

CUSTOMER NUMBER

IDA510227280



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-510227280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
LEXINGTON NATIONAL WARRANTY SERVICES, LLC
PO BOX 6098
LUTHERVILLE, MD 21094

CUSTOMER NUMBER

IDA510507721



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-510507721-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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100 N. 15th Ave. # 102
Phoenix, AZ 85007-2624

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
CGA SC PROVIDER SERVICES, INC.
4742 N 24TH STREET, SUITE 300
PHOENIX, AZ 85016

CUSTOMER NUMBER

IDA510923780



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-510923780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS NOTICE OF ASSESSMENT

July 13, 2020

RE: ANNUAL ASSESSMENT
SUNPATH LTD
50 BRAINTREE HILL PARK, SUITE 310
BRAINTREE, MA 02184

CUSTOMER NUMBER

IDA511123048



Please enter your CUSTOMER NUMBER on your payment.

Assessment Number	Assessment Description	Assessment Date	Amount Due
FRA21-511123048-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	7/13/2020	1,050.00
TOTAL ASSESSMENT AMOUNT			1,050.00

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